

Laparoscopic Versus Open Vertical Banded Gastroplasty for the Treatment of Morbid Obesity

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摘要

Abstract

Vertical banded gastroplasty (VBG) is an effective treatment for morbid obesity. Recent advancement in laparoscopic surgery has made laparoscopic VBG possible. The authors compared retrospectively the outcomes of laparoscopic VBG versus open VBG in patients with morbid obesity. From June 1998 to April 1999, 100 patients (18 men, 82 women; average age, 32.6 years) underwent laparoscopic VBG, and 40 patients (7 men, 33 women; average age, 28.8 years) underwent conventional open VBG. The two groups were similar regarding sex, age, and body mass index distribution. Mean surgical time, blood loss estimate, duration of postoperative recovery, analgesic usage, complications, and weight reduction were compared among the two groups. Laparoscopic VBG was successful in 99 (99%) of the 100 patients. Mean surgical time was longer in duration for the laparoscopic VBG group than it was for the open VBG group (173 vs. 101 minutes, $P < 0.01$). The laparoscopic VBG group had earlier flatus passage (1.9 vs. 2.6 days; $P < 0.01$), less usage of analgesics (meperidine 50 mg/unit; 0.9 vs. 2.3 units; $P < 0.01$), and a shorter postoperative hospital stay (3.7 vs. 6.0 days; $P < 0.01$). Estimated blood loss, surgical complication rate, and weight reduction were similar among the two groups. Although laparoscopic VBG required a longer surgical time and was technically more demanding, it resulted in shorter recovery time, less analgesic use, and less severe physical discomfort. The authors' findings show that the two methods were approached safely equally.