Laparoscopic Mini-Gastric Bypass for Failed Vertical Banded Gastroplasty

黃銘德

Wang W;Huang MT;Wang W.;Lin CM;Chen TC;Lai IR

摘要

Abstract

Background: Bariatric surgery is the only method for sustained weight loss in morbid obesity. However, 10-25% of patients will require re-operation for unsatisfactory weight loss or weight regain after restrictive surgery. Re-operation is associated with higher morbidity and mortality. This study is to evaluate the s a fety and efficacy of laparoscopic mini-gastric bypass (LMGB) for failed vertical banded gastroplasty (VBG). Methods: From May 2001 to March 2003, 29 consecutive patients underwent LMGB for failed VBG. Average age was 39.7 years (range 22 to 56), and average BMI before re-operation was 41.7 kg/m2 (range 35.0-70.8). 8 patients had previous open VBG, and 21 had laparoscopic VBG. The re-operation was for regain of weight in 16 patients, inadequate weight loss in 10 patients, and severe reflux esophagitis in 3 patients. Re-operation was performed after an average of 58.5 months (range 14 to 180). Results: All the re-operations were completed laparoscopically. Average operative time was 171.4 minutes (range 130 to 290). There was 1 mortality, due to leakage (3.4%). 1 re-operation was necessary, for incarceration of small bowel in a trocar wound 10 days after the LMGB (3.4%). 1 anastomotic site bleeding and 1 wound infection occurred. Average BMI 12 months after the LMGB was 32.1 kg/m2 (range 26.4 to 42.7). The quality of life study was significantly improved. The revision operation had much more technical difficulty for those with previous open VBG than laparoscopic VBG. Conclusion: LMGB is an effective and safe revision operation for patients with failed VBG. A large series and long-term follow up is needed for confirmation.