High risks for adverse outcomes after gastric bypass surgery following failed gastric banding: a population-based trend analysis of the United States


OBJECTIVES
The objectives of this investigation were to (1) compare short-term outcomes for patients undergoing primary gastric bypass surgery with those who had gastric bypass procedures performed as a rescue procedure after failed gastric banding and (2) study trends in the frequency of reoperations between 2005 and 2008 for patients who had prior gastric banding.

BACKGROUND
The use of gastric banding to treat obesity has increased drastically in the United States. However, the frequency of reoperations related to gastric banding and associated short-term outcomes are unknown.

METHODS
The Nationwide Inpatient Sample from 2005 to 2008 was used for this population-based study. Descriptive statistics as well as unadjusted and risk-adjusted generalized linear models were performed to assess adverse short-term outcomes.

RESULTS
A total of 66,303 patients were included in the analysis, 63,171 (95.3%) underwent a primary gastric bypass procedure and 3132 patients (4.7%) underwent a gastric band-related reoperation. Patients undergoing a gastric bypass procedure concomitant with a band-related reoperation had more intraoperative complications [risk-adjusted odds ratio (OR): 2.3, \( P = 0.002 \)] and postoperative complications (risk-adjusted OR: 8.0, \( P < 0.001 \)), were at higher risk of reoperations/reinterventions (risk-adjusted OR: 6.0, \( P < 0.001 \)), increased length of hospital stay (adjusted mean difference: 0.89 days, \( P < 0.001 \)), and higher hospital charges (adjusted mean difference: $13,257, \( P < 0.001 \)). The number of gastric band-related reoperations increased from 579 in 2005 to 1132 in 2008 (196%).

CONCLUSIONS
The number of reoperations after gastric banding is rapidly increasing in the United States. To our knowledge, this is the first population-based study providing strong evidence that patients undergoing gastric bypass procedure after failed gastric banding have more adverse outcomes than those undergoing gastric bypass alone. The broad indication for gastric banding should be reaffirmed for the US population.

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