



Laparoscopic adjustable gastric banding without plication

Conclusion

In my experience as a gastro-abdominal surgeon the **MiniMizer Extra** has proven to be a promising alternative for the already available gastric bands.

The 18 months results using the **MiniMizer Extra** has shown satisfactory weight loss while the large majority of the patients did not require insufflation of the band.

Most complications are port-related, but since we changed the technique of port placement in June 2005 we did not notice port related problems anymore.

6.8% of the patients show early post-operative dysphagia and require a hospital stay longer than 3 days. There are no signs of erosion or pouch dilatation, but we had to replace the band in one case of slipping.



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18 months results using the MiniMizer Extra in a single-hospital study in 280 cases (January 2006, Dr. Frank Claessens)

Insufflation of the band

We insufflate the band when the patient does not show any weight loss for 6 consecutive weeks. So far only 35 % of the patients required insufflation. All the others successfully loose weight with a non-insufflated band.

- **First insufflation:** 97 patients (34.6%) average volume: 2.0cc
- **Second insufflation:** 16 patients (6%) average volume: 1.5cc
- **Third insufflation:** 2 patients (1%) average volume: 1.5cc
- **Desufflation:** 4 patients (1%) average volume: 1.5cc

Injected volume:

With 78 % of the patients the band was insufflated between 1.5 and 3cc

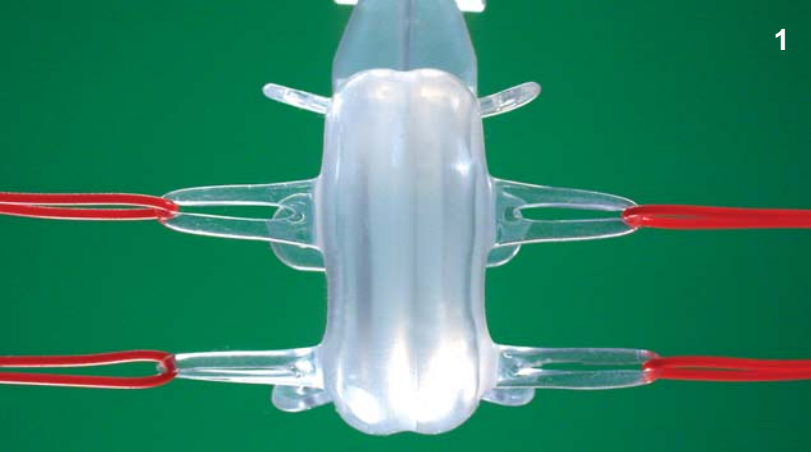
cc	patients	cc	patients	cc	patients
1	6	3	16	5	1
1.5	15	3.5	5	6	1
2	31	4	3	6.5	1
2.5	14	4.5	4		

Period of insufflation after placement of the band:

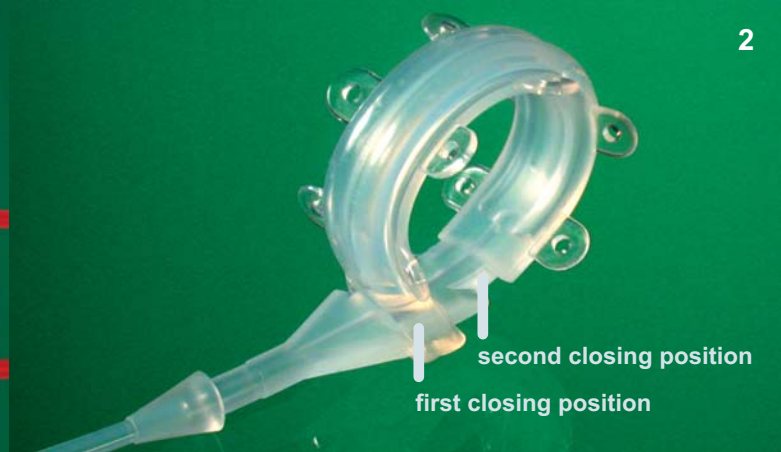
28 – 34 weeks:	10.0 %	6 – 10 weeks:	8.6 %
36 – 42 weeks:	15.0 %	12 – 18 weeks:	33.0 %
50 – 62 weeks:	7.4 %	20 – 26 weeks:	26.0 %

Inner compartment integrated in band: precise and concentric filling.





1



2

Direct fixation without plication: reduced slippage.

Two closing positions: less postoperative adjustments.

The first **MiniMizer Extra** was placed in June 2004 and 280 patients received the **MiniMizer Extra** in the period June 2004 – December 2005

Patient Selection

All patients are screened by a multidisciplinary team including an endocrinologist, a physician, a dietician, a psychologist and a radiologist.

Patients' criteria for bariatric surgery were a BMI > 40 kg/m² or > 35 kg/m² in presence of at least 2 obesity related co-morbidities.

The pre-operative questionnaire includes:

- Anamnesis
- Obesity related co-morbidity
- Smoking status
- Alcohol status
- Drug status
- Eating behaviour
- Speed of eating
- Emotional eating

Pre-operative evaluation

All patients get a check-up with a physician MACG, full blood test, RX-thorax, RX-SMD; cardiac endurance test, lung function test, prophylactic low weight Heparin is started; IV-antibiotic is administrated, pressing stocking device for low extremities.

Pre-operative Data

All 280 procedures were completed successfully.

The average hospital stay was 2 days. Patients arrived one day before the operation and left one day after. The average operating time was 24 minutes.

Pre-operative follow-up

Next morning, a contrast RX is performed. If no leak or perforation is demonstrated, liquid diet is started. All patients are put on an adapted liquid diet 3 – 4 weeks after surgery.

Other procedures performed during laparoscopic adjustable gastric banding

Cholecystectomy	2
Ventral hernia repair with mesh	5
Adhesiolyses	17
Hiatus hernia repair	19

Complications

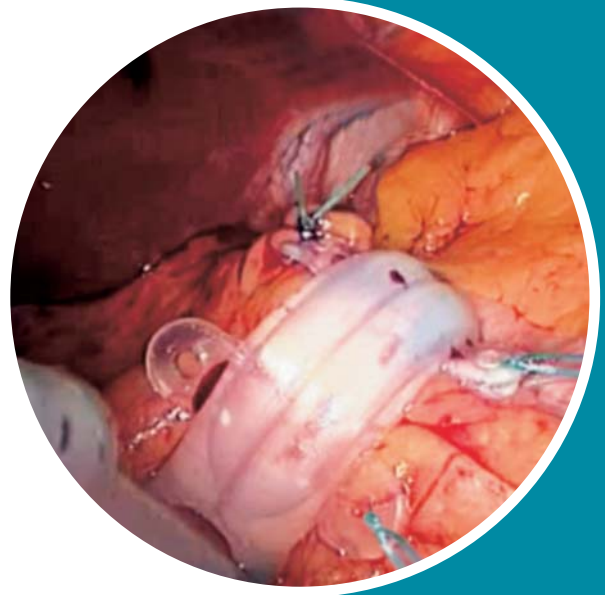
There was a 100% patient follow-up through personal visits by the patients.

A Dysphagia occurring immediately after surgery: 19 patients / 6.8% requiring hospital stay between 4 and 13 days

- 11 male and 8 female patients
- No correlation with BMI (40 – 50)
- No correlation with closing position of the band

B Port related complications: 8 patients / 3%

C Product related complications: 3 patients / 1%, intra-operative perforation



Closing position of the band

Closing position of the band in all 280 patients ([see picture 2](#))

Female patients:	
35 %	position 1
65 %	position 2

Male patients:	
65 %	position 1
35 %	position 2

Weight loss

12 months after surgery average weight loss is 35 kg. We find an average of 3 kg weight loss per month. We initiate a strict dietary program and regular screening of the patient.

With any doubt about the patient's feeding pattern, the patient will be sent to the dietician for further dietary education.

Group of 280 patients who have undergone a laparoscopic gastric banding.

Average age: 43 years old

Men: 7% Women: 93%

Average BMI/m2: 44.8.

>35 and <40	9 % of the patients
>40 and <50	82 % of the patients
>50 and <60	9 % of the patients

Co-morbidity:

Degenerative joint disease	70%
Depression	60%
Metabolic syndrome	60%
Stress urinary incontinence	42%
Menstrual irregularity	20%

Snoring	85%
Hyperlipidemia	45%
Diabetes	30%
Hypertension	45%



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