

Gastric banding an effective long-term solution to obesity

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Lap banding surgery is a long-term solution to our obesity crisis.

Laparoscopic adjustable gastric banding – lap banding – is a safe and effective long-term strategy for managing obesity, according to the

findings of a landmark 15-year follow-up study of patients treated in Australia.

The follow-up study, the longest and most comprehensive yet reported, was published in the [Annals of Surgery](#), and found a significant number of lap band [patients](#) maintained an average [weight loss](#) of 26 kilograms for more than a decade after their procedure.

Professor Paul O'Brien and colleagues from the Centre for Obesity Research and Education (CORE) at Monash University in Melbourne analysed the results in 3,227 patients who had gastric banding between 1994, when the procedure was first introduced, and 2011. The patients in the study were averaged at 47 years-of-age and 78 per cent were women.

Of those patients, 714 had [surgery](#) at least 10 years ago and, on average, had maintained a weight loss of 26 kilograms, or almost half of their [excess weight](#).

The weight loss results were similar for the 54 patients in the study who had undergone treatment at least 15 years ago.

"These results show that when you have a significant problem with obesity, a long-term solution is available," Professor O'Brien said.

"This surgery is safe and effective, and it has lasting benefits. Substantial weight loss can change the lives of people who are obese – they can be healthier and live longer."

Professor O'Brien said there were also important ramifications for the control of type 2 diabetes, which was strongly associated with being overweight.

"In obese patients with [type 2 diabetes](#), weight loss after gastric banding can lead to effective control of [blood sugar levels](#) without the need for medication in about three-quarters of cases," Professor O'Brien said.

The patients included in the study had followed the rules of their treating team regarding eating, exercise and activity and committed to returning permanently to the aftercare program.

All the surgery was performed by Professor O'Brien, an international pioneer of the technique, and Associate Professor Wendy Brown, President of the Obesity Surgery Society of Australia and New Zealand (OSSANZ).

There were no deaths associated with the surgery or with any later operations that were needed in about half of the patients. About one in 20 patients had the band removed during the study period.

"In treating a chronic disease such as obesity over a lifetime, it is likely that something will need to be corrected at some time in some patients," Professor O'Brien said.

"The study shows a marked reduction of revisional procedures with the introduction of the new version of the Lap-Band 6 years ago. Importantly, those who had revisional surgery lost as much weight in the long term as those who did not need it."

The report also included a comparison of gastric banding – which can be done as a day-surgery procedure – and more invasive types of weight-loss surgery such as gastric bypass that are high risk and require longer hospital stay. The weight loss with gastric banding, and the need for future revisional surgery, was similar to that with gastric bypass.

"Access to weight-loss surgery in Australia remains severely limited for

many [obese patients](#) as relatively few cases are treated within the public health system. We are working hard to improve access," Professor O'Brien said.

"We have ample evidence that weight-loss surgery is effective, and it is unfair that half of eligible patients cannot be treated, particularly as it has been shown that [gastric banding](#) is a highly cost-effective health care measure. The stigma of [obesity](#), and the assumption that it is the person's fault, entrenches discrimination against people who could benefit."

Provided by Monash University

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