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Laparoscopic silastic ring mini-gastric bypass: a single centre experience.

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Abstract

BACKGROUND: Laparoscopic mini-gastric bypass (MGBP) represents a simpler alternative to Roux-en-Y gastric **bypass**. The placement of a **silastic ring** (SR) may enhance excess weight loss and minimize weight regain. This study reports on the results of a consecutive cohort of patients undergoing SR-MGBP in a **single centre**.

METHODS: Short- and medium-term outcomes of 156 consecutive patients undergoing surgery between August 2005 and January 2008 were analysed. Weight loss, comorbidity resolution and morbidity/mortality were assessed.

RESULTS: A total of 156 patients (78% female, 22% male) with a mean (range) age of 44 years (18-63), pre-operative weight of 129 kg (83-197) and body mass index of 46 kg/m(2) (35-64) underwent surgery. Eighty-seven percent had pre-operative comorbidities, and median (range) follow-up was 35 months (6-72). Mean (SD) % excess weight loss (EWL) at 6, 12, 24, 36 and 60 months was 74.6 (19.5), 93.4 (21.1), 98.8 (27.6), 93.5 (20.1) and 89 (16.1) respectively. Thirty-seven percent had complete resolution of comorbidities and 67.3% required vitamin/mineral supplementation. Overall, 10.3% patients suffered early complications, of which 7.7% were minor and 2.6% were major. A total of 45.5% patients suffered late complications, of which 34.6% were minor and 10.9% were major. Food intolerance/vomiting, bile reflux and stomal ulcer were seen in 18.6, 10.3 and 7.7% of patients, respectively. Surgical re-intervention was required in 12.8% of patients. There were no deaths.

CONCLUSIONS: Whilst SR-MGBP achieves excellent EWL with low mortality, there is a high incidence of food intolerance/vomiting likely related to the **silastic ring**. The majority of complications were managed with pharmacological and endoscopic intervention, although 13% required reoperation within 5 years.

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