

Gastrointestinal Quality of Life Following Laparoscopic Adjustable Gastric Banding in Asia

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摘要

Abstract

Background: Laparoscopic adjustable gastric banding (LAGB) is a safe and effective treatment for morbid obesity. Previous studies in Western countries disclosed a significant improvement in co-morbidities and health-related quality of life. Data from Asia and regarding the specific GI quality of life following LAGB are lacking. Methods: From May 2002 to May 2005, 107 consecutive patients – 48 men and 59 women, with mean age 31.4 years (range 17-57 years) with morbid obesity (mean weight 115.8 kg, range 81-174 kg; mean BMI 41.3 kg/m², range 32.0-59.8 kg/m²) underwent LAGB in a prospective trial. All bands were placed via the pars flaccida technique. Quality of life was measured by the Gastrointestinal Quality of Life Index (GIQLI), a 36item questionnaire before LAGB, and at 3, 6, 12 and 24 months after surgery. Results: All procedures were performed laparoscopically with no conversions. There was neither intra-operative complications nor major postoperative complications. Minor complications occurred in 3 patients (2.8%); all were transient stoma obstruction. At follow-up, only one band (0.94%) was removed at 3 months postoperatively because of the patient's intolerance. No gastric slippage occurred. 4 patients (3.7%) had tubing problems and required revision surgery for port adjustment. Mean BMI decreased from 41.3 to 33.1 after 2 years. Percent excess BMI loss averaged 48.1% at 2 years (range 6.7-139.2). All co-morbidities were eliminated significantly. 80% of patients were satisfied with the results at 2 years. However, the GIQLI score remained similar before and after surgery. Preoperative score was 110.8±15 points. The score became 116.2±13, 114.7±13, 108.5±14 and 107.2±17 at 3, 6, 12 and 24 months. The patients had improvement in 3 domains of general health (social, physical and emotional functions), but decrease in the domain of symptoms. Conclusion: Although LAGB was successful in weight loss and resolution of co-morbidities in

morbidly obese patients, the GIQLI did not improve. This feature will be the major disadvantage of LAGB.

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