

Conversion of Failed Adjustable Gastric Banding to Duodenal Switch: Matched-Controlled Trial.

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Background: Adjustable Gastric Banding (AGB) is associated with a significant long-term failure rate. An option for the management of insufficient weight loss is the conversion to a malabsorptive surgery. The aim of this study was to assess the short and long-term outcomes of patients who underwent a conversion to Bilio-Pancreatic Diversion with Duodenal Switch (BPD-DS); compared to patients who underwent a primary BPD-DS.

Methods: We reviewed our prospectively maintained electronic database. Patients who underwent a conversion from AGB to BPD-DS were assessed (n=14). Patients were matched 1:1 for age, sex, and initial BMI to patients who had a primary BPD-DS. Data is reported as a Mean \pm Standard Deviation.

Results: Fourteen patients (8M-6F), aged 39.4 ± 9.7 years, BMI $50 \pm 9 \text{ kg/m}^2$ underwent conversion to BPD-DS in a 5-years period. Operative time was 226 ± 48 min vs 204 ± 68 min (p value 0.34). There was no postoperative mortality. Intraoperative complications occurred in 2 patients in the converted group vs 0. 30-days postoperative complications occurred in 2 patients (one sub-phrenic abscess and one contained duodeno-jejunal anastomosis leak) vs 1 had Duodenal anastomotic stenosis that needs multiple endoscopic dilatations. Percentage of excess weight loss at 6,12,18,24 and 36 months was 51.7% vs 56.8%; 67.5% vs 73.6%; 66% vs 76.2%; 70.5 vs 72.5%; and 75.5% vs 77.3% (p value NS). After conversion, remission of Type II Diabetes was obtained in all patients (n=4) vs 83% in 5/6 patients, Hypertension in 70% (7/10) vs 77.7% (7/9); Dyslipemia in all patients (n=2) vs 100% in 5 patients. Sleep Apnea in 61% (7/9) vs 57.1% (4/7). There was no readmission in a mean 36 months of follow-up for both groups.

Conclusion: Conversion of AGB to BPD-DS offers the same benefits in terms of long-term weight loss and cure rate of associated comorbidities compared to primary BPD-DS. Operative time and peri-operative complications seem to be increased compared to primary surgery. Larger studies are however needed to confirm these results.