

# **THE TWO-STEP TECHNIQUE FOR LAPAROSCOPIC GASTRIC BANDING.**

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## **Background**

The commonest method of laparoscopic gastric banding is the Pars Flaccida dissection.

Problems associated with the method include placing the band too high, and making the band too tight with too much included tissue.

## **Aim**

The purpose of this presentation is to illustrate the two-step dissection.

It allows calibration of the position of the band, and excludes the tissues of the lesser omentum Pars Condensa

## **Method**

The technique involves the traditional pars flaccida dissection, plus a second track made from the base of the right crus to a point on the lesser curve, located by positioning the calibration balloon.

The calibration tube is placed at the beginning of the operation. The anaesthetist can access the face prior to draping and the stomach is emptied. The greater curve dissection is made and then the anaesthetist inflates the balloon to allow identification of the correct point on the lesser curve. The hiatus can be checked at this stage.

The balloon is deflated and the calibration tube retracted. This allows completion of the pars flaccida dissection and placing of the instrument behind the stomach without the presence of an intraluminal tube.

The band is brought behind the stomach and then to a position excluding the Pars Condensa. Gastro-gastric sutures are then placed as usual.

## **Results**

Since October 2004 I have performed 300 laparoscopic banding operations. All primary procedures have used the 2 step technique

## **Conclusion**

I have found it to be a very reliable method of placing the band, with a low incidence of complications.