

Impact of laparoscopic banded gastric bypass on weight loss surgery outcomes: Five years results

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Background

- RYGB is the gold standard
- Failure rate 20% in morbid obese and 35% of the superobese. (*Christou et al, 2006*).
- Failure causes: Gastrojejunostomy dilatation(59%), pouch dilatation (29%) and both (12%) (*Yimcharoen et al. 2011*)
- **Banded gastric bypass rational :**
 1. Prevent pouch dilatation
 2. Add more restriction (# overeating)
 3. In literature, banding pouch also has been used as a salvage procedure for failed gastric bypass. (*Aminian et al. 2015; Vijgen et al. 2012*)

Aim of work

Evaluate 5 years outcomes of banded gastric bypass (BRYGB) as a primary and revisional bariatric procedure:

- % Excess Weight loss(%EWL) and % Total Weight Loss (%TWL)
- Weight loss maintenance.
- Comorbidity resolution.
- Band related complications.

Methodology

- A retrospective study with prospective collected data.
- Non-adjustable banded gastric bypass in Zuyderland Medical Center, Heerlen, The Netherlands (January 2011 - March 2013).

Procedure

Lonroth type RYGB

- 60 cm Biliary
- 120 Alimentary
- Linear stapler
- Silastic band
- Size :
 - 6 cm for females and 6.5 for males
then changed to
 - **6.5 cm Female 7.0 cm Male and revision cases**
- Perigastric
- suture fixation

Total (142 patients)

**Revision
36 patients**

Group I

**Primary (106
patients)**

- Morbid obese
- Superobese

**Group III
Weight loss failure
17 patients**

- VBG to BRYGB (8)
- Sleeve to BRYGB (6)
- Gastric band to BRYGB (2)
- Fobi ring on the gastric pouch (1)

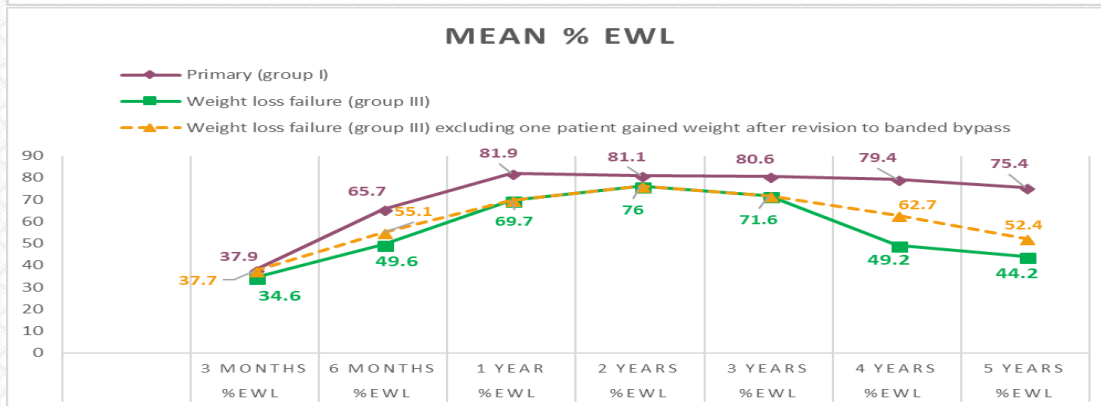
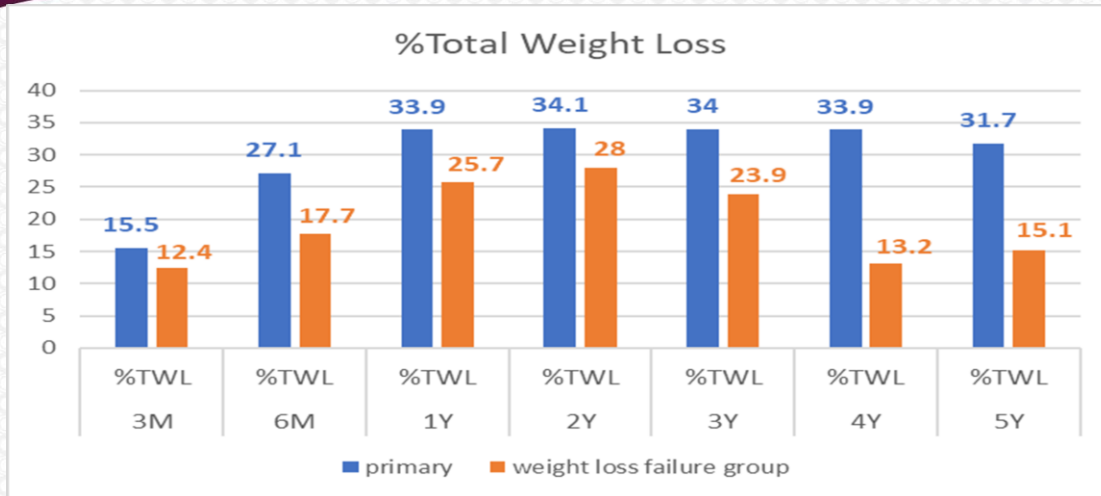
Group II

**Complicated primary procedures
(19 patients)**

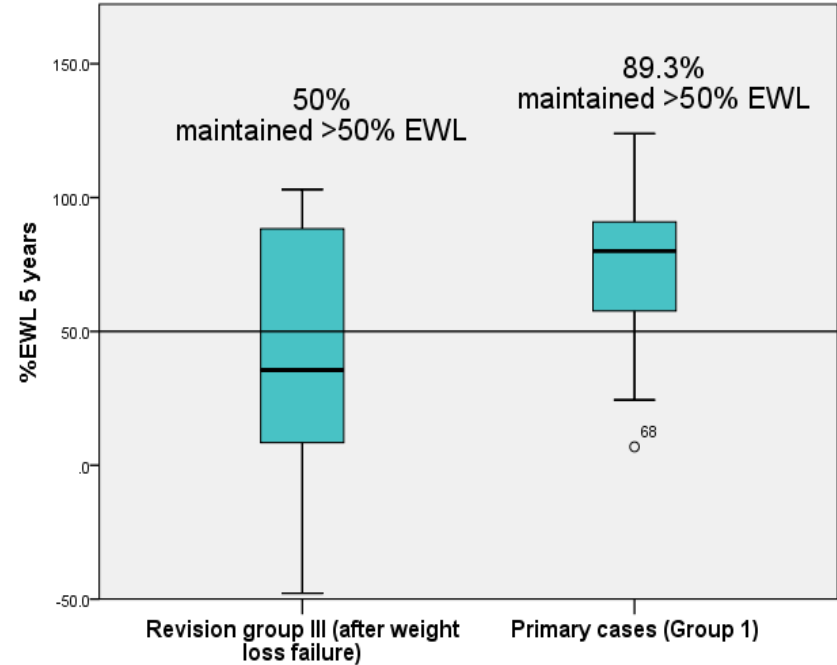
- VBG to BRYGB (18)
- Sleeve to BRYGB (1)

Results

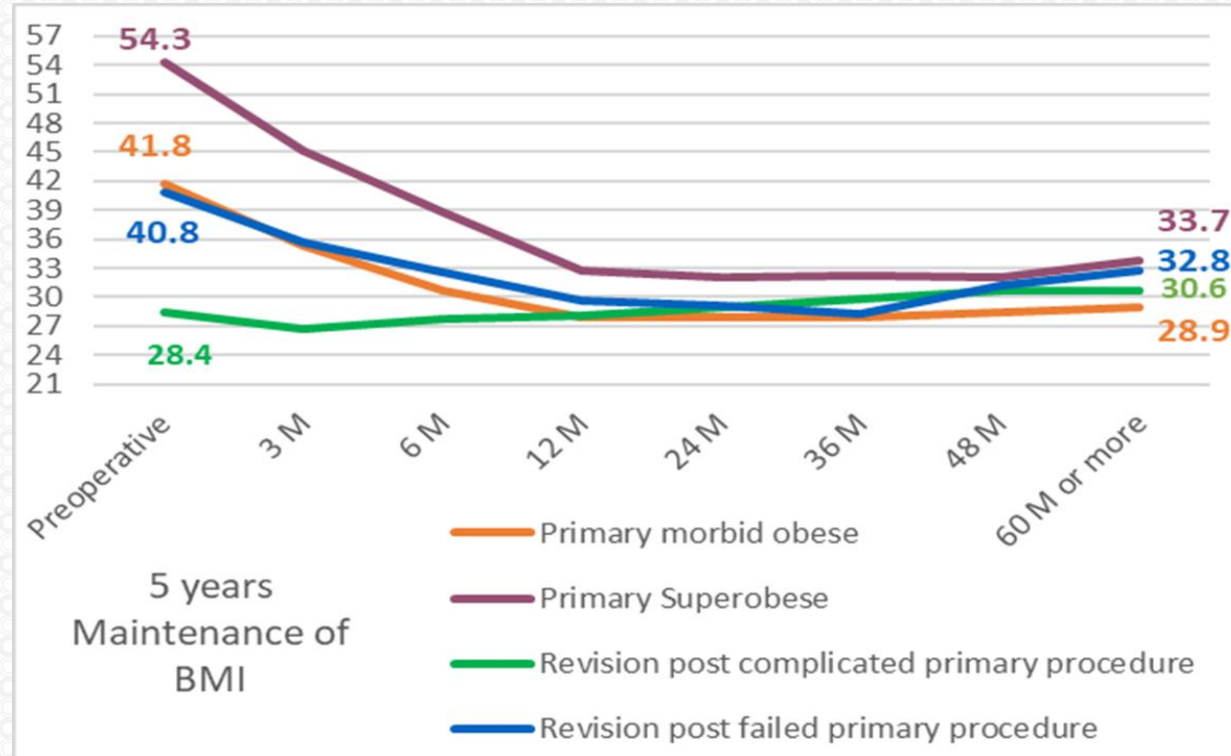
Weight loss outcomes (group 1,3)



Five years % EWL (primary Vs weight loss failure)

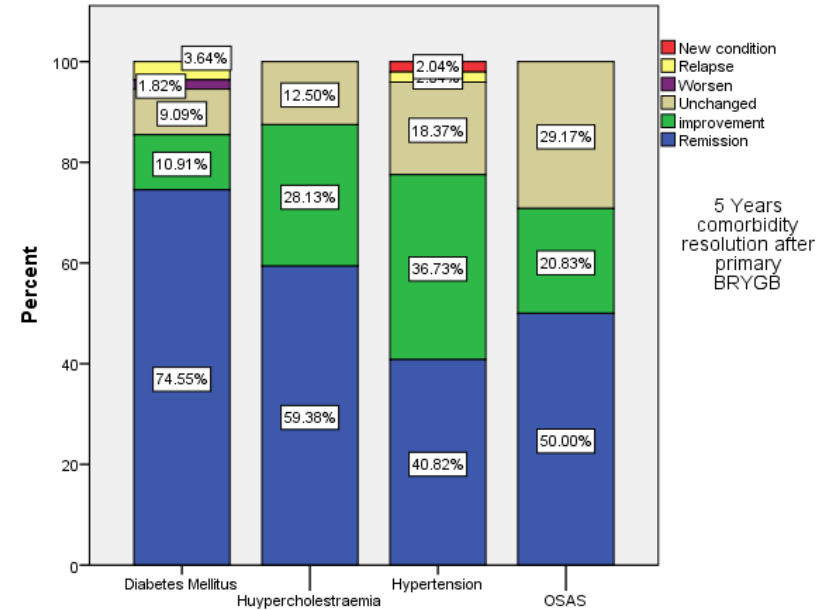


Weight loss maintenance (In 3 groups)

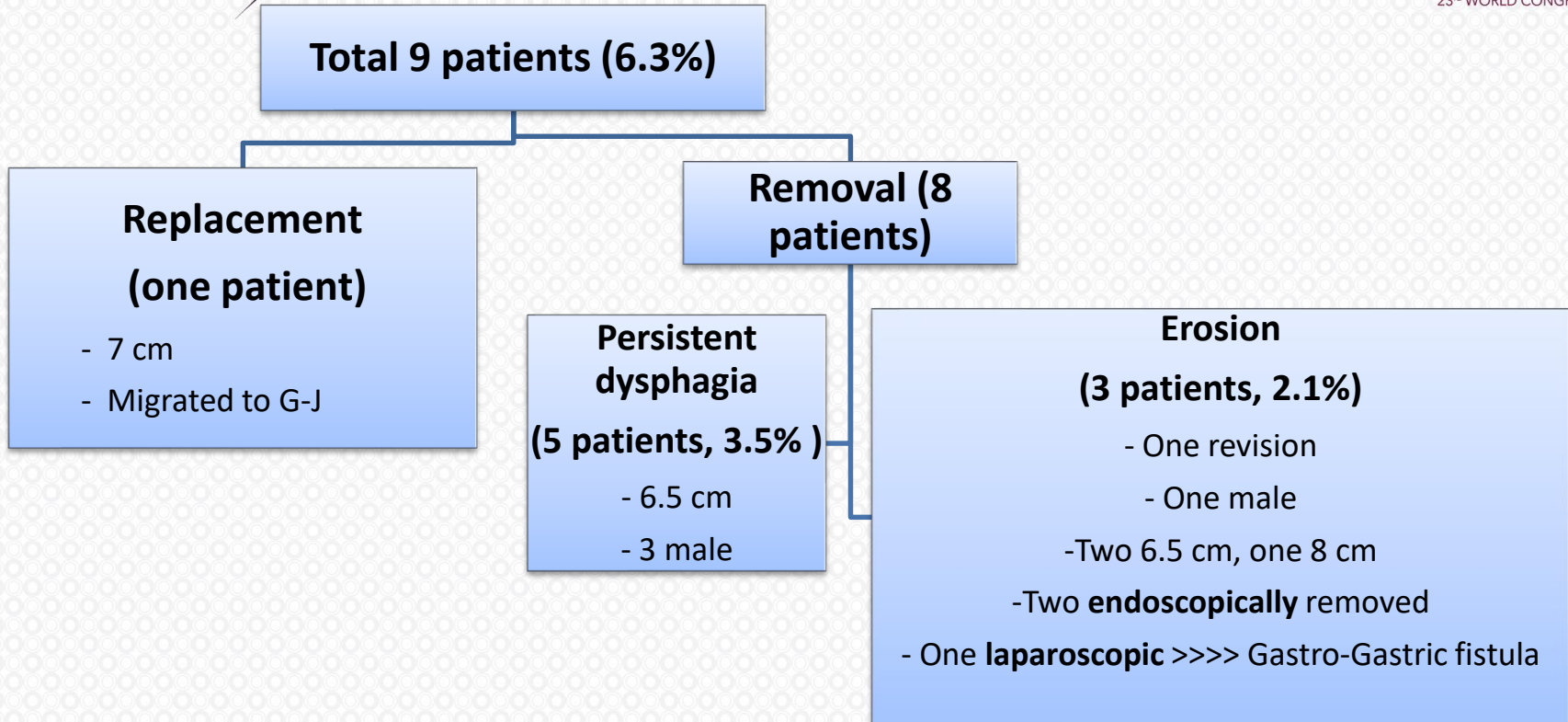


Complete comorbidity resolution (without medication) After 5 years follow up

- Diabetes..... 74.5%
- Hypercholestraemia.....59.3%
- OSAS.....50%
- Hypertention..... 40.8%



Band related complications

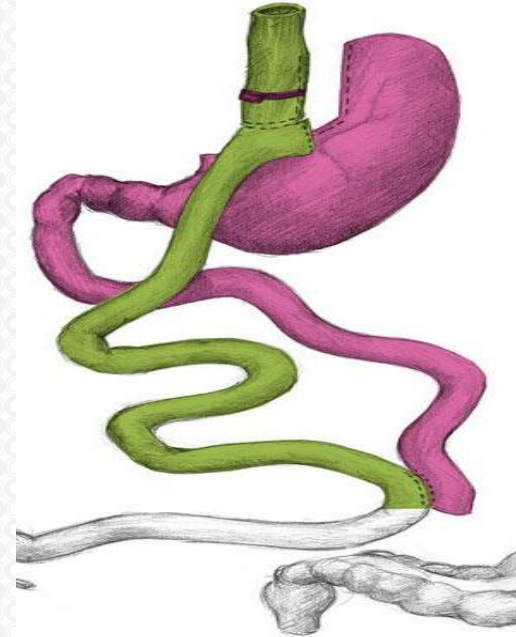


- One band was replaced because of migration to the gastro-jejunostomy.
 - Eight patients had band removal.
 - Three patients (2.1%) had band erosion (one revision and two primary procedures). The eroded bands were removed
 - Endoscopy: two patients.
 - Laparoscopy : one patient as it was associated with a gastro-gastric fistula after primary BRYGB.
 - The remaining five patients suffered from oral intolerance and dysphagia which improved after laparoscopic band removal in all cases.
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Conclusion

Banded RYGB

- Sustained long term weight loss (primary better)
- Sustained long term comorbidity resolution.
- Acceptable rate of band related complications
- Band size is critical factor (Minimizer 7 cm in females, 7.5 cm in males and revisions)
- New gold Standard bariatric procedure instead of RYGB



References

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for your
ATTENTION!**