

SUBFASCIAL PORT PLACEMENT IN GASTRIC BANDING SURGERY

**Dr Anthony Clough, Dr L Layani Australian Institute of Weight Control,
John Flynn Private Hospital Mayenaaz S, Wheatley L, Shah A Faculty of
Health Sciences & Medicine, Bond University**

Background

In some bariatric patients a relatively shallow subcutaneous fat layer separates the gastric band access port from the skin. We hypothesize that subfascial port placement in these patients reduces skin erosions and port infections and improves cosmetic outcome as the patient loses weight.

Aim

To compare port complications and cosmetic outcome with access ports in front of or behind the rectus muscle.

Method

We retrospectively compared complications and cosmetic outcomes of patients with subfascial ports to a control group matched for gender, BMI and age. Each subject completed a questionnaire utilising a 1 to 10 scale for 9 parameters related to comfort & cosmesis and 2 parameters related to discomfort during adjustments.

Results

68 patients with subfascial ports were identified and the overall response rate was 84%. Subfascial and control groups were well matched for gender (m:f ratio 1.8:1 vs 1.7:1), age (51.0 vs 49.6 years, $p = 0.528$), and BMI (39.8 vs 40.3 kg/m², $p = 0.585$). There was no significant difference in port infection rates (0/68 vs 1/68, $p = 1.000$) but the subfascial group had more hernias (3/68 vs 0/68, $p = 0.244$). Subfascial patients experienced more pain during adjustments (mean score 4.3 vs 2.6, $p = 0.047$). A combined analysis related to cosmesis showed a non-significant positive trend (1.58 vs 1.76, $p = 0.379$).

Conclusion

Both port locations are well tolerated. Subfascial port placement is associated with more pain during adjustments but no infections or skin erosions have been recorded so far in this group.