

March 11 - 15 2007
Saalfelden, Austria



5th International Alpine
Obesity Surgery
Expert Meeting

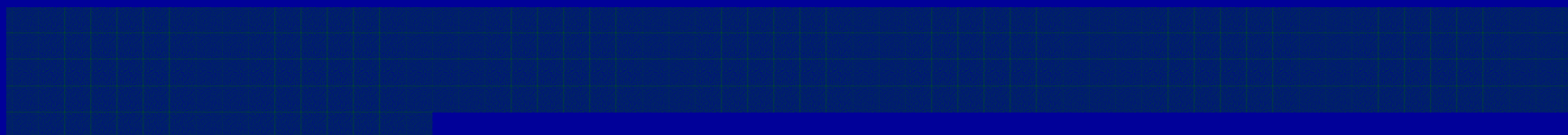
LapBand long term results

A. Sérgio

Gastric banding - history

- January of 1986 - KUZMAK first concept of adjustable gastric banding (ASGB) – “Lap-Band” first operation took place in June of 1986(USA)





Consensus Conference ASBS 2004 about gastric banding

Indications for therapy

- **Appropriation of the NIH criteria**
- **There is clear evidence to support the safety and efficacy of LAGB in becoming the primary intervention for bariatric patients in appropriate centers with comprehensive , long term follow up**
- **At this time there is little good evidence that any specific group of patients will respond better to other types of obesity surgery**
- **Need of long-term care for their chronic disease**

Jaime Ponce, M.D., F.A.C.S., John B. Dixon, M.B.B.S., Ph.D., F.R.A.C.G.P.

Surgery for obesity and Related diseases 1 (2005) 310 - 316

SESSÃO ESCLARECIMENTO

1ª consulta
Cirurgião

Com indicação cirurgica

Sem indicação cirurgica

Encaminhamento dentro ou fora
da clinica

Outras especialidades

Psicologia – 3 consultas

Meios auxiliares diagnostico

Nutrição – 3 consultas

cirurgião
Marcação cirurgia

Reunião
Pré-operatório

CIRURGIA

Reunião grupo
1 x semana

1º mês
cirurgião + nutrição

2º mês
cirurgião + nutrição

3º mês
cirurgião + nutrição + psicologia

- Surgery is a tool that we can use to help you loose weight - we are gona help you to use it well
- Your behaviour after surgery is the most important to obtain good results
- You will have to change your style of life
- But you´ll have a team allways available to hear and help you

Adjustable gastric banding

ADVANTAGES

- Laparoscopic surgery
- Stomach is not violated
- Stoma is adjustable
- Reconversion whenever needed

Gastric banding - mortality

0 a 0,5%

TOTAL --- 1388 patients

between 15/11/1996 - 28/02/2008

MORTALITY -- 1 (0,07%)

98/03/01 – 08/02/28

85,7%

1.190 patients



LapBand

88 patients



SAGB (11/96 – 12/1999)

77 patients



HAGA (03/02 – (03/2005)

33 patients

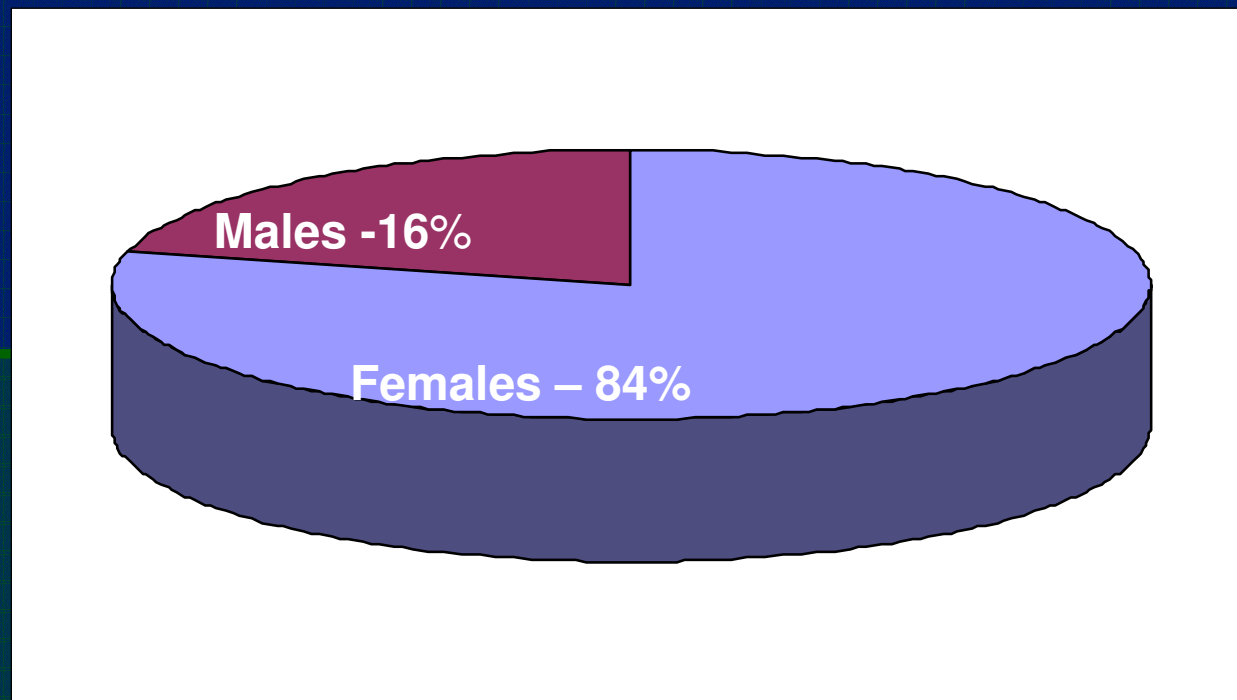


AMI (02/02 – 05/2003)

Average Age ----- 38 years

min. ----- 13 years

max. ----- 72 years



Average weight ----- 121,9 Kg

minimal → 86 Kg

maximum → 243 Kg

Average Body Mass Index (BMI)----46,8Kg/m²

minimal → 33 Kg/m²

maximum → 77,3 Kg/m²

COMORBIDITIES

780 patients – (56%)

•Osteoartropaty (joint pain) -----	60%
•HTA -----	40%
•Diabetes mellitus tipo II -----	24%
•Roncophatie -----	30%
•Sleep Apnea -----	14%
•Hipotiroidism -----	0,8%
•Hiatal Hernia -----	6%
•Gastroesophageal Reflux -----	8%
•Gerd + Hiatal hernia -----	2%
•Colelithiasis -----	10%

Total Complications

Kind	Nº pts	%	Min. Sur	Maj.Sur
Early infection from port	4	0.3%	0,3%	
Desconnexion/rupture tub/port	82	5.9%	5,9%	
Early infection from band	3	0,23%		0,23%
Slippage	25	1,8%		1,8%
Pouch dilatation	32	2,3%		2,3%
Skin erosion by the tube	1	0,07%		0,07%
Gastric erosion	21	1,5%		1,5%
Locker rupture	2	0,14		0,15%
Band rupture	31	2,2%		2,2%
Pouch necrosis	1	0,07%		0,07%
Late infection of the port	3	0,21%		0,21%
Rupture connexion tube/band	1	0,07%		0,07%
	206	14,79%	6,2%	8,6%

Complications with LapBand

Kind	Nº pat.	%	Min.Sur	Maj. Sur
Pouch dilatation	26	2.2		2.2%
Slippage	15	1.3		1.3%
Pouch necrosis	1	0.1		0.1%
Band infection	1	0.1		0.1%
Band rupture	4	0.33		0.33%
Break/desc port-tube	46	3.8	3.8%	
Port infection	3	0.25	0.25%	
TOTAL	96	8.08	4.05%	4.03%

CONVERSION

1 Patient ----- 0,1%

Gastric Perforation

CONVERSION

2 Patients ----- 0,15%

Gastric Perforation

Follow-up ... 94%

REINTERVENTIONS

➤ 108 major- 8,2%

33 – Replacements

49 – Band reposition

26 – removals (10 by gastroscopy)

➤ 80 minor – 6,2%

Replacement of the port in 25 patients

reconnexion tube / port -55 patients

REINTERVENTIONS LapBand

➤ **49 major- 4,05%**

4 – Replacements

43 – Band reposition

2 – Removals

➤ **47 minor – 4,03%**

Replacement of the port in 26 patients

reconnexion tube / port -21 patients

COMPLICATIONS

- Lap-band (1.100) **8,08%**
 - Pouch dilatation -- 26
 - Pouch necrosis --- 1
 - Slippage ----- 15
 - Break/desc. ----- 46
 - Port infection ----- 3
 - Band Infection ----- 1
 - Band rupture ----- 4

48% Cir Major

52% Cir Minor



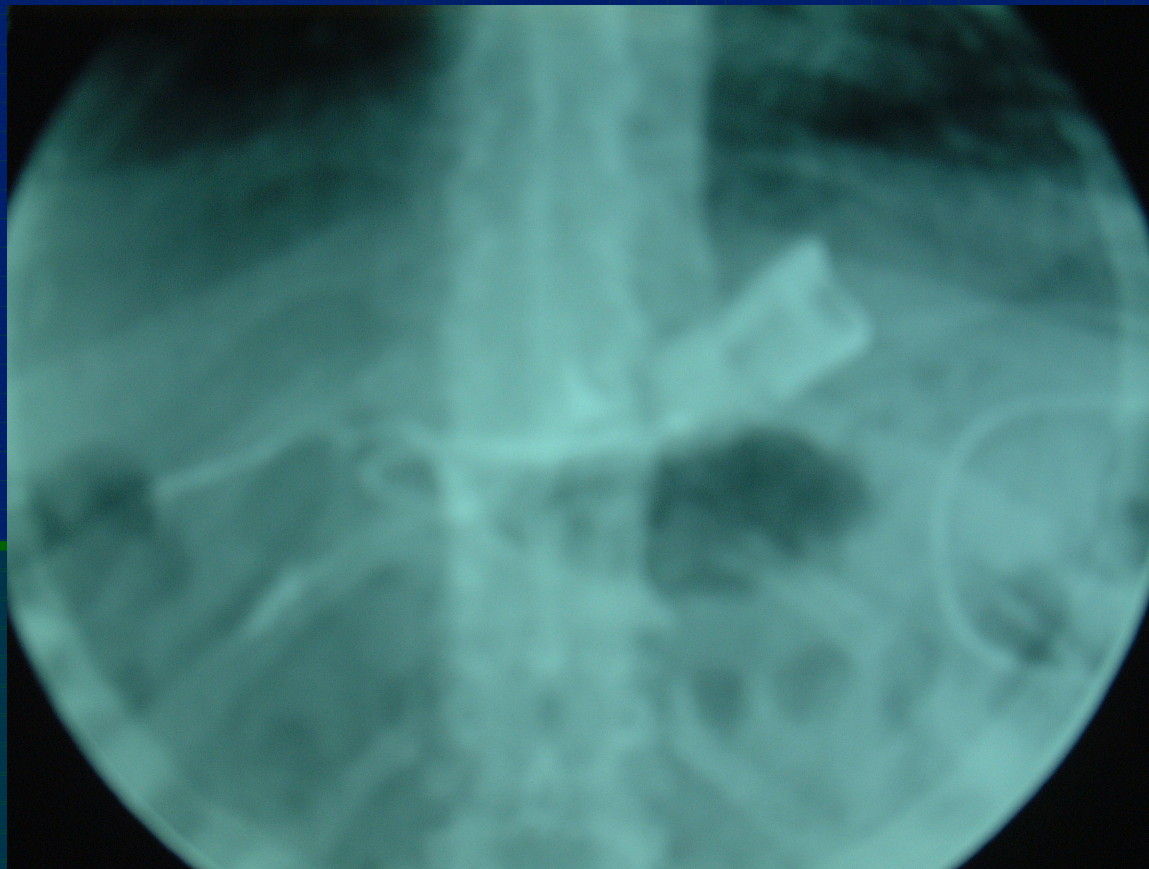
Pouch Dilatation -1,8%



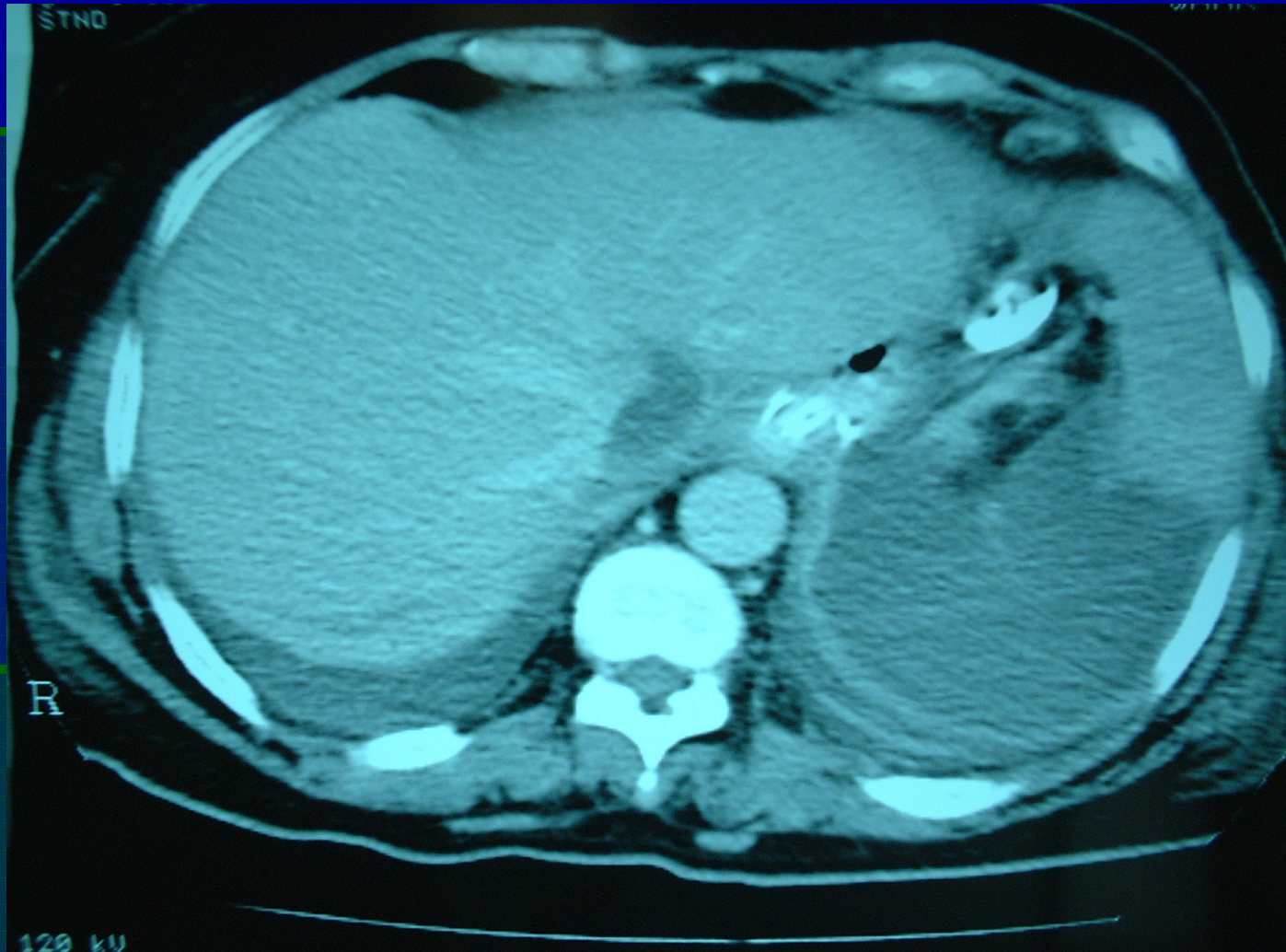
Slippage – 1,3%



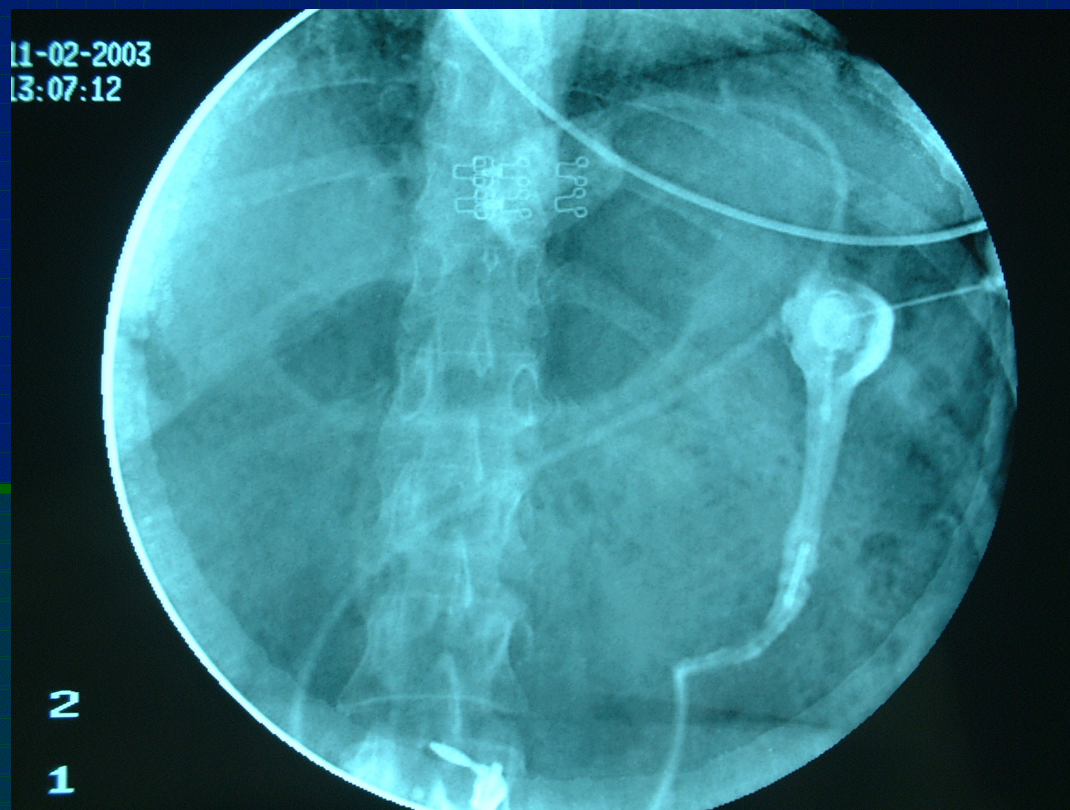
Rupture of band – 0,26%



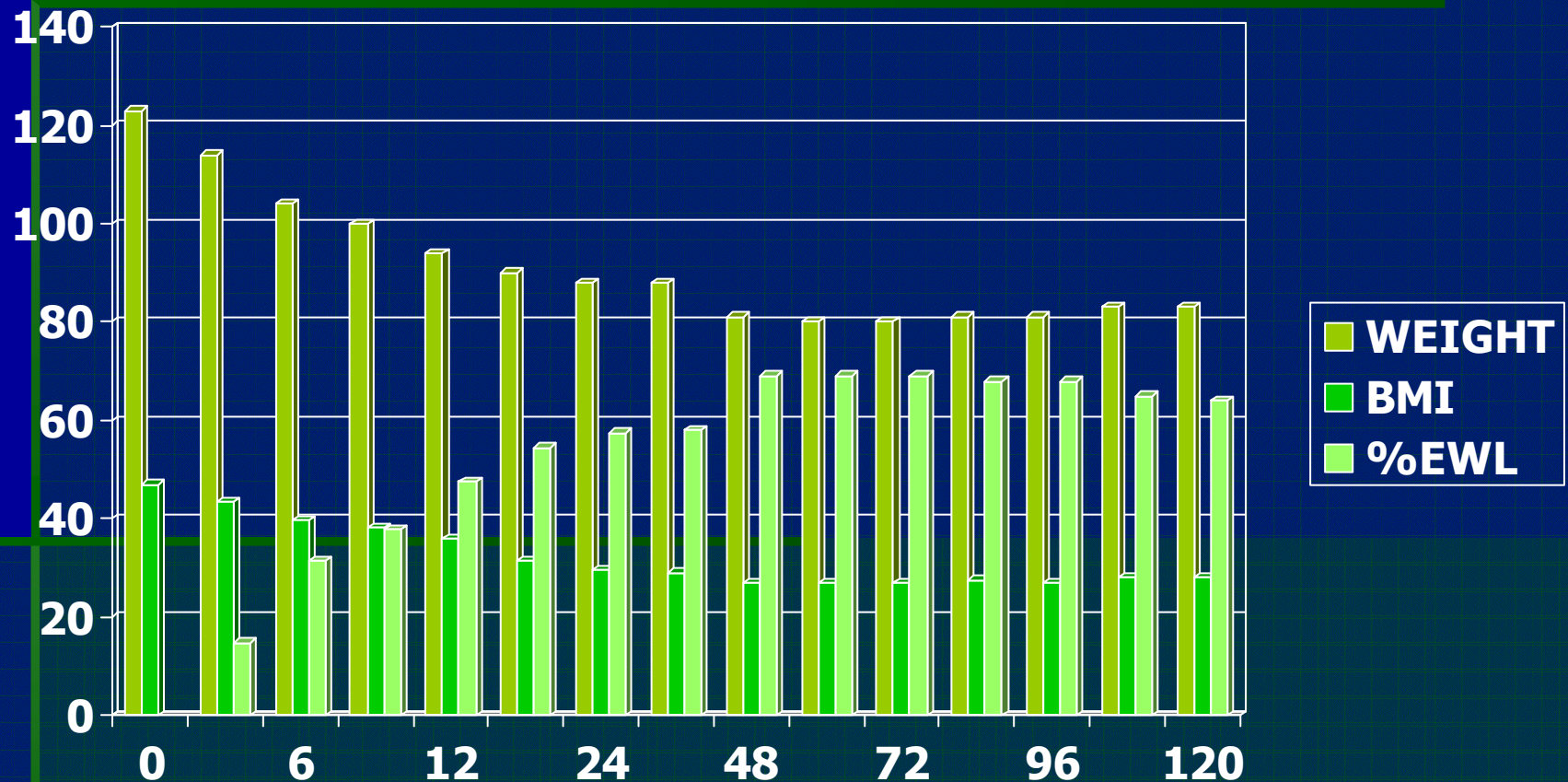
Band Infection - (0,1%)



Desconexión/rupture-tube/port- 3,6%



Evolution from weight, BMI and %EWL



Evolution from weight, BMI and %EWL

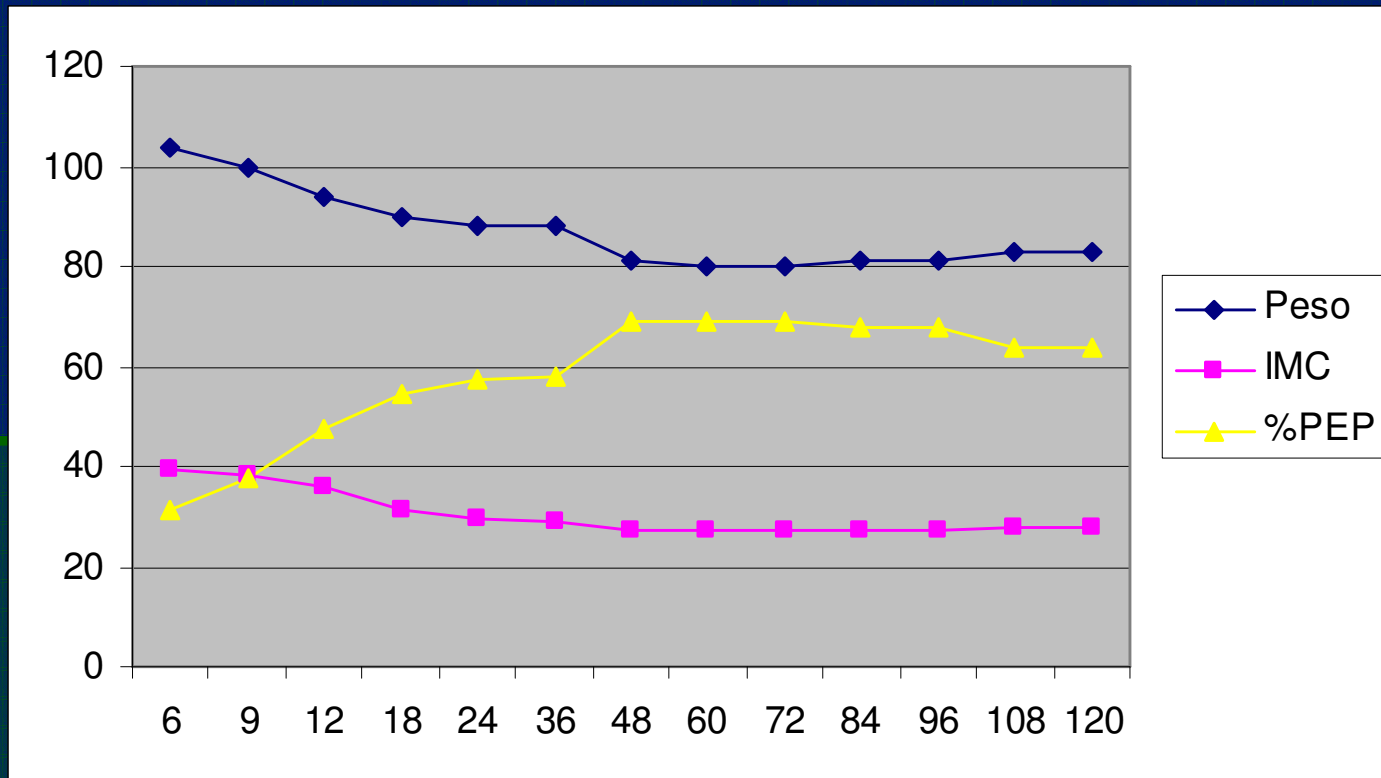


Table 2
Percent excess weight loss

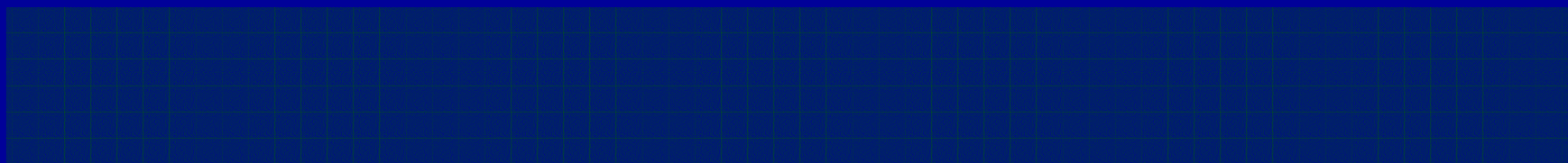
Study	<i>n</i>	Months after surgery							
		12	18	24	36	48	60	72	84
International									
Weiner 2003 [9]	984								59.3*
Zinzindohoue 2003 [10]	500	42.8		52	54.8				
Rubin 2003 [11]	250	42.1		51.4	55.5				
Fielding (2003) [12]	76	46.7			59.1		61		
Belachew 2002 [13]	763						50–60†		
O’Brien 2002 [14]	706	47	51	52	53	52	54	57	
Cadiere 2002 [15]	652	38		62					
Vertruyen et al. 2002 [16]	543	38		61	62	58	53		52‡
Dargent 1999 [17]	500	56		65	64				
Toppino et al. 1999 [18]	361	42							
Fielding et al. 1999 [19]	335	52	62						
Paganelli et al. 2000 [20]	156	43							
Niville and Dams 1999 [21]	126	48	58						
Berrevoet et al. 1999 [22]	120	46	53						
U.S.									
Hewitt 2004 [23]	500	36		47§					
Ren and Allen 2003 [24]	445	44.3							
Spivak 2003 [25]	271	40		43					
Fox 2003 [7]	105	61		75	72				
Rubenstein 2002 [8]	63	38.3		46.6	56.3				
Ren, Horgan and Ponce 2002 [26]	43	41.6							

* Percentage at 96 months.

† Percentage reduction of excess weight for patients with >5-year follow-up.

‡ Percentage at 86 months.

§ Percentage at 30 months.



XII Congresso Mundial – IFSO

Porto, 5 – 8 Setembro 2007



XII CONGRESSO MUNDIAL IFSO – PORTO

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