

0034

## Changes in outcomes, satiety and adverse upper gastrointestinal symptoms following laparoscopic adjustable gastric banding

Category: Outcomes from Bariatric Surgery

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**BACKGROUND:** Patient reported outcomes and perceptions are critical to the overall efficacy and acceptability of a surgical procedure. Outcome such as patient satisfaction, perceived success of the surgery and adverse symptoms, have not been described in detail following bariatric surgery. The associations and predictors of patient satisfaction following surgery have not been defined.

**METHODS:** We conducted a prospective study of outcomes, satiety and adverse upper gastrointestinal symptoms, as well as quality of life and subjective patient satisfaction in LAGB patients. Data was collected at three years (T1), then eight years post-operatively (T2). Multivariate analyses were constructed to determine predictors of patient overall satisfaction.

**RESULTS:** One-hundred and sixty patients completed follow-up at T1 and T2. The average age was 44.0±11.2 years, with 24 (15.0%) males. At T2, the percentage total body weight loss achieved was 17.8±11.9%. Satisfaction decreased significantly between time points (8.6±1.8 vs 7.2±2.9,  $p<0.001$ ), and quality of life reduced slightly across all domains. Hunger scores remained low (3.8±1.8 vs 3.9±1.8,  $p<0.608$ ). The dysphagia score did not change significantly (20.4±8.7 vs 19.9±8.7,  $p=0.536$ ). The reflux score increased (6.0 (2.3-11) vs 7.0 (3-17),  $p=0.008$ ). There was minimal change in frequency of regurgitation, although there was a significant increase in patients' assessment of how bothered they were by regurgitation. Multivariate analysis identified increased bothersomeness of regurgitation as a principal driver of reduced satisfaction.

**CONCLUSIONS:** Weight loss, satiety and adverse symptoms demonstrated only slight changes between four and nine years following surgery. Despite this, overall satisfaction and perception of the success of the procedure reduced markedly. This appeared mediated by reduced tolerance of adverse symptoms. These data should be used to inform follow-up practices aimed at optimising outcomes.