



OUTCOME OF SLEEVE GASTRECTOMY AFTER FAILED GASTRIC BANDING: A RETROSPECTIVE, SINGLE CENTER EXPERIENCE

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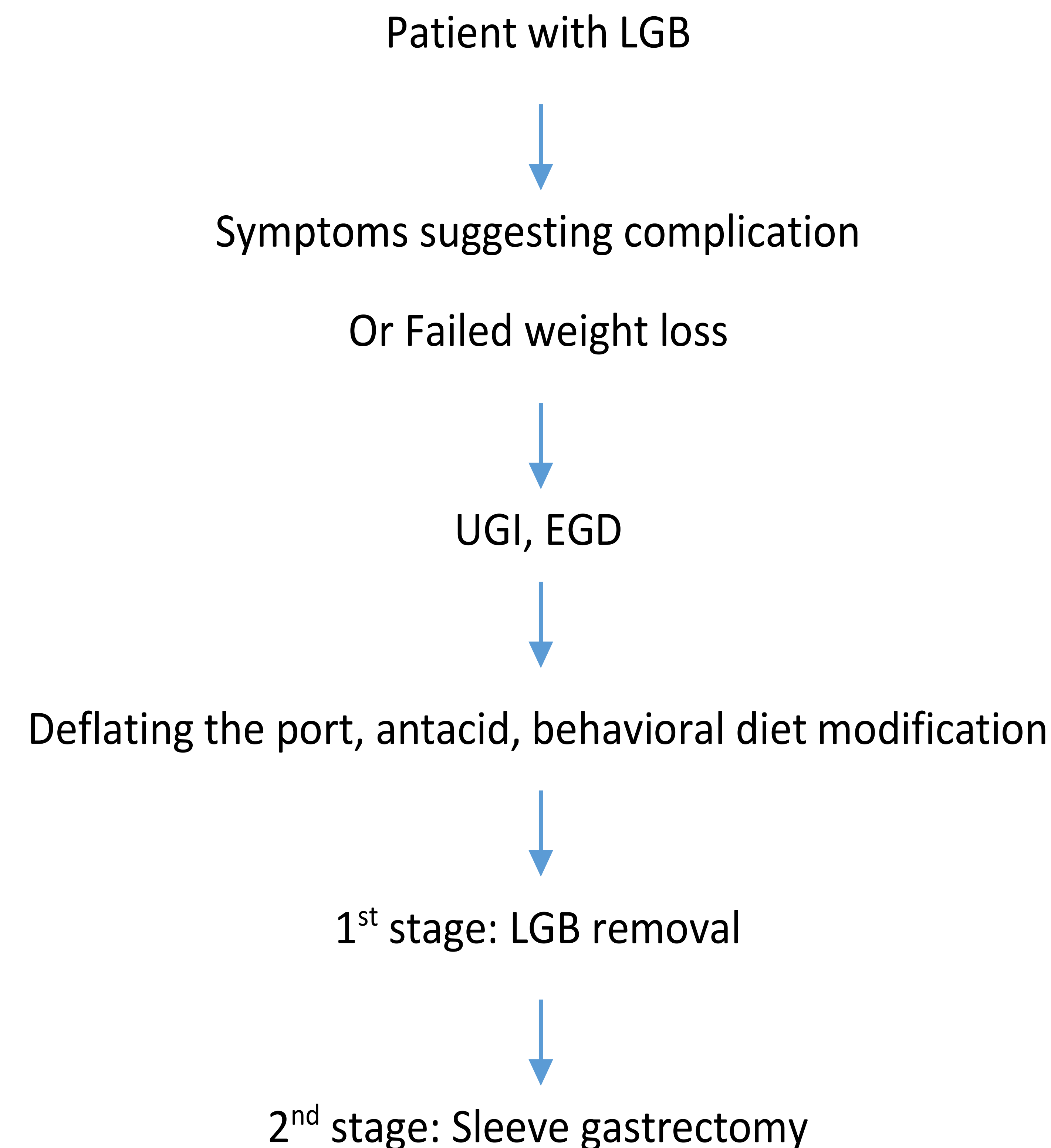
Introduction

- More than half of patients undergoing laparoscopic adjustable gastric banding (LAGB) are reported to experience failure of weight loss or complications like intolerance to the band or band erosion.
- Laparoscopic sleeve gastrectomy (LSG) has been proposed as an alternative revisional procedure for complicated or failed laparoscopic adjustable gastric banding.

Methods

- Retrospective analysis of 19 patients who underwent LSG after failed or complicated LAGB over a period of 4 years 2014-2018 in local community hospital.
- The procedure performed in 2 steps with LAGB removal first followed by sleeve gastrectomy in 3-6 months.
- Initial presentation and complications were reviewed. BMI was compared at pre-LAGB removal, pre-sleeve, 2 and 12 months of follow-up and excess weight loss percentage (EWL %) estimated at 12 months of follow-up.

Management of complicated/failed LAGB



Results

- A total of 40 patients who underwent removal of LAGB, 19 patients underwent LSG as a second step procedure.
- Food intolerance was the most common presentation in 17 patients (89%), Failed weight loss in 14 patient (74%), GERD in 10 patients (53%), slipped LAGB in 5 patients (26%), and gastric erosion in one patient (5%).
- Average BMI of included patient at pre-LAGB removal, pre-sleeve, 3 and 12 months post-operative visits were 45, 47, 42.8 and 36.6.
- EWL% was 12% at 1 year.
- No major complications or reoperation were reported.

Conclusion

- Patients who undergoing LAGB are at high risk of failure or complications including food intolerance and gastric erosion.
- LSG is feasible and effective option for failed or complicated LAGB. It can be performed in one or two steps. The two-step approach associated with less morbidity and better outcomes.