

**Conclusion:** Weight loss after LAGB for morbid obesity in the U.S. approximates international results and compares favorably with gastric bypass at 3 and 4 years. Diabetes and hypertension will often resolve within the first year after weight loss surgery. Perioperative mortality is low with LAGB.

PII: S1550-7289(07)00193-1

## 15.

### THE LAP-BAND SYSTEM: THE ITALIAN EXPERIENCE WITH 6,091 OPERATED PATIENTS.

*Francesco Furbetta, MD; Franco Favretti, MD; Luigi Angrisani, MD; Giancarlo Micheletto, MD; Marco Zappa, MD; Michele Paganelli, MD; Marcello Lucchese, MD; Nicola Basso, MD; Francesco D Capizzi, MD; Antonio Cascardo, MD; Leonardo Di Cosmo, MD; Nicola Di Lorenzo, MD; Angelo Gardinazzi, MD; Cristiano Giardiello, MD; Michele Lorenzo, MD Italian Group for LapBand, Naples, Italy*

**Background:** The LapBand System is one of the most common bariatric surgical procedures performed in the recent years. Despite its large and increasing diffusion, information on long-term results on a very large population of treated patients is lacking. The aim of this study is to report the experience of the Italian Collaborative Study Group for the LapBand System on 6,091 operated patients. **Methods:** Data were collected on a specifically designed electronic database (MS Access 2000). Items regarding mortality, laparoscopic conversion, intra and postoperative complications, BMI, and %EWL were evaluated. Data were expressed as mean  $\pm$  standard deviation except as otherwise indicated.

**Results:** From January, 1996 to October, 2006, 6,091 patients (F/M: 4794/1297; age:  $37.2 \pm 12.3$  years; BMI:  $44.7 \pm 9.2$  kg/m<sup>2</sup>; EW:  $56.5 \pm 22.7$  Kg; %EW:  $88.1 \pm 33.8$ ) underwent LapBand System. Intraoperative mortality was absent. Postoperative mortality rate was 0.2%, mainly due to cardiovascular complications. Laparoscopic conversion rate was 109/6,091 (1.9%) due to technical difficulties (85/109) or complications such as bleeding (13/109) or gastric perforation (11/109). Major postoperative complications were pouch dilation (409; 7.1%), tube-port related complications (331; 5.8%), and intra-gastric band migration (89; 1.6%). Patient drop-out at each time of follow-up ranged between 25-32%. Weight loss has been evaluated at the following intervals: 12, 36, 60, 84 and 108 months, with BMI of  $37.1 \pm 4.7$ ,  $35.8 \pm 6.9$ ,  $33.3 \pm 7.4$ ,  $29.9 \pm 7.5$ , and  $32.1 \pm 8.2$  respectively. At the same intervals %EWL was:  $46.7 \pm 12.8$ ,  $52.8 \pm 16.5$ ,  $53.2 \pm 16.4$ ,  $59.9 \pm 19.9$ , and  $54.3 \pm 19.2$  respectively.

**Conclusion:** The LapBand System is a surgical procedure with a very low mortality rate, low morbidity, and satisfactory weight loss also in long-term follow up.

PII: S1550-7289(07)00194-3

## 16.

### OUTPATIENT OPEN GASTRIC BYPASS SURGERY, A FOLLOW UP.

*David Syn, MD; David Mangold; Theodore Manny, MD; Chase McClain, MD; Allison Cobb, NP Covenant Medical Center, Lubbock, TX*

**Background:** In June of 2005 we reported a small series of patients who had undergone outpatient open gastric bypass surgery. This is a follow up to that report. Similar if not better results, to laparoscopic surgery can be achieved with open gastric bypass surgery when attention is given to reduction of incision size and adequate analgesia.

**Methods:** From June 2005 to November 2006, 296 consecutive primary open gastric bypass procedures were performed by a single surgeon. Average incision length was 10cm. Average operative time was 65 minutes. Rectus sheath block with 0.5% Ropivacaine was used in all patients. External pain pump with dual catheters tunneled into bilateral rectus sheaths delivering 2cc/h of 0.2% Ropivacaine for 72hrs post-operatively was placed in all patients. Intravenous Ketorolac was given peri-operatively. Patients were discharged on oral hydrocodone. Average age was 43 years. 86% were females. Average BMI was 54.7 kg/m<sup>2</sup>. Average number of life-threatening co-morbidities per patient was 2.1.

**Results:** 267 of 296 patients were discharged at 24 hours post surgery. 7 of 296 patients were discharged within 12 hours of surgery. Average length of stay was 1.2 days. There were 2 anastomotic leaks. Mortality at 30 days was 1. Re-admissions within 30 days were 2. The most common post-operative complication was seroma, 15 of 296. The second most common post-operative complication was wound infection, 6 of 296.

**Conclusion:** Open gastric bypass surgery, when done with attention to reducing incision length and controlling post-operative pain, can yield results similar to, if not better, than laparoscopic surgery and, in select patients, can be done as true day surgery.

PII: S1550-7289(07)00195-5

## 17.

### GASTRIC BYPASS IS A TREATMENT OF CHOICE FOR DIABETICS WITH LOW BMI (30-35) – AN INDIAN PERSPECTIVE.

*Muffazal Lakdawala, MS Department of Bariatrics & Minimal Invasive Surgery, Saifee Hospital, Mumbai, Maharashtra, India*

**Background:** There has been a major surge in the prevalence of obesity not only in the world but also in developing countries like India. Analysis show that more than half of the population of India has abdominal obesity according to WHO criteria. A waist  $> 90$ cm in men and  $> 80$ cm in women have an increased propensity to develop co-morbidities at much lower BMI. Based on the hypothesis of differences in body build and distribution of body fat in different population groups we question the applicability of internationally laid cut offs such as BMI for bariatric surgery especially for those from India.

**Methods:** We conducted a retrospective analysis of 15 patients in the past year who have under gone RYGBP with a BMI from 30-35 kg/m<sup>2</sup> with co-morbidities, especially diabetes. We studied their fasting insulin, fasting glucose, HbA1c and C-Peptide levels. **Results:** We followed the patients at 1, 3, 6, 12 months post surgery. Insulin levels dropped to near normal within 48 hours, HbA1c levels were  $< 6$  at 1 month and C Peptide were within the normal range at the end of 6 months with an average of 65% excess weight loss at one year after surgery.

**Conclusion:** We noticed complete resolution of Type II diabetes in 13 out of 15 patients in our pilot study. We conclude that RYGB can be a modality of choice of surgery in the Asian subset for