Section VI

Laparoscopic Adjustable Gastric Banding (LAGB): Technique, Complications, Outcomes and Controversies

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The chapters in this section describe the technique of laparoscopic gastric banding, the diagnosis and management of complications, the outcomes, and current controversies surrounding this long-established weight-loss operation.

The worldwide trend in gastric banding over the last decade has shown an interesting shift. In 2003, banding represented 24 % of all bariatric procedures performed; this rose to 42 % in 2008 and in 2011 dropped to 18 %. Reasons for the decline in gastric banding are likely to include emergence of alternative procedures (notably sleeve gastrectomy), concern regarding the perceived long-term complications of the technique, overall effectiveness for weight-loss and resolution of co-morbidities—and media effect and popular trends.

However, the following chapters illustrate that the decline in popularity of this technique should not be seen as evidence that it is no longer a viable option for weight loss. I encourage upcoming bariatric surgeons to keep an open mind about this tried and trusted procedure; offering a spectrum of operations rather than trying to find a 'one size fits all' operation when the evidence does not currently exist to justify such a stance.

The number of bariatric operations currently performed is less than 1 % of those eligible. We are barely touching the tip of the iceberg, let alone the submerged mass. This does not simply reflect a lack of funding; it also reflects patient choice. Many patients do not want to undergo major surgery when they do not see an urgent need. Such patients are unlikely to request gastric bypass or resectional procedures, which are generally perceived as more invasive. As the least invasive, reversible and lowest risk operation, as well as one that is quick, easily reproducible and easy to learn, gastric banding may be the most appropriate for a mass weight-loss intervention. Complications occur but are rarely severe and often simple to rectify laparoscopically.

Obesity is a chronic disease, of mind as well as body. It is unlikely that any one operation will achieve long-term success for the lifetime of every patient. As such, a step-wise approach offering the ability to move from one operation to another may be appropriate.

It is difficult to conceive that a better alternative to surgery will not be identified over the next 20 years. Should that occur, gastric band removal is feasible but for other weight-loss operations, reversal is somewhat more complex or impossible. We may be leaving an unnecessary legacy of adults with nutritional deficiencies.

So, gastric banding has its problems, like all weight loss operations but for many patients, it provides a quick, easy and safe weight-loss solution. We await, with interest, a definitive trial to compare our current surgical options.

With current evidence showing very little to choose between outcomes of the different operations, the combination of a motivated patient, a technically proficient surgeon performing a familiar operation, and a focus on good postoperative support is likely to be a winning recipe for health improvement. Perhaps we should be more focused on the destination rather than the route.