Lap-Band Surgery Often Falls Short in Long Term

**Major Finding:** Only 43% of patients maintained a “modest” weight loss after LAGB over the long term, and nearly 60% required reoperation.

**Data Source:** A 13-year follow-up study of 82 patients who underwent LAGB using the perigastric technique during 1994-1997.

**Disclosures:** Dr. Himpens is a consultant with Ethicon Endosurgery and Covidien, and his associates reported ties to Storz.

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**VITALS**

- **Mean SpO2** was 94%, and the minimum PtcCO2 value recorded in 24 hours after Roux-en-Y gastric bypass was 44 mm Hg and a mean maximum of 1 minute.
- The mean body mass index of 42 kg/m² (range 35-57), and mean BMI decreased from 43% in this group (range 24%-143%).
- Overall, weight loss was modest. In the 70 patients, mean weight fell from 114 kg to 93 kg, and mean BMI decreased from 42 to 34. At follow-up, patients and pouch dilations developed “quite late,” at a mean of 4 years after surgery, the authors wrote (Arch. Surg. 2011 March 21 [doi:10.1001/archsurg.2011.45]).

**About 60% of patients required at least one reoperation, because of complications or because they failed to lose weight or regained their weight.**

Complete weight loss data were available for 70 patients. The mean percentage of excess weight loss was 43% in this group (range 24%-143%)

**Pass These Results On to Patients**

“Although it’s a small pilot study, there are profound implications.”

**DR. HOLUBAR**

**OBESITY**

**Sleep Apnea Implicated in Deaths After Bariatric Surgery**

**BY M. ALEXANDER OTTO**

**FROM THE ANNUAL ACADEMIC SURGICAL CONGRESS**

HUNTINGTON BEACH, CALIF. - Underrecognized and undertreated obstructive sleep apnea is the most likely cause of unexplained deaths following bariatric surgery, according to results of a small pilot study.

Because of that, continuous positive airway pressure (CPAP) and continuous pulse oximetry monitoring, with alarms to alert nursing staff to hypoxic episodes and rouse oxygen-depleted patients from sleep, should be included in postoperative care, said Dr. Scott Gal- lagher, a bariatric surgeon at the University of South Florida, Tampa, where the study was conducted.

In previous work, the researchers found that severe, prolonged, and frequent arterial hypo-

The mean body mass index was 54 kg/m², and 15 were diagnosed with obstructive sleep apnea. All were on postoperative narcotics.

As in the previous study, all the patients had multiple episodes of prolonged hypoxemia, with a mean of 191 episodes per patient lasting a mean of 1 minute.

Mean SpO2 was 94%, and mean minimum SpO2 was 60%. Patients spent 5% of their time (75 minutes) with SpO2 below 88%; hypoxemia lasted longer than 5 minutes in three patients.

All patients also had mild hypercapnia, suggesting mild, chronic hypventilation.

“T"he data in this study, as well as the experience in our own in- stitutions, should influence our choice of procedure [LAGB vs. la-

Hypertension, type 2 diabetes, and sleep apnea persisted or developed anew in 30%, 7%, and 8% of the participants, respectively.

Fourteen patients who switched to gastric bypass surgery after failure of LAGB showed better success with that procedure.

Despite these relatively poor outcomes with LAGB, 47 patients said that they were "pleased" or "very pleased" with the procedure, and their scores on quality-of-life measures were the same as those in a nonsurgical population. This may explain why the public has not yet rejected "lap-band" surgery, wrote the authors.

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**SLEEP APNEA IMPLICATED IN DEATHS AFTER BARIATRIC SURGERY**

**BUY MARY ANN MOON**

**FROM ARCHIVES OF SURGERY**

The long-term outcomes of laparoscopic adjustable gastric banding appear to be relatively poor, according to a Belgian study.

In a 13-year follow-up study of about half of the obese patients who underwent laparoscopic adjustable gastric banding (LAGB) at one institution between 1994 and 1997, only 43% maintained a loss of excess weight, nearly 60% required reoperation, and obesity-related comorbidities such as diabetes, hypertension, and sleep apnea persisted.

"The high failure rate of LAGB, at least in our hands, could be detrimental to its future continued widespread use as a restrictive weight loss operation," said Dr. Jacques Himpens and his associates at the European School of Laparoscopic Surgery, Saint Pierre University Hospital, Brussels.

In Europe there has been a marked shift in treatment, away from LAGB in favor of gastric bypass. “In contrast, in the United States, an opposite trend has been noted,” even though some experts contend that LAGB "can result in a mediocre quality of life and a significant number of complications, and... there is a tendency for patients to regain weight after some years," the investigators noted.

Dr. Himpens and his colleagues performed what they described as the first study of outcomes beyond the 10-year mark in patients who underwent LAGB using the perigastric technique. (The more recent "pars flaccida" technique and the current use of wider, softer bands than those used in the late 1990s may be improving outcomes, but that has not yet been proven, and many surgeons continue to use the perigastric technique, the researchers said.)

During the study period, 151 patients underwent LAGB using the perigastric technique at the hospital, but only 82 were available for a follow-up in 2009.

“LAGB patients lost to follow-up are likely to experience very little weight loss. Our results must be viewed from this perspective,” the authors noted.

The 82 study subjects included 74 women and 8 men, with a mean body mass index of 42 kg/m² (range 35-57), and a mean age of 50 years (range 28-73 years) at baseline.

Fifty patients (59%) developed complications, including 33 major ones such as pouch dilation, band erosion, and band infection. Incisional hernia, port tubing disconnection, and port infection were considered minor complications.

It is noteworthy that most band ero-