**Introduction:** The aim of this study was to determine the effects of the adjustable gastric band (AGB) on esophageal motility in patients who present for removal of the AGB.

**Methods:** A retrospective review of the 23 consecutive patient charts at Mount Sinai Hospital, New York, NY. High resolution esophageal manometry with impedance testing was performed after AGB removal in majority of patients while the rest had manometry with the AGB still in place. The age, sex, BMI, comorbidities, symptoms of dysphagia and food intolerance and manometry results were analyzed.

**Results:** 15/23 were female, the average age was 46 years and the average initial BMI was 42.1. 17 patients had GERD, 3 patients had dysphagia and 7 patients had significant food intolerance and 6 presented with inadequate weight loss. While 14 of the patients underwent manometry after removal of the band, 9 underwent manometry with the AGB present. 10 / 23 patients (43%) had significant dysmotility - ineffective peristalsis > 40% swallows. The AGB was removed in 17/23 for insufficient weight loss, significant gastroesophageal reflux, dysphagia or food intolerance. A revisional procedure was performed in 11 patients out of 17 (sleeve - 4, gastric bypass - 7). 6 of the 17 patients are waiting for the esophageal dysmotility to improve or resolve prior to revisional surgery.

**Conclusion:** There is significant prevalence of esophageal dysmotility in patients who present for removal of AGB.

---

**A5229**

**WEIGHT LOSS AFTER CONVERSION FROM LAPAROSCOPIC BAND TO LOOP DUODENAL SWITCH**

**Anil Surve, MD; Daniel Cottam, MD; Hinali Zaveri, MD; Christina Richards, MD; Walter Medlin, MD; Samuel Cottam, CNA; Bariatric Medicine Institute, Salt Lake City, UT, USA**

**Objective:** The Laparoscopic Lap Band is designed to be an adjustable laparoscopically placed gastric restriction device for treatment of severe obesity. While majority of patients achieve good outcomes with Lap Band, there is subset of patients who experience complications or fail to lose sufficient weight after banding procedure. The purpose of this study was to access the outcomes of patients who had failed Lap band and were converted to Loop Duodenal Switch, in terms of their weight loss.

**Method:** We evaluated all from June 2013 to March 2015, with failed Lap band who were laparoscopically converted to Loop Duodenal Switch. Indication for conversion included: 1) Failed weight loss, 2) Failed weight loss with band slippage, 3) Lap Band causing esophageal obstruction and dysphagia, 4) Failed lap band with inability to tolerate adjustments, 5) Lap band causing severe abdominal pain. 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 between pre-op and post op follow up was evaluated.

**Result:** Among 15 patients (mean age 46.5±10.27 years) who underwent revision surgery, the mean BMI before the Loop Duodenal Switch was 46.15 kg/m² (range=29.33-82.73, SD=12.87) and the mean weight was 286.75 pounds (range=181.70-661.900, SD=116.69), mean revision operative time was 93.71 mins (range=65-125 mins), mean hospital stay was 3.67 days (range=1-15). The morbidity of the re-operation was 40 %: 3 abdominal Hematoma and 3 wound infections. No long term complications and no deaths were recorded. Mean excess weight loss was 30.76% with mean excess BMI lost of 38.55% at 3 months, 43.69% at 6 months, 55.128% at 9 months, 72.79% at 12 months and 91.66% at 18 months and 98.65% with 124.13% at 18 months respectively.

**Conclusion:** Laparoscopically revision from Lap Band to Loop Duodenal Switch is safe and is a more effective alternative to gastric bypass who have failed Lap Band procedure. Revision to Loop Duodenal Switch 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.