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Revisional surgery after failed gastric banding: Bypass or Sleeve?

Category: Complications of Bariatric Surgery

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Background:

Late treatment failures of laparoscopic adjustable banding (LAGB) with a rate of up to 50% have been reported. Further weight loss management options after failed LAGB are conversion to laparoscopic sleeve gastrectomy (LSG) or laparoscopic Roux-en-Y gastric bypass (LRYGB). The aim of this study is to evaluate LSG versus LRYGB for further weight loss management after failed LAGB.

Methods:

Between January 2010 and December 2015 a total of 85 patients underwent conversion of LAGB to either LRYGB or LSG. 41 were converted to LRYGB and 44 to LSG. A retrospective review of a prospectively collected database was performed noting weight loss outcomes and morbidity of the procedure. Furthermore questionnaires assessing appetite, satiety and reflux symptoms after conversion were obtained.

Results:

Total body weight loss with LAGB and either RYGB or LSG as a revisional procedure was 24.3% in LSG and 22.7% in RYGB ($p=0.76$) after a mean follow up of 15 months. All procedures were performed in two stages. Early (< 30 day postoperatively) complications occurred in 5 patients (2 leaks, 1 haemorrhage, 1 pancreatitis, 1 stomal stricture) after LRYGB. No early complications were recorded after LSG. Late complications occurred in 5 patients after RYGB (3 stomal strictures, 1 internal hernia and 1 reoperation with Roux-limb revision for severe reflux) and in 1 patient after LSG (gallstones).

Conclusion:

Conversions from LAGB to RYGB or LSG both seemed feasible and resulted in substantial further weight loss. More patients had early and late postoperative complications after LRYGB than LSG. In addition results from questionnaires assessing appetite, satiety and reflux symptoms after conversion to RYGB or LSG will be presented.