

## Patient Selection for Laparoscopic Adjustable Gastric Banding

Centre for Obesity Management and Surgery, National University Hospital, Singapore  
Asim Shabbir, Litang Chen, Raymond Lim, Jia-yan Wee, Lifeng Zheng, Davide Lomanto,  
Jimmy BY So.

Surgery is the most effective treatment for morbid obesity. Various bariatric operations are available but the ideal operation remains unknown. Laparoscopic Adjustable Gastric Banding (LAGB) is one of commonest bariatric operations. It is simple, adjustable, reversible and minimally invasive. However, the outcome of weight loss is highly variable and band-related complications occasionally occur. To achieve the best outcomes, careful patient selection and a committed follow-up program are essential. Our centre started LAGB since 2004. In 2007 and 2008, we introduced laparoscopic sleeve gastrectomy (LSG) and gastric bypass (LRYGB) respectively. We reviewed our patients who underwent bariatric surgery in the past 6 years, and compared the results among these 3 procedures. We investigated potential predictors of outcomes after LAGB and we also reviewed published data for additional predictors. Till 2010, we had 72 patients who underwent bariatric surgery (42 LAGB, 22 LSG, 8 LRYGB). The median age was 44(range: 24-68) and the BMI was 41 (range: 30-57). Median follow-up among the three procedures was 45, 8 and 6 months respectively. The median excess weight loss (EWL) was 29, 34, 44% respectively. Among patients who underwent LAGB, 29 patients (69%) defaulted follow-up in long-term. Twenty-two (52%) patients had unsatisfactory weight loss (<30%EWL) and 6 (14%) patients developed band complications and required band removal. In general, predictive factors for poor outcomes include age, unwilling to change lifestyle habits and loss of follow-up. In conclusion, long-term results of LAGB are unsatisfactory in unselected patients. Careful patient selection is essential in achieving good outcomes in LAGB.