LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING USING THE MIDBAND™ WITHOUT GASTRIC SUTURES IN 450 PATIENTS.

Simon Monkhouse Departments of Surgery, Endocrinology and Dietetics, Southmead Hospital, Bristol. UK SJW Monkhouse, AB Johnson, SE Bates, L Sawyer, K Lord, JDT Morgan

Background

Standard surgical techniques for gastric band placement involve the use of gastro-gastric sutures around the band, ostensibly to reduce slippage rate. However, there is scanty evidence to support this practice and some evidence to suggest that suturing increases the complication rate, particularly band erosion. A high band failure rate has been reported, secondary to occult needle puncture.

Aim

Our study aimed to challenge this practice and show that excellent results could be achieved without the need for fixation sutures.

Methods

Between March 2004 and November 2008, 450 patients have undergone LAGB in a single centre using the MIDBAND™ (Médical Innovation Développement, Limonest, France). A *pars flaccida* technique with minimal retrogastric dissection was employed, without the use of gastro-gastric sutures. Intensive post-operative follow-up has been achieved in 99% of patients. Complication rate and weight loss has been prospectively recorded.

Results

Ages ranged from 17-69 years (median 42) with a BMI between 35-78 (median 46). Median hospital stay was 1 day (range 1-10 days). 3 patients (<1%) required re-operation for early slippage. 5 patients (1%) required band removal for late slippage. 5 patients (1%) required band removal for oesophageal dilation. Mean excess weight loss was 28%, 50%, 72% and 77% at 6, 12, 24 and 36 months respectively. There were no erosions and no mortality.

Conclusions

Lack of gastro-gastric sutures does not result in a high slippage or complication rate in this series. Gastric banding using the MIDBAND™ can

produce excellent excess weight loss which is well maintained beyond 3 years.