

Single Incision Laparoscopic Adjustable Gastric Band: Early Results Incorporating New Techniques

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Background: Single Incision Laparoscopic Surgery (SILS) is rapidly being developed in the use of bariatric procedures, such as the Adjustable Gastric Band (GB).

Methods: In November 2009, SILS GB was initiated in a single surgeon practice, United States Centers of Excellence Bariatric Surgery Program. One year of data was collected. A comparative group of standard 5 port laparoscopic GB from the year prior was used as a benchmark.

Results: 58 SILS GB were performed from November 2009 to November 2010. 75 standard GB were performed the year prior. Average operating time was 70 versus 43 minutes. Complication rate for SILS GB was 5.2% versus 4%, consisting of two early band slips and one port infection. 1 month, 3 month, and 6 month %Excess Weight Loss was 13.5% versus 14.1%, 24.4% versus 23.7%, and 29.2% versus 30.4%. With the SILS GB, adding an extra port occurred 41% and adding improved liver retraction occurred 33%.

Conclusions: SILS GB requires greater operating time. Early weight loss appears comparable to standard GB. This type of surgery allows for easy adjustments in technique by adding ports or liver retractors to account for limitations in instrument design and body habitus.