

Following gastric band surgery, device-related reoperation common, costly

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Among Medicare beneficiaries undergoing laparoscopic adjustable gastric band surgery, reoperation was common, costly, and varied widely across hospital referral regions, according to a study published by *JAMA Surgery*.

Following the approval of the laparoscopic gastric band to treat [morbid obesity](#) by the U.S. Food and Drug Administration in 2001, as many as 96,000 devices have been placed annually. When the gastric band malfunctions (e.g., the band erodes into the stomach or slips down and causes obstruction) or the patient has not achieved the expected [weight loss](#), a reoperation is indicated to replace or remove the band. There appears to be limited population-level data about the safety and costs of the device despite the continued use of it to treat morbid obesity.

Andrew M. Ibrahim, M.D., M.Sc., of the University of Michigan, Ann Arbor, and colleagues conducted a study that included 25,042 Medicare beneficiaries who underwent gastric band placement between 2006 and 2013 and identified [patients](#) who underwent reoperations, which included device removal, device replacement, or revision to a different bariatric procedure (e.g., a [gastric bypass](#) or sleeve gastrectomy).

The researchers found that of the patients in the study, 4,636 (18.5 percent) underwent 17,539 reoperations (an average of 3.8 procedures/patient), with an average follow-up of 4.5-years. There was a wide geographic variation (nearly 3-fold) in the rates of reoperation across hospital referral regions. During the study period, Medicare paid

\$470 million for laparoscopic gastric band associated procedures, of which \$224 million (48 percent) of the payments were for reoperations. Although a substantial number of [gastric bands](#) are still being placed, as of 2013, more than 77 percent of payments related to the device were for reoperations, reflecting either complications related to the gastric band placement or weight loss failure.

Several limitations of the study are noted in the article, including that using administrative claims data may not have captured all of the patient characteristics that could confound the results, although that effect is likely minimal, as bariatric patients often have similar underlying comorbidities that make them eligible for the procedure.

"Taken together, these findings indicate that the gastric band is associated with high [reoperation](#) rates and considerable costs to payers, which raises concerns about its safety, effectiveness, and value," the authors write.

"These findings suggest that payers should reconsider their coverage of the gastric band device."

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