LAPAROSCOPIC REVISION OF LAP BAND TO SIPS (STOMACH INTESTINAL PYLORUS



SPARING SURGERY): OUTCOMES IN TERMS OF WEIGHT LOSS.

Zaveri HM MD, Surve AK MD, Cottam DR MD, Cottam SD Bariatric Medicine Institute, Salt lake City, Utah, USA.

INTRODUCTION

- The Laparoscopic Lap Band is designed to be an adjustable laparoscopically placed gastric restriction device for treatment of severe obesity.
- It has the lowest mortality rates among the common bariatric procedures.
- While many of the patients achieves good outcomes with Lap Band, there is subset of patients who experiences complications or fail to lose sufficient weight after banding procedure.
- We present our experience with conversion of lap band to SIPS.

OBJECTIVE

The purpose of this study was to access the outcomes of patients who had failed Lap band and were converted to SIPS (Stomach Intestinal Pylorus Sparing Surgery), in terms of their weight loss.

METHOD

- We evaluated 11 patients from June 2013 to September 2014, with failed Lap band who were laparoscopically converted to SIPS(Figure 1, 2).
- Indication for revision are shown in table 1
- All the surgeries were done by one surgeon at one institution.
- We followed their intraoperative and postoperative complications and length of stay. Change in BMI and weight loss between pre-op and post op follow up was evaluated.

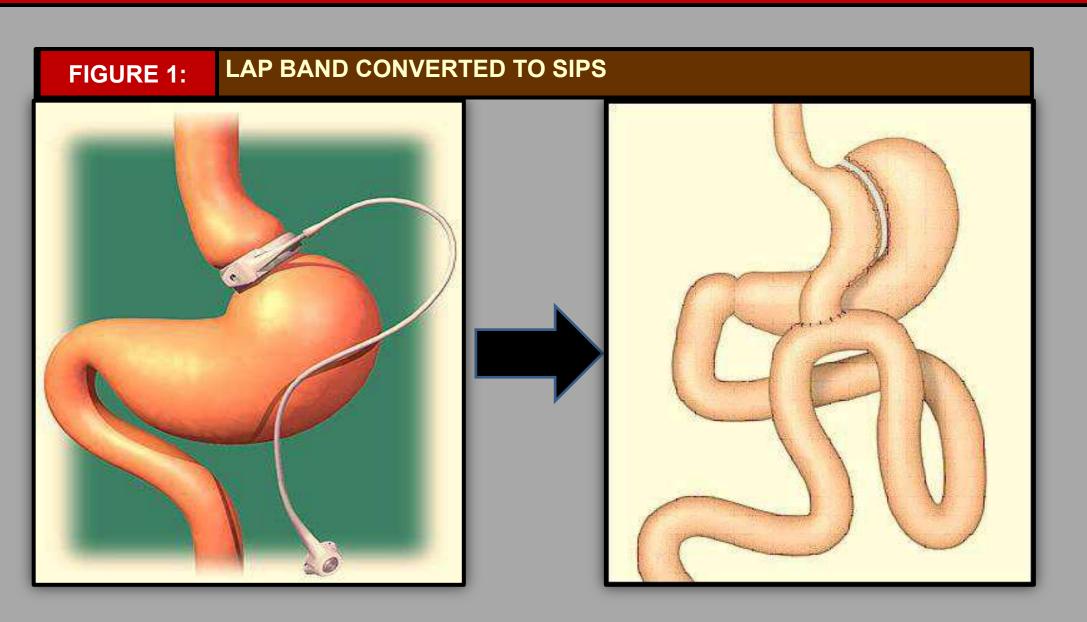
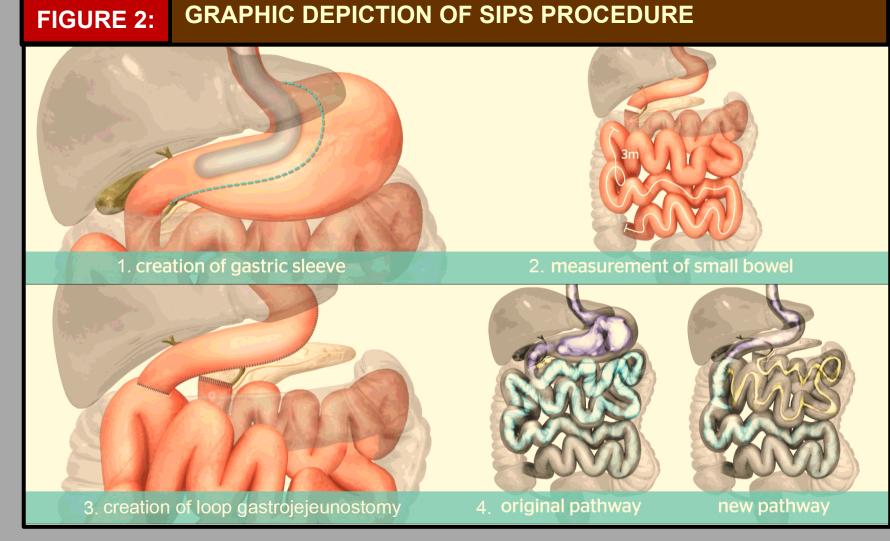
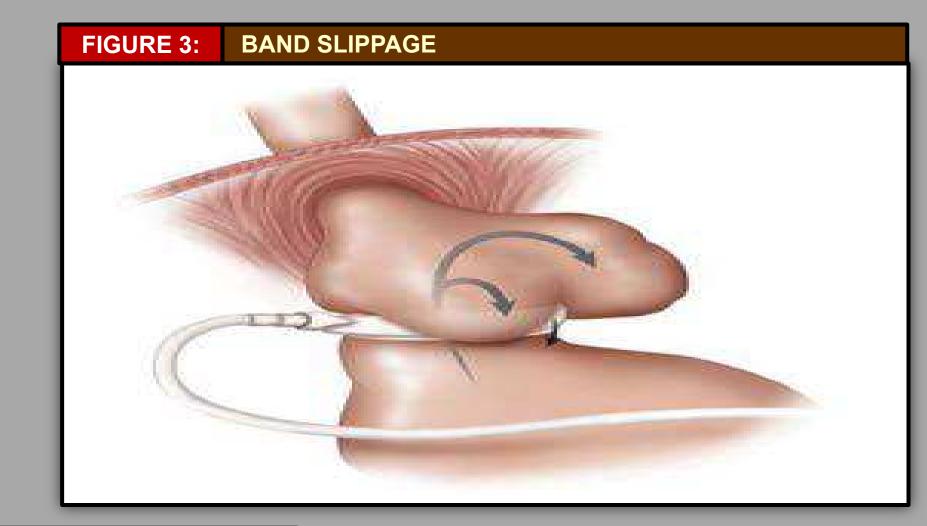


Table 1:	Reasons for revision	on	
Inadequate Weight Loss		5 (45.45%)	
Band Slippage (Esophageal obstruction and dysphagia) (Figure 3)		4 (36.36%)	
Lap Band Erosion causing abdominal pain		1 (9.09%)	
Inability to tolerate band adjustments		1 (9.09%)	



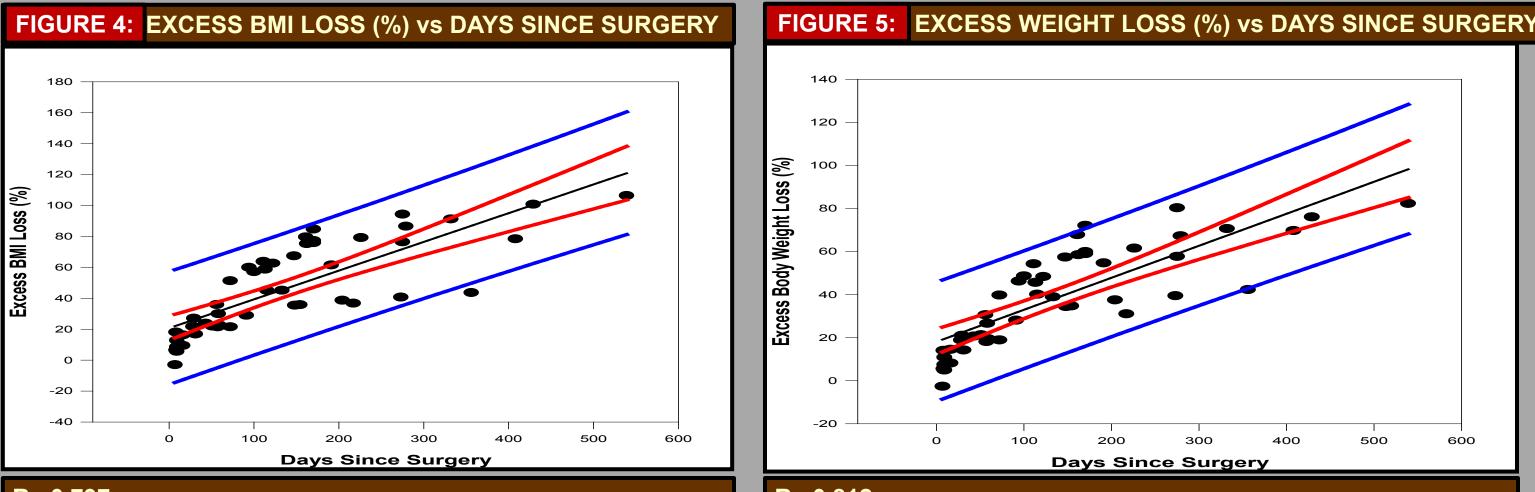


RESULT

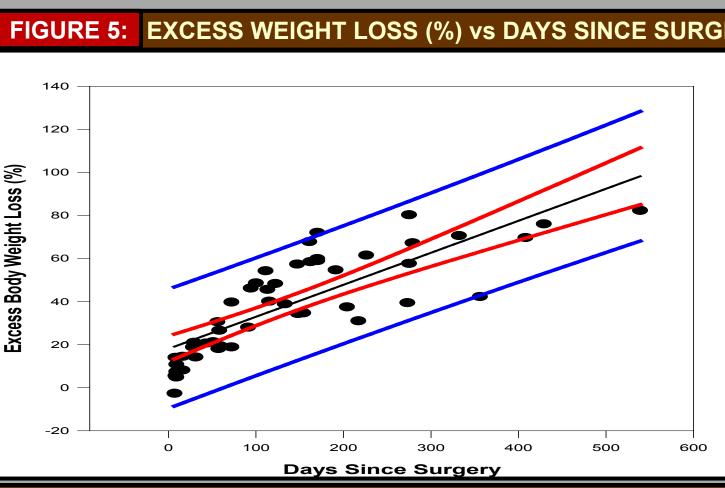
TABLE 2:	DEMOGRAPHICS		
		Before Revisional Surgery	
Mean Age (years)		45.54±10.27	
Male		1 (9.09%)	
Female		10 (90.90%)	
Mean Initial BMI (kg/m²)		49.65±13.03	
Mean Initial Weight (lbs.)		312.45±127.110	
Mean Ideal Body Weight (lbs.)		129.09±21.51	

TABLE 3: OPERATIVE DETAILS		
Mean Operative time (minutes)	93.71±9.14	
Hospital length of stay (days)	4±3.98	
Average Blood Loss (cc)	30.5±31.22	
Operative complications		
1. Abdominal hematoma	3 (27.27%)	
2. Wound infection	2 (18.18%)	

TABLE 4:	WEIGHT LOSS ANALYSIS						
	1 month	3month	6month	9month	12 month		
BMI Reduction (kg/m2)	6.59±2.95	10.75±3.68	15.38±4.57	17.91±5.52	18.28±6.13		
Excess BMI Loss (%)	23.55±6.56	42.32±16.31	62.06±21.27	78.01±19.55	83.66±34.72		
Weight Loss (lbs.)	43.86±26.99	68.78±32.82	99.40±42.91	116.02±49.8	124.83±67.09		
Weight Loss (%)	12±3.1	20.5±5.95	29.6±7.3	35.5±7.2	35.3±4.72		
Excess Body Weight Loss (%)	20.28±5.45	35.60±12.28	51.93±15.88	64.18±14.1	66.91±21.51		







are 95% confidence intervals of the model es are 95% confidence prediction intervals of the model

CONCLUSION

- Laproscopically revision from Lap Band to SIPS is safe and is a more effective alternative to gastric bypass who have failed Lap Band procedure.
- Revision to SIPS in this subset of patients is technically challenging but if performed in the hands of experienced surgeon, can result in superior weight loss and better quality of life in shorter time period than other treatment options.
- Larger population and long term follow up is needed to evaluate the quality of life with this subset of patients.