Laparoscopic Adjustable Gastric Banding outcomes in patients with Gastro-esophageal Reflux Disease or Hiatal Hernia

Iuliano A1, Vitiello A2, Casella F3, Pilone V1

1 Surgery, Department of Medicine and Surgery, University of Salerno, Italy;
2 Surgery, Department of Gastroenterology Endocrinology and Surgery University “Federico II” of Naples, Italy;
3 Department of Surgery Hospital “G. Fucito” of Mercato San Severino Italy

Abstract - Gastroesophageal Reflux Disease (GERD) and Hiatal Hernia (HH) are classically considered contraindications to bariatric restrictive procedures. Despite the high number of evidences that have been published, the relationship between Laparoscopic Gastric Banding and GERD/HH is still a matter of concern.

We have retrospectively analysed the results of LAGB in patients with HH and/or GERD. The Gastroesophageal Reflux was diagnosed if the patients had heartburn and regurgitation more than once a week and Hiatal Hernia was assessed by Esophagogastroduodenoscopy and/or Upper GI radiogram with swallow. Data on heartburn, assumption of antacid drugs, weight loss and rate of complications in both patients with and without GERD or HH were collected.

In 2009 one hundred and twenty-two patients underwent LAGB at our Department, 35 had Symptoms of GERD and 21 had Hiatal Hernia preoperatively. There was no difference of Percentage Excess Weight Loss (%EWL) at 12 months (44.4 ± 20.4 VS 46.5 ± 19.5 kg/m2) and 24 months follow-up (45.2 ± 16.5 VS 45.6 ± 15.9 kg/m2) between asymptomatic patients and patients with HH or GERD symptoms. The number of patients with preoperative heartburn (35 to 8) and/or assumption of antacid drugs (25 to 8) significantly decreased after LAGB.

LAGB is a safe intervention for patients with GERD or HH. The postoperative weight loss improves reflux symptoms.

Keywords: gastric banding, Gastroesophageal Reflux Disease, Hiatal Hernia, bariatric surgery