

## Duodenal switch for failed gastric banding

Dr Daniel KRAWCZYKOWSKI, Dr Youssef El SOUKI

Centre Hospitalier Regional de Metz FRANCE

### Background

Biliopancreatic duodenal switch (BPD/DS) has 2 components: a restrictive one the sleeve gastrectomy (SG) and a malabsorptive one the duodenal switch (DS). Each of the two components can be performed separately.

### Method

Between May 2003 and July 2008, 38 patients with an uncomplicated and well tolerated adjustable gastric banding (AGB) sustained an additional DS for an inadequate initial excess BMI loss (IEBMIL) (BMI >30) or for persisting curable co-morbid condition. Most of the bands were kept deflated.

### Results

So far, 16 patients remained with the band associated to the DS while 22 patients had a later band removal for convenience, intolerance or IEWL (6 patients had a conversion to SG and 16 patients are free of any restriction). All glycemic and high cholesterol problems were resolved.

BMI before AGB	BMI before DS	Type of restriction	Differential evolution of BMI		% IEBMIL	
			At 1 Y	At 2 Y	At 1 Y	At 2 Y
46.9 (35.4 - 61.7)	40.9 ± 6.9	AGB	32.3 ± 5	30.6 ± 4.5	67.5 ± 22.8	65.9 ± 18.9
		SG	29.9 ± 7.6	28.6 ± 3.8	77.2 ± 16.2	81.9 ± 11.9
		Without restriction	33.7 ± 5.5	32.9 ± 6.0	61.8 ± 24.8	64.9 ± 29.5

### Conclusion:

Additional DS is feasible. With or without any restriction, it contributes to patients weight loss and to resolve curable co-morbid condition. Although AGB + DS, isolated DS or debanding and SG and are options for failure AGB further studies are needed.