



ADJUSTABLE GASTRIC BAND –FIRST 1000 CASES. HOW TO OBTAIN GOOD RESULTS AND AVOID COMPLICATIONS

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Background: The Adjustable Gastric Band is the surgical option with less mortality and few complications. Due to a wide variation in terms of complications and weight loss reported, we present this series in a single center with Total Patient Control (TPC) approach in a excellence center. Aim: Evaluate the results and results and complications of gastric band in a series of patients Casuistic: Between November of 1999 and February of 2004 (79% of patients in follow-up), 1028p were submitted to Gastric Band and analyzed in a retrospective manner, 565 were female (55%), age between 12 to 73y (M= 35,5y), weight 83 to 261 Kg (M= 128 Kg) and BMI 35 to 79 Kg/m² (M= 44,4 Kg/m²). The surgical technique was the pars flacida approach in 81,5 (SAGB - Obtech®). Results: The mean BMI came from 44,4 to 30,1 Kg/m². Operative time range from 22 to 195 min (M= 42 min), Time in Hospital were below 12h in 80%. Complication occurred in 2,6% of “slippage”, 1,1% porth troubles, 0,2% “acalasia like syndrome”, 0,5% food impactation, 0,87% intragastric band migration and 0,1% pulmonary embolism. Unsatisfactory weight loss happens in 12%. Re-operation was done in 57p (5,5%), 29p with slippage, 16p with unsatisfactory weight loss, 7p with porth troubles and 7p with band migration. Most of the reoperation (41p) was done in ambulatory manner. There were no deaths in this series. Conclusion: Adjustable Gastric Band within multidisciplinary TPC shows good results in a 4 year follow-up.