

LONG TERM OUTCOME FOLLOWING GASTRIC BAND SLIPPAGE

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Background

Gastric band slippage is a major complication of laparoscopic adjustable gastric banding (LAGB) and requires treatment. It is attributed to initial malpositioning of the band. The prevalence was significantly reduced with the introduction of the pars flaccida technique. Various strategies have been introduced to treat this complication, including band removal, band repositioning, band replacement or conversion to another bariatric procedure. The aim of this study was to evaluate the prevalence of band slippage and to examine the outcome of patients who underwent band replacement for slippage.

Method

The study included all patients with band slippage from August 1996 to August 2007. The clinical presentations as well as management of this complication were reviewed.

Results

Among 1000 patients who had LAGB, 27 (2.7%) developed band slippage with pouch dilatation. The prevalence was significantly reduced from 22.4% (perigastric) to 1.5% (pars flaccida). All patients needed surgical treatment except in one (lost to follow up). Two patients needed gastric resection for gastric wall ischaemia. Nineteen patients (73%) had band replacement, 2 (8%) band reposition and 5 (19%) band removal. Median follow up following reoperation was 48 months (range 3 – 84 months). Recurrent slippage occurred in 4 patients (19%). Out of 26 patients who

had surgical repair after band slippage, 16 (62%) currently still have their band, and 13 of them (81%) had EWL greater than 50%. There was no major complication or death following the surgical repair for band slippage.

Conclusion

Laparoscopic band replacement is recommended as an option following band slippage. Long term follow up showed that most patients achieved acceptable weight loss.