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Poor Weight Loss and Band Failure by Alcohol Used Disorder (AUD) Following Laparoscopic Adjustable Gastric Banding (LAGB)

Category: Outcomes from Bariatric Surgery

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Purpose: AUD is able to produce poor weight loss and increase side effects. Method: All data were recorded prospectively by patients' hospital visits who undertook the same day LAGB using LAP® APs (Allergan, USA) at Seoul 365mc Hospital, Korea for 5 years. Patients were limited to response alcohol consumption survey that was able to follow up more than 2 year. AUD was classified by DSM-5 Criteria for alcohol abuse/dependence. Results: Total 582 patients were enrolled with the non-AUD (n=432) and AUD (n=150). 45.9% of patients were not drinking. Alcohol consumption was starting at 8.4 months (non-AUD) and 3.7 months (AUD) (p<0.001). %EWL at 1, 3, 6, 9, 12, 16, 24, 30, 36, 42, and 48 months was 21.7, 33.8, 48.6, 58.7, 63.2, 69.4, 73.2, 73.9, 76.4, 76, and 76.7 in the non-AUD, and 19.3, 24.5, 32.5, 38, 36, 40, 16.8, 32.4, 30.6, 51.4, and 43.7 in the AUD, respectively (P<0.001). Achievements of %30EWL at 3 month and %100EWL were significantly lower in the AUD (33.3% vs. 48.4%, and 15.3% vs. 32.4%, P<0.001, respectively). Incidence of anatomical stenosis, esophageal dilatation and explantation were significantly higher in the AUD (20.7% vs. 11.6%, 32.7% vs. 17.8%, and 20.7% vs. 13.4%, P<0.001, respectively). 89 patients (15.3%) was carried out band explantation related to band complications (n=13) and patients' demand (n=76). Conclusion: This study revealed that AUD following LAGB affect poor and delayed weight loss and more frequently developing outlet stenosis as well as pouch and esophageal dilatation. AUD is an important unfavorable factor during follow-up after LAGB.

