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A comparison of outcomes following revisional: Laparoscopic gastric bands, Laparoscopic Sleeve and Laparoscopic Roux en Y Gastric bypass. A 10 years single centre study

Category: Outcomes from Bariatric Surgery

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Background : The ideal revision procedure remains unclear. The current study looks at our revision surgery cohort following primary Laparoscopic Gastric Band (LGB) and includes Re-LGB, Laparoscopic Gastric Sleeve (LGS) and Laparoscopic Roux en Y Gastric Bypass (RYGB) particularly with regards to weight loss, complications and resolution of symptoms.

Methods : Using our prospective database we analysed 306 patients undergoing revisional bariatric surgery (LGB, LGS, LRYGB) from January 2004 - July 2015. They were divided into three groups: Group 1 replacement LGB (n=84), Group 2 LGS (n=77) and Group 3 RYGB (n=144). Patient demographics, reasons for revision surgery, complications, ongoing medical problems, BMI (before and after surgery) and medication changes were all analysed. Follow up was with telephone survey or recent clinic visit.

Results: The study included 54 males and 252 females with mean age, BMI and time prior to their primary LGB was 40.2 years (15-73), 44.6±8.1 kg/m² and 31.2±21 months. At revisional surgery Group 1 (LGB) had a significantly lower BMI compared to Group 2 (LGS) and Group 3 (RYGB) (P>0.05). After a mean follow up of 31.1 (0.3-123.1) months, Group 3 (RYGB) significantly reduced BMI compared to Pre-revision BMI (P>0.05).

The commonest reasons revisional surgery was due to inadequate weight loss, gastric reflux and band issues. The majority of patients succeeded in overcoming the reason for revisional surgery however, 16 patients failed to improve.

Patients who had surgery for reflux/vomiting and obstructive symptoms (n=77, 25%), 15 continued to be symptomatic. Overall the complication rate was 6.1% (n=19).

Conclusion: Revisional surgery is safe and all three mainstay procedures should be considered. Our data shows that for maintenance of weight loss a RE-LGB is an option whereas if further weight loss is required then a LGS or a RYGB should be considered. The greatest weight loss is associated with RYGB.