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Simultaneous laparoscopic adjustable gastric band removal and sleeve gastrectomy

Vasileios Drakopoulos, Athanasios Bakalis, Nikolaos Roukounakis, Sotirios Voulgaris, Vassilis Vougas and Spiros Drakopoulos
Evangelismos General Hospital, Greece

Background & Aim: Laparoscopic adjustable gastric band (LAGB) related complications often require revision procedures with band removal and/or conversion to laparoscopic sleeve gastrectomy (LSG) or Roux-en-Y Gastric By-pass (RYGB). The optimal method of revision remains controversial. Single-stage removal and LSG or RYGB seems to be safe and efficient, while others suggest a two-stage approach. We present our 6 year experience concerning simultaneous LAGB removal and LSG.

Methods: We retrospectively analyzed 35 patients who underwent simultaneous LAGB removal and LSG, from January 2011 to December 2016, 10 men and 25 women. Average age is 38 (18-49). Mean BMI before conversion was 48 and 45.5, respectively. All patients underwent preoperative endoscopy and barium swallow, with no sign of stomach perforation, erosion or severe band slippage. We emphasize on a case of a 41-year-old male, who had undergone two operations of gastric band placement. The first band had developed slippage, while the second one infection without erosion. However, a successful single-stage definitive LAGB removal and LSG was achieved.

Result: No severe postoperative complications were mentioned, while no conversion to open surgery was required. Mean weight loss in the first year was 70% of the excess weight.

Conclusion: Simultaneous laparoscopic gastric band removal and sleeve gastrectomy for morbid obesity seems to be safe and efficient, especially in cases of absence of gastric erosion.

vasileiosdrakopoulos@gmail.com

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