



# Seven years sequential study with Lap Band with 97.8% of Follow-up



Hospital do Carmo – Porto  
António Sérgio

## Disclosure slide

Seven years sequential study with  
Lap Band with 97.8% of Follow-up

Presenter Name: António Sérgio Bastos Silva

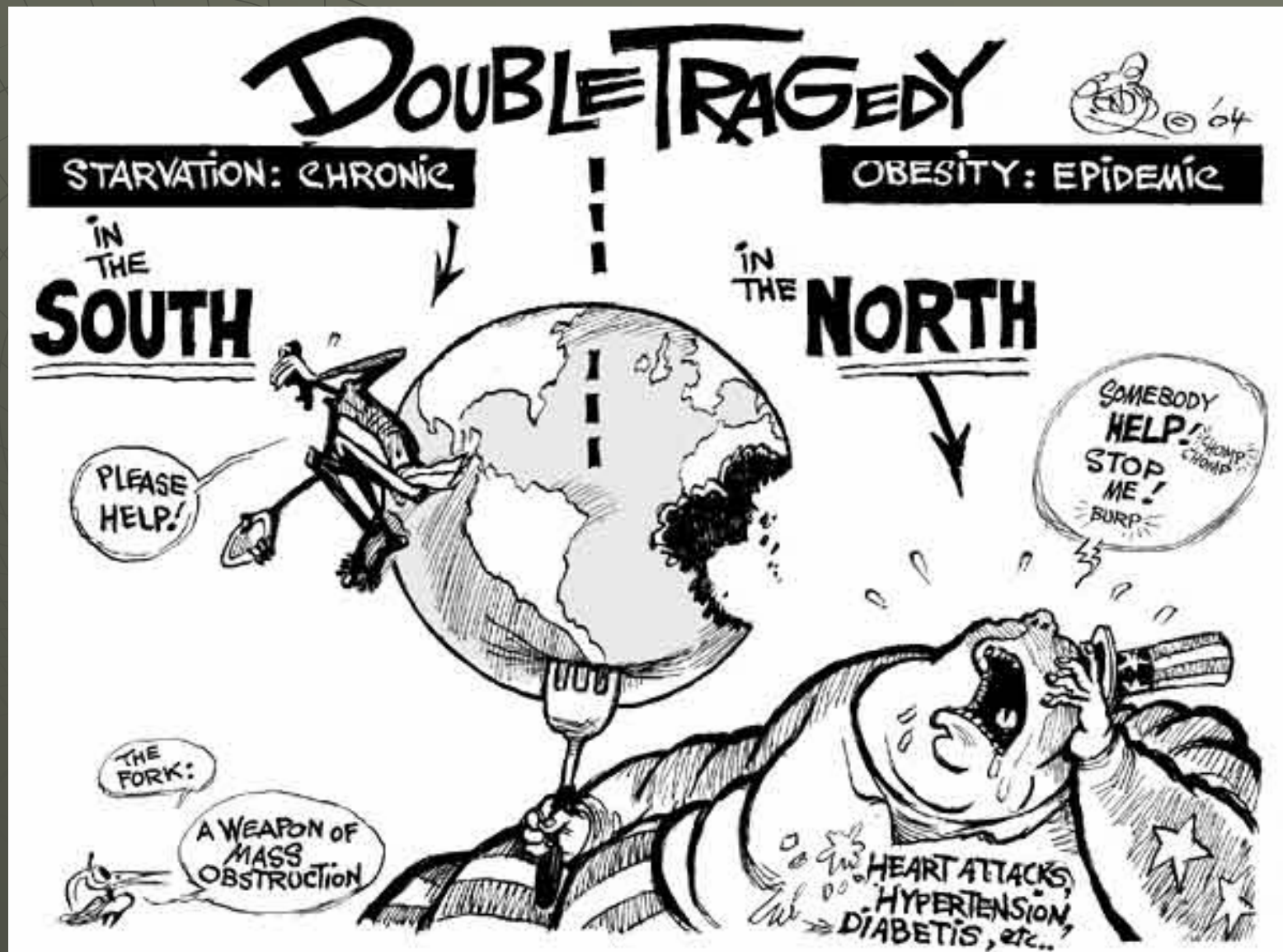
As previously disclosed, I have no financial or  
any other relationship with any medical  
company

The background of the slide is a dark gray. On the left side, there is a faint, light gray graphic consisting of a grid of lines that form a spiral or funnel shape, expanding outwards from a central point. The text is centered over this graphic.

Obesity is a serious chronic  
relapsing disease



# Obesity



# Severe Obesity

- ◆ Is common
- ◆ It is serious, chronic and relapsing disease
- ◆ We have no cures
- ◆ Treatment as for all chronic illness needs to be life long
- ◆ It is no different to treat diabetes, hypertension or any other chronic disease
- ◆ **Surgery** is the best therapy we have
- ◆ We may need a multi-intervention treatment

# Aim of Obesity Surgery?

- ◆ Safe sustained weight loss
- ◆ Improvement or resolution in obesity related comorbidity
- ◆ Improved psychosocial outcomes
- ◆ Not compromise nutrition, health and advances in obesity therapy
- ◆ Acceptable to the patients
- ◆ Acceptable to health care systems!

## **Aim of the study :**

Prove that a multi intervention treatment of severe obesity can achieve and sustain weight loss after an initial bariatric procedure that in this case was Adjustable Gastric Banding – Lap Band



# Methods

- ◆ Between 03 March 1998 and 31 March 2002
- ◆ 180 consecutive patients were submitted to Adjustable Gastric Banding with Lap-band
- ◆ Inclusion criteria
  - ◆ IMC > 40 kg/m<sup>2</sup>
  - ◆ IMC > 35 kg/m<sup>2</sup> with at least one obesity related disease



# Methods

- ◆ Exclusion criteria:
  - ◆ Age under 13 years
  - ◆ History of alcohol or drug abuse
  - ◆ Mental disease not controlled as schizophrenia or maniac disorders
  - ◆ Inability to understand necessary follow-up and operative procedures
- ◆ Assessment by a multidisciplinary team – Surgeon, dietitian/nutritionist, psychologist.

# Follow-up

- ◆ At the first year patients were seen every months, thereafter as it was judge necessary.
- ◆ Inflation of the band four weeks postoperatively with a saline solution
- ◆ More adjustments were made every two weeks till we reach sensation of satiety or loose weight between 2 – 3 kgs/month
- ◆ Deflation was made for disphagia, food intolerance, nightly regurgitation

# Follow-up

- ◆ Recommendations for Physical Activity are done to every patient.
- ◆ In the last two years we have a Consultant for Physical activity

**TOTAL --- 180 patients**

**MORTALITY -- 0**

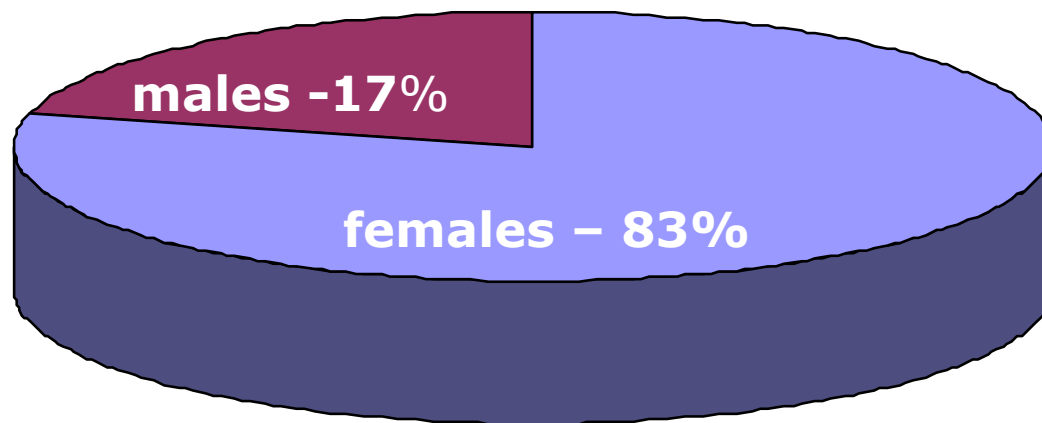
Follow-up – 97,8% (176 patients)



**Mean age ----- 37,2 years**

**min. ----- 13 years**

**max. ----- 72 years**



**Middle weight ----- 124,7 Kg**

**mínimal → 75 Kg**

**máximal → 217 Kg**

**Body Mass Index (BMI) -----46,6Kg/m<sup>2</sup>**

**minimal → 34,8 Kg/m<sup>2</sup>**

**maximal → 80,2 Kg/m<sup>2</sup>**

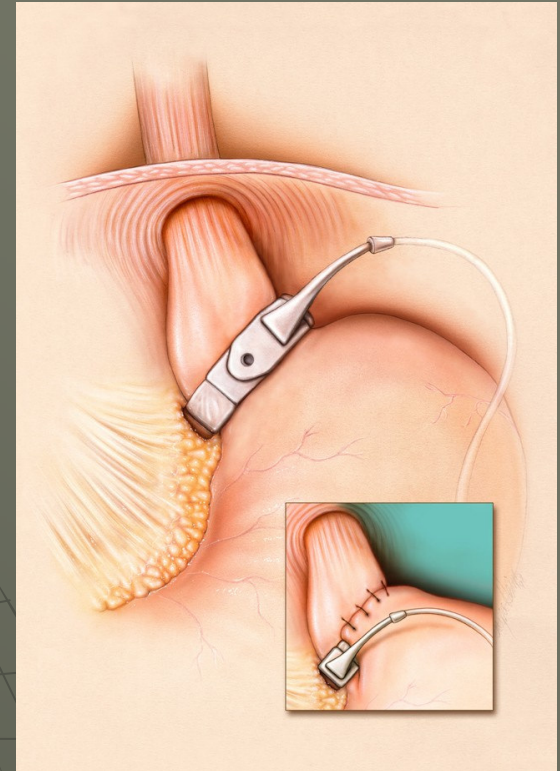
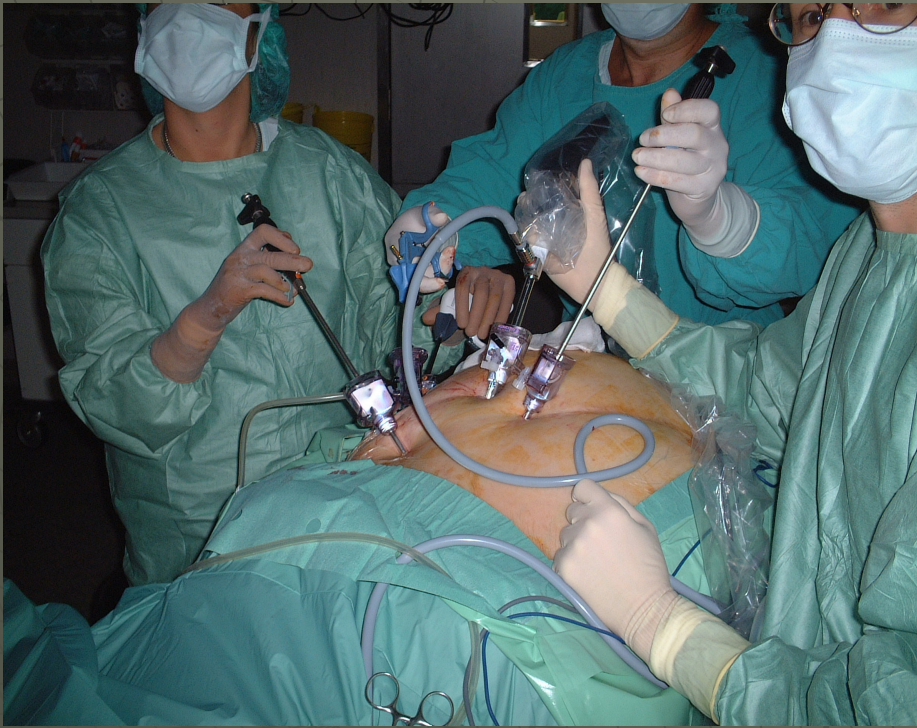
# COMORBIDITIES

127 doentes – (70%)



•Osteoarthropaty (joint pain) -----	60%
•HTA -----	40%
•Diabetes mellitus tipe II -----	24%
•Roncopaty -----	30%
•Sleep apnea -----	14%
•Hipotiroidism -----	0,8%
•Hiatal hernia -----	6%
•Gastroesophageal reflux -----	8%
•GER + Hiatal hernia -----	2%
•Colelitiase -----	10%

# Surgery



Pars flacida Technique

Same surgeon

Follow-up same team



# Complications

Kind	Nº pts	%	Sur. min	Surg. major
Port infection	2	1.1%	1.1%	
Tubing/port related	18	10%	10%	
Band Infection	2	1.1%		1.1%
Slippage	7	3,3%		3,3%
Pouch Dilatation	17	8,3%		8,3%
Band rupture	4	2.2%		2.2%
	50	26,0%	11,1%	14,9%

# Explanted Bands

## ◆ **Eleven bands were removed**

- 8 for inappropriate weight loss
  - Conversion into gastric bypass – 4 patients  
(3 pats – 3years; one 7 years)
  - Conversion into sleeve gastrectomy – 4 patients  
(one -4 and 6 years and 2 – 7 years)
- 2 for infection
- 1 for pouch dilatation

# Rebanding

- ◆ **Ten Bands were replaced**
  - ◆ 4 after band rupture
  - ◆ 6 after pouch dilatation

# Repositions

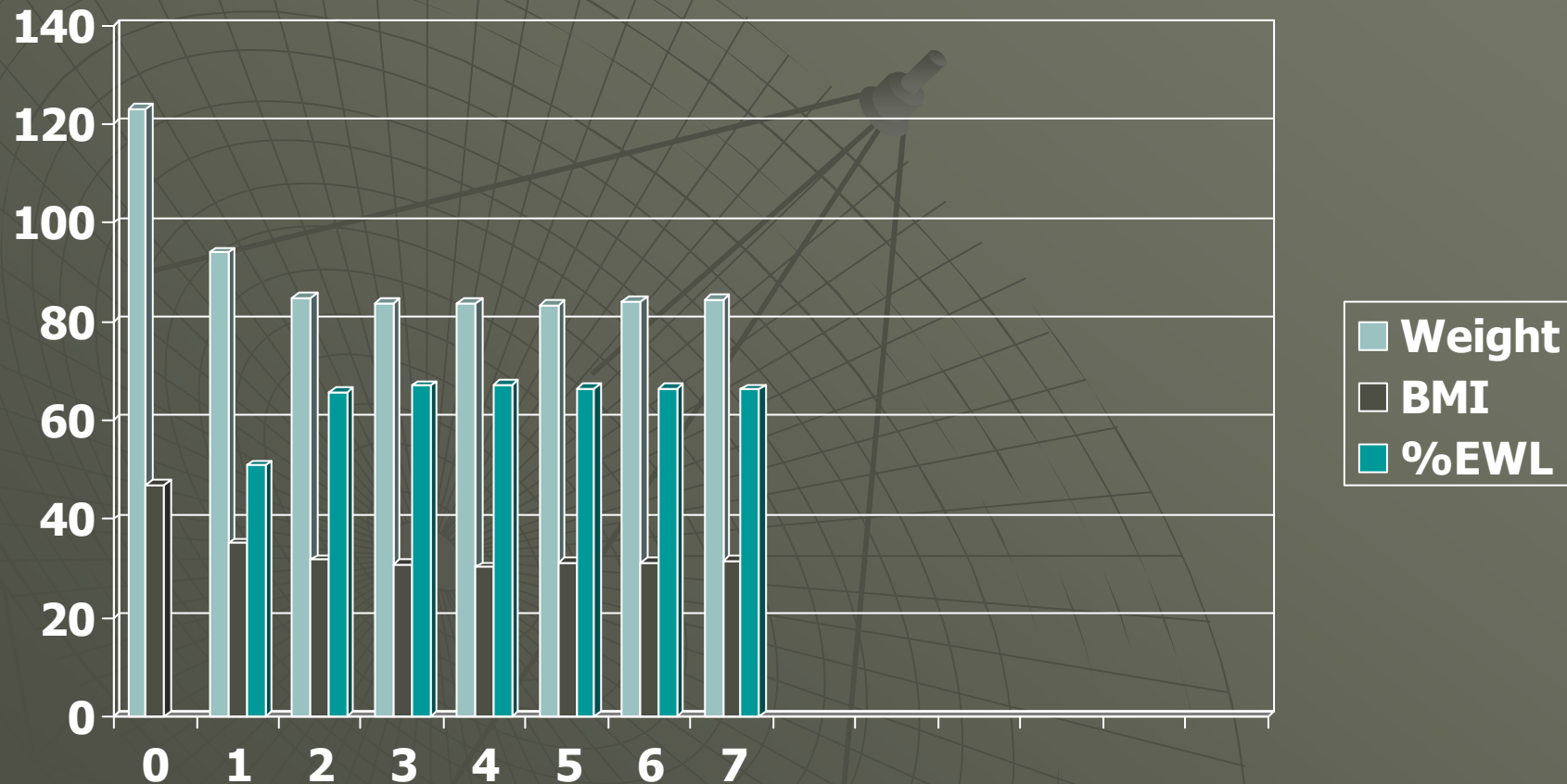
- ◆ Slippage --- 7 bands (100%)
- ◆ Pouch Dilatation --- 10 bands (59%)



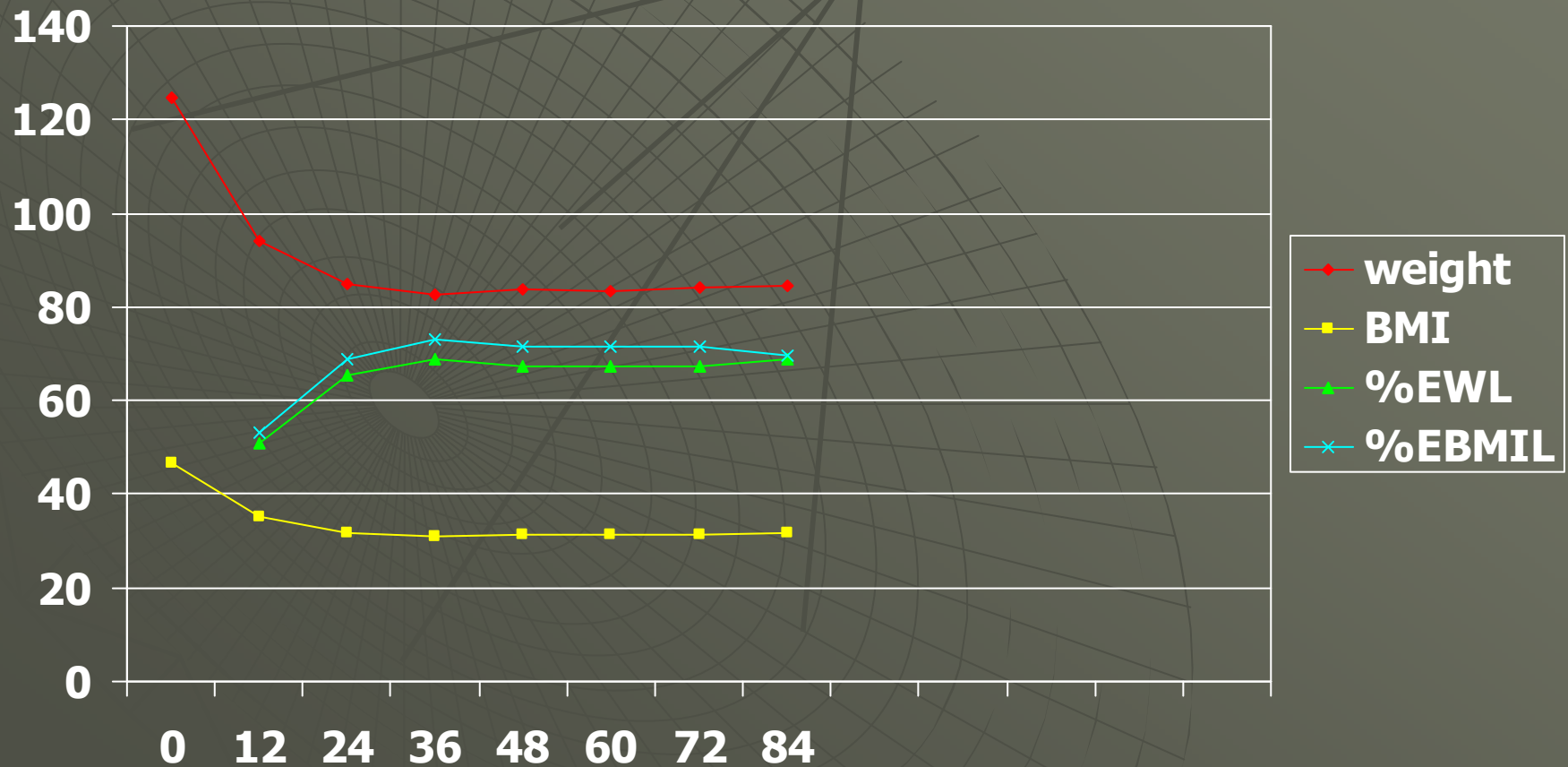
# Number reinterventions year

Year	1	2	3	4	5	6	7
Nº Pats	7	6	6	6	9	8	8
%	3.9	3.3	3.3	3.3	5	4.4	4.4

# Evolution Weight, BMI e %EWL



# Evolution weight, BMI, %EWL and %EBMIL



# Comorbidities Evolution

Comorbidities	Nº patients	Without disease	Improved	Unchanged
Osteoarthropaty	76	46(60.5%)	24(31.5%)	6(8%)
Roncopaty	38	29(76.4%)	9(23.6%)	0
Arterial Hypertension	51	30(59%)	18(35%)	3(6%)
Sleep Apnea Sind.	18	10(55.5%)	8(44.5%)	
Type II Diabetes	31	21(67.5%)	6(19.5%)	4(13%)



# Summary

- ◆ Gastric banding has an acceptable rate of good results at 7 years follow-up – 67% EWL
- ◆ Surgeons must be familiar with all the kinds of bariatric procedures, aware that in some time of their lives may need to change the technique
- ◆ Weight loss after 2 years is sustained
- ◆ Number of reinterventions/year is not cumulative and is acceptable
- ◆ Follow-up is essential and effective – labor intensive