



Title	Systematic Review of Laparoscopic Adjustable Gastric Banding for the Treatment of Obesity (Update and re-appraisal)
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Aim

To compare the safety and efficacy of laparoscopic adjustable gastric banding, vertical banded gastroplasty, and gastric bypass.

Conclusions and results

Only 6 studies reported comparative results for laparoscopic gastric banding and other surgical procedures. One study reported comparative results for all three surgical procedures, and this study was only of moderate quality. In total, 64 studies were found that reported results for LAGB, and 57 studies reported results on the comparative procedures. LAGB was associated with a mean short-term mortality rate of around 0.05% and an overall median morbidity rate of around 11.3%, compared with 0.50% and 23.6% for RYGB and 0.31% and 25.7% for VBG. Overall, all three procedures produced considerable weight loss in patients up to 4 years in the case of LAGB (the maximum followup available at the time of the review), and over 10 years in the case of the comparator procedures.

Recommendations

The ASERNIP-S Review Group concluded that the evidence base was of average quality up to 4 years for LAGB. Laparoscopic gastric banding is safer than VBG and RYGB, in terms of short-term mortality rates. LAGB is effective, at least up to 4 years, as are the comparator procedures. Up to 2 years LAGB results in less weight loss than RYGB. From 2 to 4 years there is no significant difference between LAGB and RYGB, but the quality of data is only moderate. Long-term efficacy of LAGB remains unproven, and evaluation by randomized controlled trials is recommended to define its merits relative to the comparator procedures.

Methods

Relevant literature on laparoscopic adjustable gastric banding, vertical banded gastroplasty, and gastric bypass was identified by searching Current Contents, EMBASE, MEDLINE, and the Cochrane Library until August 2001. Only studies of patients diagnosed with morbid obesity were included for review. English language papers detailing randomized controlled trials, controlled clinical trials, and case series were included.