



AMBULATORY ADJUSTABLE GASTRIC BANDING SURGERY

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Background: Laparoscopic Colheciectomy and Inguinal Herniorraphy has become an ambulatory procedure in many centers. Our group also describe the experience with ambulatory lap fundoplication (International Society for Disease of Esophagus World Congress in 2001) and extended this experience to the laparoscopic adjustable gastric banding procedure in the way of obtain the benefits of ambulatory environment extended to a surgical treatment of morbid obesity.

Methods: Between November of 1999 and January of 2003, 617 patients were submitted to lap gastric banding with BMI ranging from 35 to 76 kg/m² (mean 48 kg/m²). 370 female 247 male . The bands used were Obtech® and Helioscopie® with pars flacida and peri-gastric technique respectively in unselected bases. The operations were under general anesthesia with short life drugs such as Propofol, Alphentanyl®, Zecurony® and Sevorane®, additional drugs for vomiting – Ondasentron® and pain – N.S.A.I.D. were also used as pos-operative medication and early wake up was stimulated.).The discharge criteria was; no pain, no vomiting, to be able to drink liquids, hemodynamic stability and regular diuresis. By principle, all patients selected for gastric banding surgery were considered for ambulatory approach.

Results: 82% (505)of the patients were able to leave hospital in a 12 hour period, 43 of them staid for an 24h period and 1,3% (8) patients staid for more then 24h. Operative time ranged from 25 to 195 min (mean 50min). The reasons for a delayed discharge was personal choice (49%), abdominal pain (22%) , vomiting (17%) hypertension (3%), respiratory distress (3%), unable to drink liquids (6%). In this series, there were no major intra-operative complication neither deaths.

Conclusions: In selected bases, gastric adjustable banding can be a safe and effective ambulatory procedure with minimal risk and trauma with low complications and rapid recovery.

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