

Increasing number of gastric band removals in Ontario, Canada: A population based analysis

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Background: The laparoscopic adjustable gastric band (LAGB) remains a common treatment for morbid obesity. While short-term outcomes of LAGB may be favorable, long-term risks such as high rates of reoperation, removal and failure of weight loss are becoming more apparent. We sought to better define the problem of LAGB removal in Ontario and the associated healthcare utilization.

Methods: In Ontario, LAGB placement is solely performed within private clinics. However, removal of LAGB is covered under Ontario's universal health insurance plan. We measured LAGB removal claims in Ontario from 2011 to 2014 using population level administrative data from the Institute for Clinical Evaluative Sciences. Patient demographics and procedure characteristics were collected.

Results: 642 gastric bands were removed during the study period. The mean age of patients undergoing band removal was 46.8 years (SD11.2); 87.5% were female. 53.7% of patients made at least one emergency department visit and 66.8% received a general surgery consult in the year prior to band removal. 45.3% of patients underwent laparoscopic removal of the gastric band (55.7% required a laparotomy). 17.6% of patients underwent a subsequent bariatric surgery procedure. The number of gastric bands removed over the study period more than doubled from 101 removals in 2011 to 220 in 2014.

Conclusions: The increasing number gastric band removals in Ontario represent a significant public health concern. The large number of LAGB patients from private clinics with complications managed within our public hospitals further supports the need for comprehensive bariatric surgical care delivery within accredited centers of excellence.

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