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Realistic Expectations Following Band to Bypass Revision

RJ Weddle MD, TL Fisher RN, S Kleppe BS, GS Barnes MD, **JA Kuhn MD**
Baylor University Medical Center and Medical City Dallas

Introduction: The incidence of band failure and removal has been reported in 10-30% of patients. The purpose of this study is to determine if Roux-en-Y gastric bypass (RYGB) is safe and effective following band removal and to examine realistic expectations for weight loss.

Methods: A retrospective review of 74 patients who had band removal and subsequent gastric bypass between 2003 and 2010 was performed. Reasons for band removal and complications of conversion were examined. Weight loss at 1 year was compared to a control group of 2020 patients who underwent RYGB only.

Results: Failure to lose weight was the indication for revision in 31 patients (42%) while band complication (slip, erosion, mechanical) was the primary indication in 19 patients (26%). Esophageal reflux symptoms were problematic in 48 patients (65%). Mean interval from band placement was 41 months (range 7-86). Simultaneous band removal and revision was performed in 59 patients (80%). Mean operative time was 102 minutes (range 39-188) and length of stay was 1.6 days (range 1-5). There were no mortalities. Complications included wound infection (n=1), pneumonia (n=1), and hernia (n=1). Average excess body weight loss at 12 months was 60% (range 24-97) compared to the control group of 77% (range 12-164) p=0.05.

Conclusions: Removal of lap band with revision surgery to RYGB is safe but significantly less effective than patients undergoing primary gastric bypass. Realistic expectations should be advised.