

## Comparison of surgical safety and therapeutic efficacy between Laparoscopic Adjustable Gastric Banding (LAGB) and Laparoscopic Vertical Sleeve Gastrectomy (LVSG).

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**Background:** Although LAGB is a simple and safe surgical technique for controlling severe and morbid obesity, LVSG is emerging as equally safe, with a clear greater weight loss and improved quality of life with regard to the intake. Our aim is to present our experience and results for LVSG and LAGB patients, having the same postoperative support.

**Methods:** A retrospective review of 315 consecutive patients who underwent surgery from 2006 to 2009, either with LVSG (n = 209) or LAGB (n = 106). Patient selection and postoperative support was conducted by our multidisciplinary team (surgeons, anesthesiologist, psychologist, dietician-nutritionist). BMI ranged between 33 and 50 kg/m<sup>2</sup>. LAGB was attained using the Pars Flaccida technique, placing the Lap-Band at the esophagus-gastric union without gastric remnant (Lap-Band, INAMED Health and SAGB, Ethicon Endo-Surgery). LVSG was performed over a 32-French catheter, 4cm from the pylorus, and stapled line plicated with a non-absorbable suture. Final stomach size was 60-80cc.

We present the results for those patients with a follow-up period of 17 months.

**Results:** Hospital stay was 1 day for LABG and 2 days for LVSG. No cases of conversion. No mortality. One case was readmitted for leakage of LVSG at the pyloric antrum area that resolved with drainage, nutrition and antibiotics. Results compared in Table 1.

	Initial BMI	17 months BMI	17 months WL	17 months %EWL
LAGB (n)	40,5(106)	33,0(29)	21,7	47
LVSG (n)	41(209)	28,6(34)	36,1*	77,7*

\* p < 0,001 / n= number of cases /

LAGB patients suffered from 1 to 4 month vomiting, and most cannot eat bread or meat. LVSG patients quite often did not tolerate dry meat, up to 25% suffered from vitamin deficiencies which resolved with oral supply, and up to 15% had dyspepsia that responds to PPIs. However, LVSG patients reported less restrictions and better quality of life with regard to food intake that patients undergoing gastric banding.

**Conclusion:** In the hands of experienced teams, LVSG is as safe as LAGB, and with a better quality of life in respect to food intake with the tube than with the band. Moreover, LVSG is a more efficient method for controlling severe and morbid obesity than LAGB in terms of weight loss.

**Reference:** Franco JV, Ruiz PA, Palermo M, Gagner M. A review of studies comparing three laparoscopic procedures in bariatric surgery: sleeve gastrectomy, gastric bypass and adjustable gastric banding. Obes Surg. 2011;21:1458-68.