

VERTICAL BANDING GASTROPLASTY: MANAGEMENT OF FAILURE.

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Background

Vertical banding Gastroplasty is very common procedure in bariatric surgery. High percentage of failure requires defining technical option for redo.

Materiel

Methods: From 1997 to 2007, 680 patients were referred following VBG. Out of them, 352 had failure or complication. All patient had multidisciplinary assessment. Endoscopic dilatation was proposed in 27 patients with stenosis before band removal. In case of VBG failure, Barium swallow was done: according to the results Gastric By pass (GBP) was proposed in case of functional VBG, and laparoscopic adjustable gastric banding (AGB) was proposed for patents with initial good result and staple line or band disruption.

Results

Out of 325 patients with failure, Gastric by pass was proposed and achieved in 42, AGB proposed in 327 and achieved in 301. All failure during redo was related with postoperative adhesion. There were no postoperative complications after AGB. After GBP: 2 postoperative fistulas, and one occlusion, all reoperated.

Conclusion

In case of VBG failure related with dismantling, AGB is safer, without VBG dislocation we proposed GBP.