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A twelve month review of revisional one-anastomosis gastric bypass (OAGB) for complicated laparoscopic adjustable gastric banding (LAGB) for BMI over 35

Category: Outcomes from Bariatric Surgery

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PURPOSE

The aim of this study is to assess safety and durability of single stage conversion of LAGB to OAGB in patients who are intolerant to the LAGB and also fail to lose or regain weight.

METHODS

A prospective bariatric database was analysed to review all patients with BMI >35Kg/m² who underwent laparoscopic conversion from LAGB to OAGB over a three year period by a single surgeon in a single institution. Patient demographics, indications, time frame for conversion, operative details, complications and weight profile were recorded.

RESULTS

A total of 56 patients underwent laparoscopic conversion from LAGB to OAGB. There were 48 females and 8 males with a mean age of 48. Indications for conversion to OAGB were inadequate weight loss (25), patient intolerance (14), weight re-gain after band removal (6), prosthesis issues (5), oesophageal dilatation (3), pouch dilatation (2) and band slippage (1). All procedures were completed laparoscopically, with 43 patients undergoing a single stage conversion. The mean operative time was 74 minutes and the mean length of stay was 2 days. 30-day morbidity included gastro-jejuno-stomy structure (4), port site wound infection (2), bowel obstruction requiring conversion to Roux Y gastric bypass (2), re-admission for abdominal pain (1), unrelated re-admission (1). The percentage excess weight loss at 6 weeks, 3, 6 and 12 months were 22.1%, 41.7%, 57.9% and 74.1% respectively.

CONCLUSION

Although LAGB is accepted as a safe and effective procedure, many patients are re-presenting with symptoms including inadequate weight loss, weight re-gain, reflux, vomiting and dysphagia. In this small study, conversion from LAGB to OAGB shows a low 30-day morbidity and good short-term weight loss at 12 months.