

Outcomes from Explantation of Laparoscopic Adjustable Gastric Band: Experience from a Canadian Bariatric Centre of Excellence

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Introduction

Laparoscopic Adjustable Gastric Banding (LAGB) is a common procedure that has significantly declined primarily due to poor weight loss and high revision rates. LAGB explantation is commonly performed and often concurrently converted to other bariatric procedures. Reported complication rates for LAGB removal alone was 6.8%. The objective was to evaluate outcomes after LAGB removals at our institution including conversions to other bariatric procedures.

Methods

Patients were identified using the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database from the Toronto Western Hospital site, filtered by LAGB removal using principal procedure code and concurrent procedural terminology (CPT) codes (43773, 43774). Patients converted to other bariatric procedures were included. Outcomes were evaluated for 30-day morbidity, mortality, and readmission.

Results

Between 2011-2018, 93 patients met inclusion. The majority were elective (96.77%) with only 3 emergent cases (3.23%). Thirty-day post-operative complication rate was 11.83% with a 4.30% readmission rate and no deaths. Surgical site infections accounted for 81.82% of complications (54.55% superficial, 27.27% deep). Thirty-day adverse event rate for LAGB removal alone was 15.00% however, emergent explantation was 33.33%. Half (56.99%) were converted to other bariatric procedures (48.39% Laparoscopic Roux-en-Y Gastric Bypass (LRYGB), 8.6% Sleeve Gastrectomy (LSG)). Conversion to LSG had the highest 30-day complication rate (37.50%) versus conversion to LRYGB at 2.22% ($p=0.375$).

Conclusion

Thirty-day complication rates for explantation of LAGB and conversion to other bariatric procedures is significant and may be higher than previously reported for LAGB removal alone. Conversion to LSG may have the highest complication rate.