

# Study suggests gastric banding associated with relatively poor long-term outcomes

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In a study of 82 patients who were evaluated 12 or more years after undergoing laparoscopic adjustable gastric banding for morbid obesity, a majority of patients reported that they were satisfied with the procedure, although approximately 40 percent experienced major complications and nearly half required removal of their bands, according to a report posted online that will appear in the July print issue of *Archives of Surgery*.

"There is substantial evidence that surgery is the only valid treatment for [morbid obesity](#)," the authors write as background information in the article. "Presently, the most commonly performed techniques are laparoscopic adjustable [gastric banding](#) (LAGB) and Roux-en-Y gastric bypass, which is also typically performed laparoscopically." Opponents of LAGB claim it can result in mediocre [quality of life](#) and a significant number of complications, and that there is a tendency for patients to regain weight after some years.

Jacques Himpens, M.D., and colleagues at the European School of Laparoscopic Surgery, Saint Pierre University Hospital, Brussels, Belgium, conducted a clinical assessment of patients 12 or more years after undergoing LAGB to determine the long-term efficacy and safety of the surgery for morbid obesity. A total of 151 consecutive patients who were treated with LAGB between January 1, 1994 and December 31, 1997 were contacted at the end of 2009, and 82 (54.3 percent) were available for full evaluation.

"Based on a follow-up of 54.3 percent of patients, LAGB appears to

result in a mean [excess weight](#) loss of 42.8 percent after 12 years or longer," the authors report.

Thirty-nine percent of patients experienced major complications, and 22 percent experienced minor complications. Nearly half the patients required removal of their gastric bands and nearly 60 percent needed additional operations.

"Still, 60.3 percent of the patients were satisfied, and the quality-of-life index was comparable to the nonsurgical average," the authors write.

Fourteen patients were switched to laparoscopic gastric bypass, with good results.

"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," the authors conclude.

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