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A04

LAGB- A Temporary weight-loss measure?

James Brown, Will Carr, Kamal Mahawar, Shlok Balupuri,
Peter Small

City Hospital Sunderland, Sunderland, UK



Whilst laparoscopic adjustable gastric bands (LAGB) have been shown to be efficacious, their long-term usefulness has been questioned. Our unit has over a decade of experience in the use of LAGB.

Methods:

Prospectively collected data was analysed to determine the outcomes of LAGB. Logistic regression modelling and Kaplan Meier curves were calculated for band survival.

Results:

We have placed 674 bands in 665 patients over twelve years. Of these 142 (21.35%) have been removed. The mean time to removal was 1173days (range 12-3727). There was no difference in rates of removal by gender ($p=0.91$) The highest rates of removal were seen in patients aged 30-39 (28.46%), and whilst higher rates were seen in younger patients this did not reach significance. Rates of removal increased in a linear fashion by year of placement ($p=0.05$). Of bands placed four or more years ago 35% have needed removal. Between 2000 and 2010 LAGB represented 47.04% (603/1282) of bariatric procedures at our unit. We anticipate the need to remove up to 153 bands in the next three years.

Eighty-three patients (58.45%) who had a LAGB removed went on to have a further bariatric procedure; band to bypass $n=66$; band to sleeve $n=17$. Most were undertaken at the time of band removal (75.9%)

Conclusion:

Large numbers of LAGB have been placed historically. In a significant proportion of patients there appears to be a finite 'band life'. If historic trends continue provision for removal and consideration of secondary procedure must begin now.

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P03

Time to reconsider dietary supplements after Laparoscopic Sleeve Gastrectomy

William Carr, Peter Small, Maureen Boyle, Shlok Balupuri, James Young

Sunderland Royal Hospital, Sunderland, UK

Background: On the basis that laparoscopic sleeve gastrectomy (LSG) is a restrictive procedure without a malabsorptive component we have only recommended A-Z multivitamins for routine postoperative supplementation for the 250 LSGs we have performed. This is in contrast to laparoscopic Roux-en-Y gastric bypass patients who receive Calcium/vitamin D, ferritin and B12 supplements. This study aims to review the incidence of early post operative nutritional deficiencies in post LSG patients at 6 months post op and to highlight changes needed to the supplementation regime post LSG.

Methods: The post-operative blood results of all patients undergoing LSG were reviewed to assess deficiencies in Calcium, ferritin and vitamin B12.

Results: 136 patients have reached 6 months follow-up. PTH, Calcium, ferritin and B12 levels were available for 116. 70% were female and the mean age was 48 (23-69).

26% of patients had elevated PTH levels and a further 16% had PTH levels near the upper limit of normal. All patients had normal calcium levels.

Ferritin levels were under the normal range in 8% of patients (<13) and low normal in a further 7% (13-20). Vitamin B12 levels were under the normal range in 9% of patients. 13% had elevated levels above the normal range.

Conclusions: A-Z multivitamins provide 25% of recommended daily amounts of Calcium, 100% Vit D and B12 and variable amounts of iron. Despite these supplements 26% of patients have elevated PTH levels, which may suggest the Calcium/ Vit D supplementation is insufficient. This suggests that calcium and vitamin D supplements would be beneficial in over a quarter of patients and should be considered routinely in the early post op period. Iron and B12 levels are less commonly deficient and supplementation can be provided on a case-by-case basis when required as an adjunct to dietary advice. Further studies are required to assess the need for longer-term supplementation.