

Long-term outcomes of laparoscopic one-step revision of failed adjusted gastric banding to gastric sleeve: a retrospective review of 101 consecutive patients

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ABSTRACT

Background

In recent years, laparoscopic adjustable gastric banding (LAGB) has been one of the most common performed bariatric procedures worldwide. Nevertheless, its high rate of complications and failure up to 70% demands a revisional surgery. The one-stage conversion LAGB to laparoscopic sleeve gastrectomy (LSG) has been proved to be safe, but concern on efficacy on long-term weight loss has been raised. Our aim was to present our long-term outcomes on this procedure.

Methods

We retrospectively reviewed the charts of 133 revisional LSG for failed or complicated LAGB from January 2010 to August 2017. 32 patients were excluded for lost follow-up. Demographics, complications and percentage of excess weight loss (EWL%) were determined.

Results

One hundred and one patient were included (85 women and 16 men) with mean age of 48.5 years and mean body mass index of 47.1 kg/m². During the follow-up, 15 patients (15%) underwent a revisional surgery for weight loss failure (10 Roux-en-Y gastric bypass, 3 biliopancreatic diversion, 3 single anastomosis duodeno-ileal bypass, 1 revisional LSG). Ten patients (10%) had long-term complications (8 severe reflux and 2 stenosis) during this period and underwent a revisional surgery (10 RYGBP). Postoperative complications included 1 gastric leak, 2 early gastric hematomas and 2 incisional hernias, without requiring a surgery. The remaining 76 patients had a mean follow-up of 4.3 years with an EWL of 53.2%.

Conclusion: Our long-term results confirm that the single-stage conversion to LSG is a safe and good solution for failed or complicated LAGB with good long-term weight loss.