



NEW SWEDISH ADJUSTABLE GASTRIC (SAGB) BAND .THE QUICK-CLOSE SYSTEM. REAL IMAGES MIXING WITH 3-D ANIMATION

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BACKGROUND: The Swedish Gastric Band with a new closing mechanism, the Quick-Close one, has its technical aspects demonstrated in a video that highlights the proper pars flacida technique of a gastric band implant with the anatomic remarks show in a three dimension graphic animation. In the last SAGB model after its close, stitches have to be applied in order to assure it and those stitches can sometimes be quite challenging. In the new model, the closing mechanisms became easy and simplified and just have to be locked without needing those stitches.

METHOD: The bands used low pressure system and is implanted by the flacida technique always beginning the procedure by dissecting the his angle and them go to dissect the crura after opening the pars flacida under the hepatic branch of vagus nerve, the dissection on the crura have to be narrow and goes in direction of the his angle, after completing the dissection, a specific instrument, the goldfinger is passed over the crura and under the stomach wall. After achieves the his angle, the goldfinger is twisted until its tip became exposed, after that the band is connected to it and is gentled pulled under the stomach until the dissected pars flacida. The band is closed and locked with the quick-close mechanism . A 15ml gastric pouch is created over a gastric calibration boogie and an anterior fundoplication is created with one to three stitches. The catheter is exteriorized on the RUQ and the porth is implanted with aseptic techniques.

RESULTS: In a 4 year period (1999-2004) our group has implanted 811 SAGB. 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 0,15% of “slippage”, 1,1% porth troubles, 0,2% “acalasia like syndrome”, 0,5% food impactation, 0,77% intragastric band migration and 0,1% pulmonary embolism. No deaths ocured. Unsatisfactory weight loss happens in 12%. Re-operation was done in 26p (3,2%), 01p with slippage, 12p with unsatisfactory weight loss (conversion to lap bypass), 6p with porth troubles and 7p with band migration. **CONCLUSION:** As demonstrate in video, the new SAGB seems to be more easy to implant and we expect to reduce operative time and learning curve to the beginners on the use of this new adjustable gastric band