



Banded Sleeve

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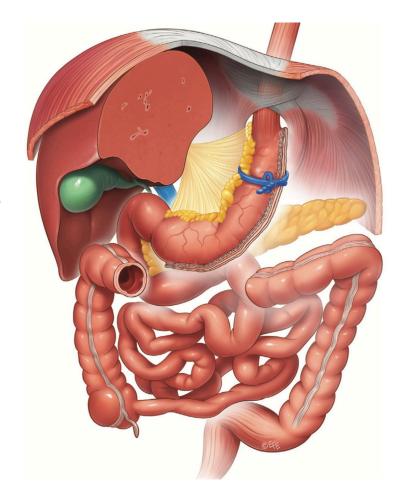




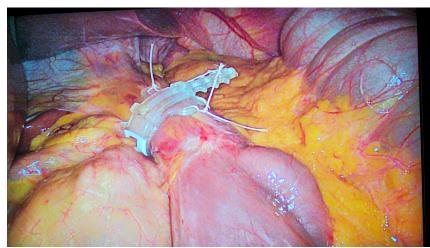
## Banded procedures with the Ring

Personal Series

- 527 BANDED SLEEVES
- 66 BANDED RYGBs
- 49 BANDED REDOs
- 116 BANDED OAGBs







# Revisional Bariatric Surgery for Failure or Weight regain

Mean %EWL	Mean % Weight Regain Pts (> 50% EWL) at 5 years
55-70%	8-20%

Pouch and/or outlet dilatation



AND RELATED DISEASES

Surgery for Obesity and Related Diseases 3 (2007) 480-485

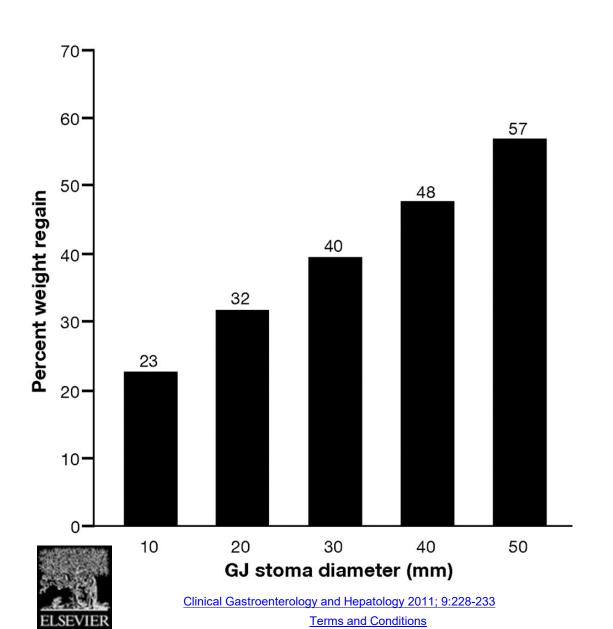
Original article

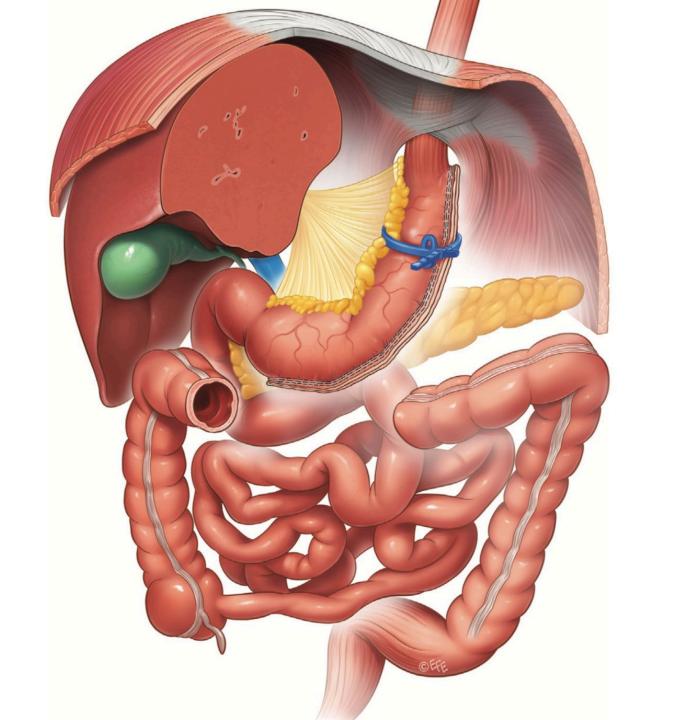
Prospective randomized trial of banded versus nonbanded gastric bypass for the super obese: early results

Marc Bessler, M.D.\*, Amna Daud, M.D., M.P.H., Teresa Kim, M.D., Mary DiGiorgi, M.P.H.

Center for Obesity Surgery, Columbia University, New York-Presbyterian Hospital, New York, New York Received May 30, 2006; revised January 17, 2007; accepted January 21, 2007

#### Weight regain and stoma diameter





#### Banded sleeve: rationale

Surgical Endoscopy https://doi.org/10.1007/s00464-021-08329-w

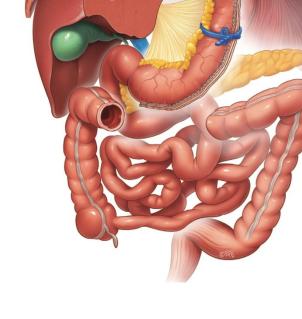


#### **REVIEW ARTICLE**



Factors associated with weight regain post-bariatric surgery: a systematic review

Dimitrios I. Athanasiadis<sup>1</sup> · Anna Martin<sup>2</sup> · Panagiotis Kapsampelis<sup>3</sup> · Sara Monfared<sup>1</sup> · Dimitrios Stefanidis<sup>1</sup>



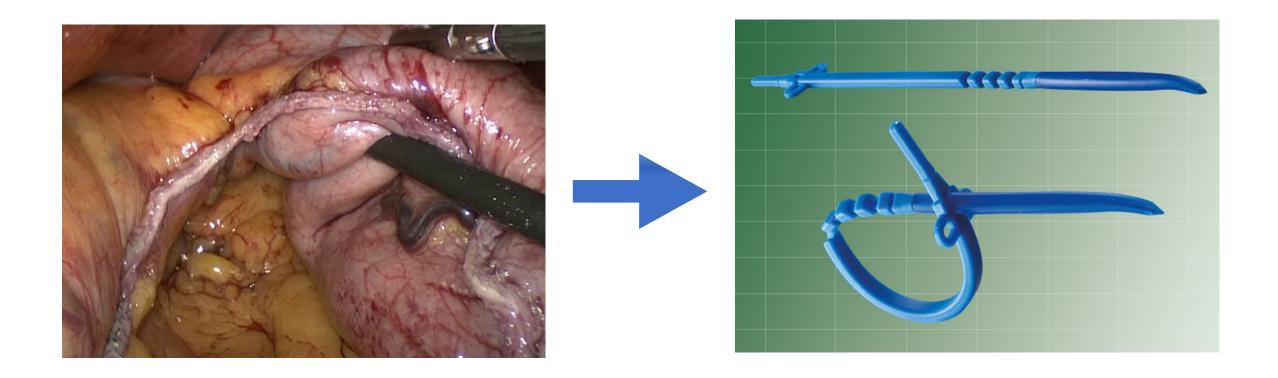
Incidence of weight regain was 17.6% (n = 2314/13,152; 95% CI 16.9–18.3).

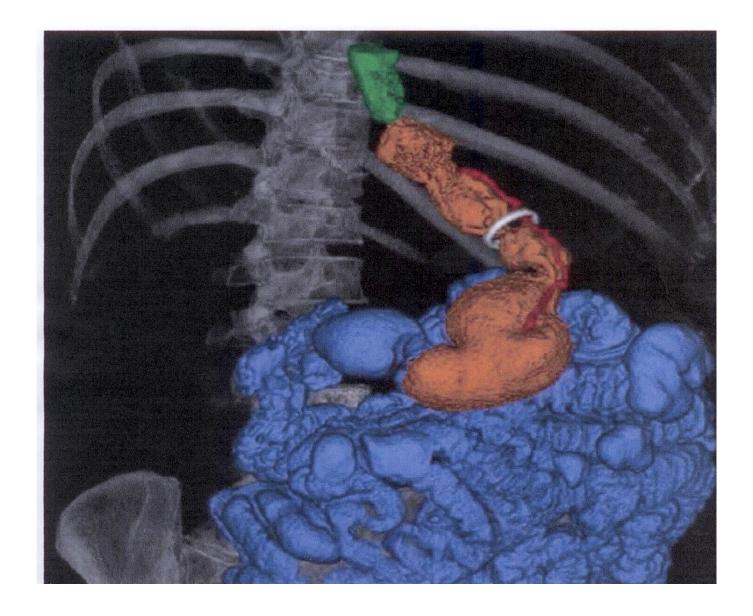
Ospedale San Carlo di Nancy Roma

Sleeve, 16-29%



#### Banding the Sleeve



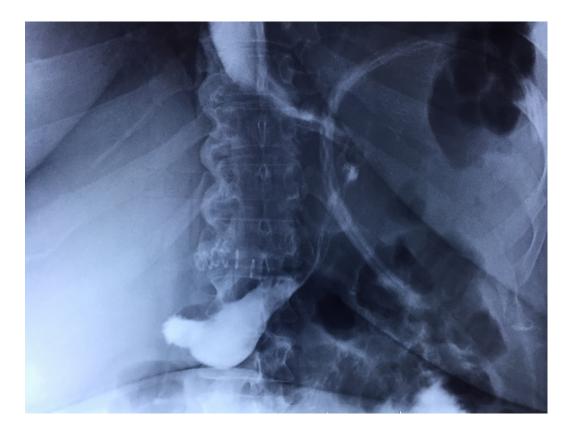


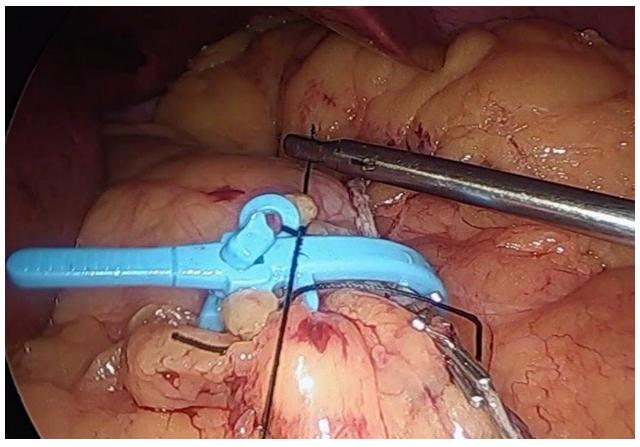






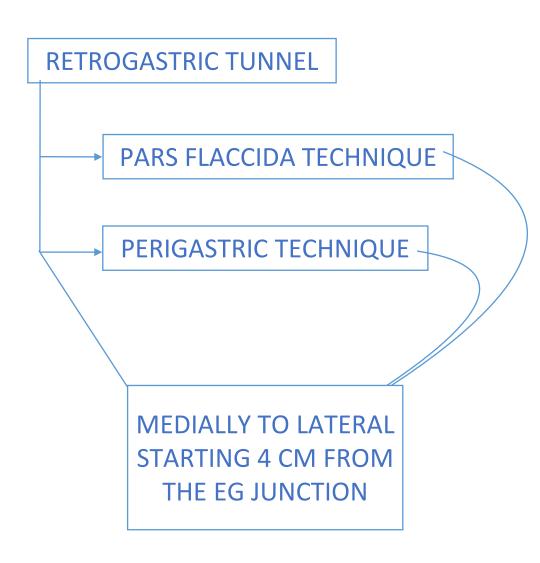








#### **Technical Aspects**

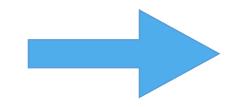




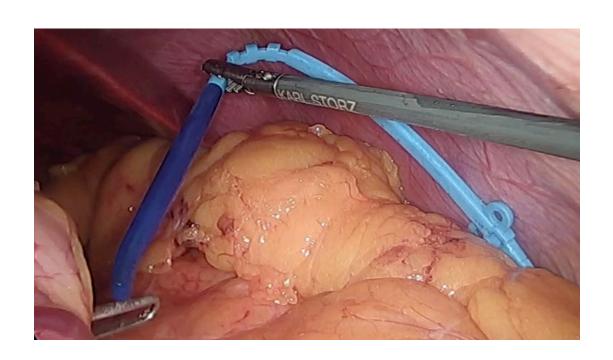
ONE SIZE FITS ALL



GRAB THE RING FROM
THE HARD BLUE SIDE
ANDD PULL IT OVER
THE SLEEVE



CLOSE THE RING OVER THE BOUGIE (36 FR) AT THE FIRS STEP

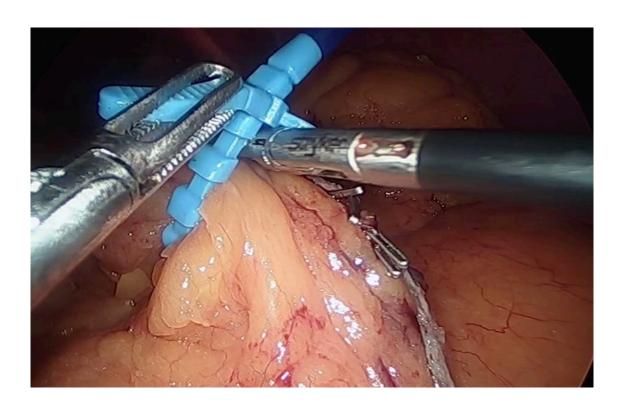






# THE RING HAS TO BE LEFT IN PLACE IN A LOOSE FASHION (WE DON'T WANT TO CREATE A STRICTURE WICH COULD INCREASE THE PRESSURE AND THE GASTRIC LEAK INCIDENCE)

## REMOVE THE BOUGIE AFTER METHYLENE BLUE TEST AND SECURE THE RING WITH TWO NONABSORBABLE SUTURES





Ospedale San Carlo di Nanc



LAP-2020-0726-ver9-Gentileschi\_1P.3d 12/22/20 3:47am Page 1

LAP-2020-0726-ver9-Gentileschi\_1P Type: research-article

**Full Reports** 

JOURNAL OF LAPAROENDOSCOPIC & ADVANCED SURGICAL TECHNIQUES Volume 00, Number 00, 2020 
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DOI: 10.1089/lap.2020.0726

#### Laparoscopic Banded Sleeve Gastrectomy: Single-Center Experience with a Four-Year Follow-Up



Paolo Gentileschi, Domenico Benavoli, Claudio Arcudi, Michela Campanelli, Marina Valente, Lorenzo Petagna, and Emanuela Bianciardi

#### Banded sleeve: results



Obesity Surgery https://doi.org/10.1007/s11695-018-3248-2

#### **ORIGINAL CONTRIBUTIONS**



## Banded Sleeve Gastrectomy: Better Long-Term Results? A Long-Term Cohort Study Until 5 Years Follow-Up in Obese and Superobese Patients

Luc Lemmens 1 • Jelmer Van Den Bossche 1 • Hinali Zaveri 2 • Amit Surve 2

 Table 3
 Weight regain

	NLSG $(N=51)$	BLSG (N=96)	P value
Weight regain*	$1.8\pm2.8$	$0.34 \pm 0.4$	
< 5 pts. BMI	6 (12%)	2 (2%)	
>5pts BMI	4 (8%)	0	
Total	10 (19.6%)	2 (2%)	P < 0.001



#### Banded sleeve: results



Original Article
CLINICAL TRIALS AND INVESTIGATIONS



## Surgery in Patients with Super Obesity: Medium-Term Follow-Up Outcomes at a High-Volume Center

Mohit Bhandari , Guillermo Ponce de Leon-Ballesteros , Susmit Kosta , Mahak Bhandari, Terrel Humes , Winni Mathur, and Mathias Fobi

Failure to achieve BMI < 35 kg/m2 was more frequent in the group who underwent SG (67.9%), followed by RYGB (29.16%), BRYGB (22.2%), OAGB (9.87%), and none in the BSG group.

TABLE 5 Analysis of %TBWL at 2 and 3 years according to procedure type

Variables	Total, n = 514	SG, n=227 (44.2%)	RYGB, n=102 (19.8%)	OAGB, n=124 (24.1%)	BSG, n=33 (6.4%)	BRYGB, n=28 (5.4%)	P
Follow-up at 2 years, n (%)	470 (91.4)	216 (95.2)	88 (86.3)	111 (89.5)	32 (97.0)	23 (82.1)	
BMI $\geq$ 30, $n$ (%)	374 (79.6)	187 (86.6)	88 (100)	71 (64.0)	5 (15.6)	23 (100)	<0.0001**
BMI $\geq$ 35, $n$ (%)	54 (11.5)	35 (16.2)	14 (15.9)	1 (0.9)	0	4 (17.4)	<0.0001**
%TBWL≥20%, <i>n</i> (%)	466 (99.1)	212 (98.1)	88 (100)	111 (100)	32 (100)	23 (100)	0.315**
Follow-up at 3 years, n (%)	371 (72.2)	181 (79.7)	72 (70.9)	81 (65.3)	19 (57.6)	18 (64.3)	
BMI ≥ 30, <i>n</i> (%)	307 (82.7)	166 (91.7)	65 (90.3)	59 (72.8)	5 (26.3)	12 (66.6)	<0.0001**
BMI ≥ 35, <i>n</i> (%)	166 (44.7)	123 (68.0)	21 (29.2)	8 (9.9)	0	4 (22.2)	<0.0001**
%TBWL≥20%, <i>n</i> (%)	359 (96.8)	169 (93.3)	72 (100)	81 (100)	19 (100)	18 (100)	0.205**



#### Banded sleeve: results

Hindawi Journal of Obesity Volume 2020, Article ID 9792518, 7 pages https://doi.org/10.1155/2020/9792518 Hindawi Publishing Corporation Gastroenterology Research and Practice Volume 2016, Article ID 6419603, 5 pages http://dx.doi.org/10.1155/2016/6419603





Clinical Study

Laparoscopic Sleeve Gastrectomy versus Laparoscopic Banded Sleeve Gastrectomy: First Prospective Pilot Randomized Study

#### Clinical Study

#### Banded Sleeve Gastrectomy Improves Weight Loss Compared to Nonbanded Sleeve: Midterm Results from a Prospective Randomized Study

Valeria Tognoni, <sup>1</sup> Domenico Benavoli, <sup>1</sup> Emanuela Bianciardi, <sup>2</sup> Federico Perrone, <sup>1</sup> Simona Ippoliti, <sup>1</sup> Achille Gaspari, <sup>1</sup> and Paolo Gentileschi <sup>1</sup>



1 of %EBMIL during the follow-up. LSG: laparoscopic sleeve gastrectomy; LBSG: laparoscopic banded sleeve gastrectomy; we excess body mass index loss.

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<sup>&</sup>lt;sup>2</sup>Psychiatric Unit, Department of System Medicine, University of Rome "Tor Vergata", Viale Oxford 81, 00133 Rome, Italy

# ANNALS OF SURGICAL SCIENCE SINCE 1885

> Ann Surg. 2020 Aug 21. doi: 10.1097/SLA.0000000000004174. Online ahead of print.

### Banded Versus Nonbanded Sleeve Gastrectomy: A Randomized Controlled Trial With 3 Years of Followup

Jodok M Fink <sup>1</sup>, Andrea Hetzenecker, Gabriel Seifert, Mira Runkel, Claudia Laessle, Stefan Fichtner-Feigl, Goran Marjanovic

Affiliations + expand

PMID: 32657920 DOI: 10.1097/SLA.000000000004174





#### Banded Versus Nonbanded Sleeve Gastrectomy

A Randomized Controlled Trial With 3 Years of Follow-up

Jodok M. Fink, MD,⊠ Andrea Hetzenecker, MD, Gabriel Seifert, MD, Mira Runkel, MD Claudia Laessle, MD, Stefan Fichtner-Feigl, MD, and Goran Marjanovic, MD

Adjusted %EWL 3 years after surgery was 62.3% (95% CI, 56.2–68.5) for SG and 73.9% (95% CI, 67.8–80.0) for BSG (P = 0.0073).

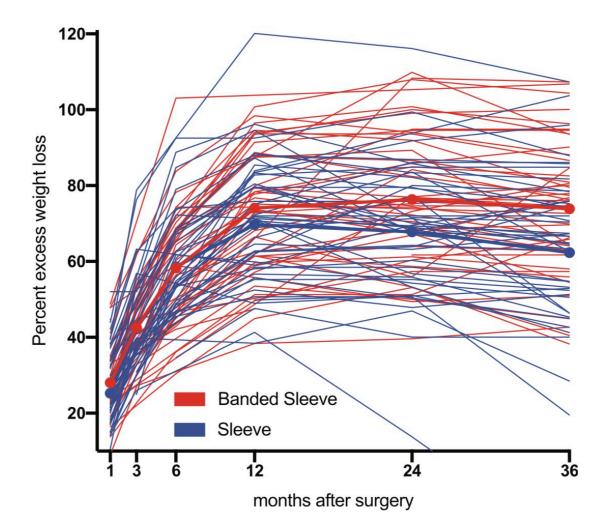
At 3 years, adjusted BAROS score was 1.5 points higher in BSG (BSG 6.44; SG 4.98; P = 0.0017).

TABLE 3. Complications Following Banded and Nonbanded Sleeve Gastrectomy **Complication and Category** Banded Sleeve Gastrectomy (n = 45)Sleeve Gastrectomy (n = 46)Chi Square, P Minor early ( $\leq$ 30 days), no. (%) 1/47 (2.1) Bleeding 0 0 Total 1(2.1)0.31Minor late (>30 days), no. (%) Regurgitation >1/wk 6 (13.3) 2(4.3)Gastroesophageal reflux RSI >13 3 (6.5) 4 (8.7) 1(2.2)0 Sleeve stenosis 2(4.4)2(4.3)Symptomatic cholelithiasis 10 (22.2) 0.76 Total 9 (19.6) Major late (>30 days), No. (%) 1(2.2)0 Ring slippage Gastroesophageal reflux with conversion to RYGB 2(4.4)1(2.2)1(2.2)Incisional hernia Total 3(6.6)2(4.3)0.63



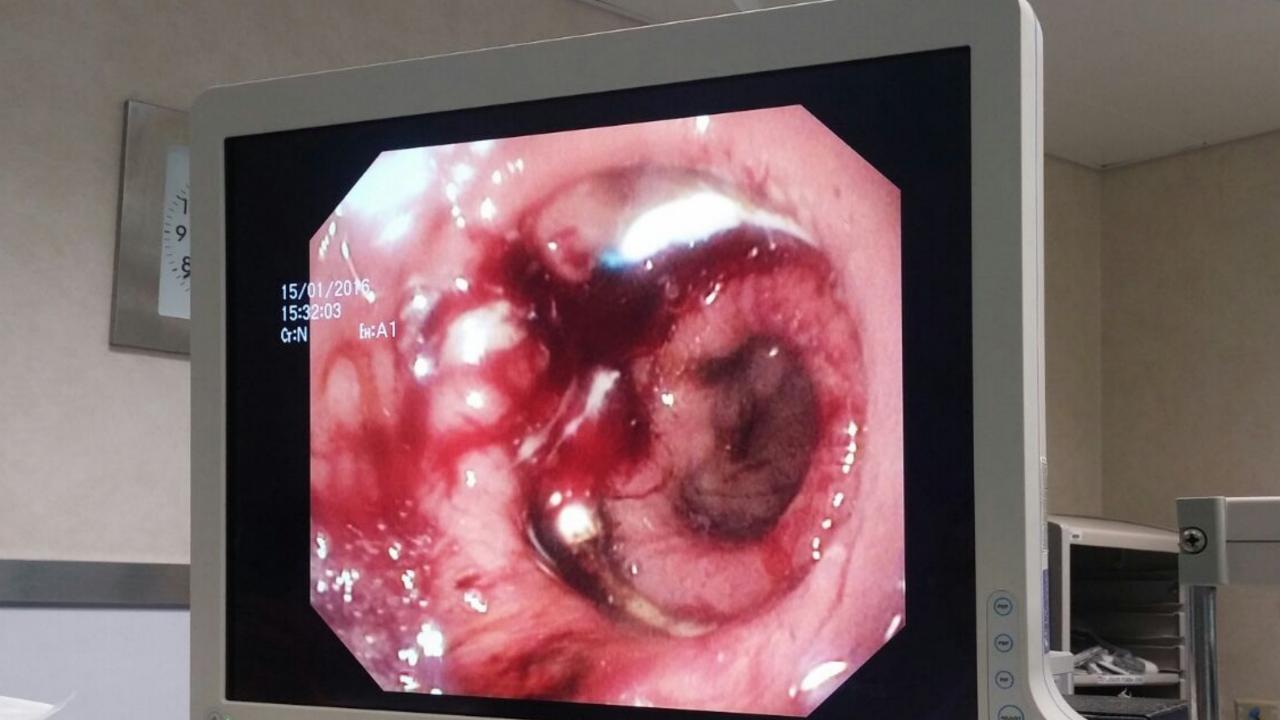
# ANNALS OF SURGERY

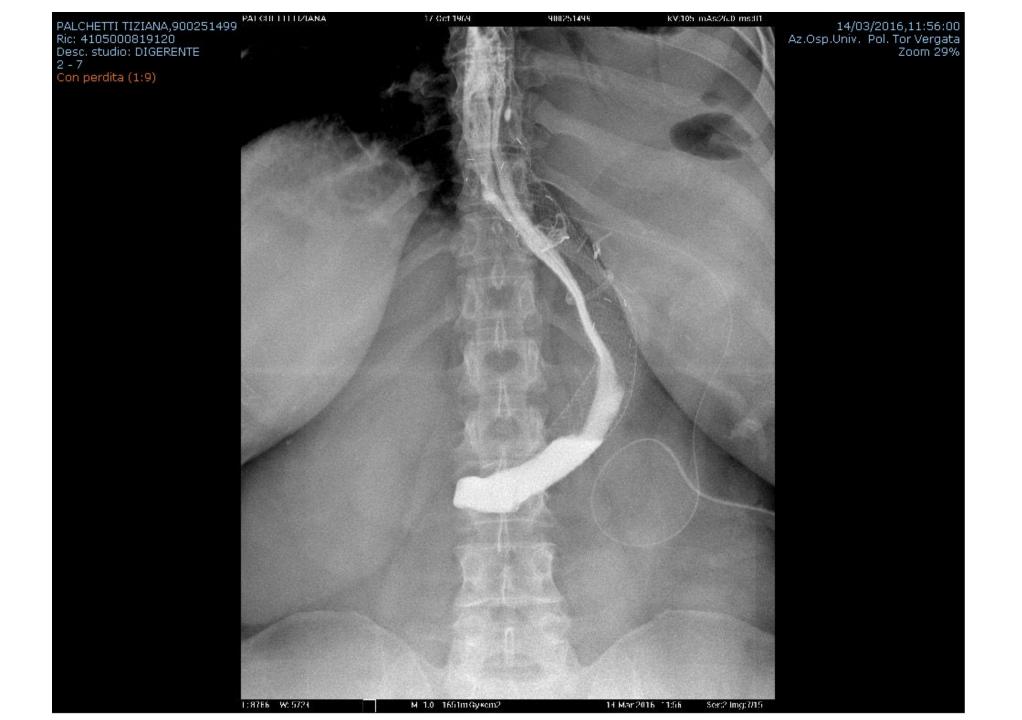
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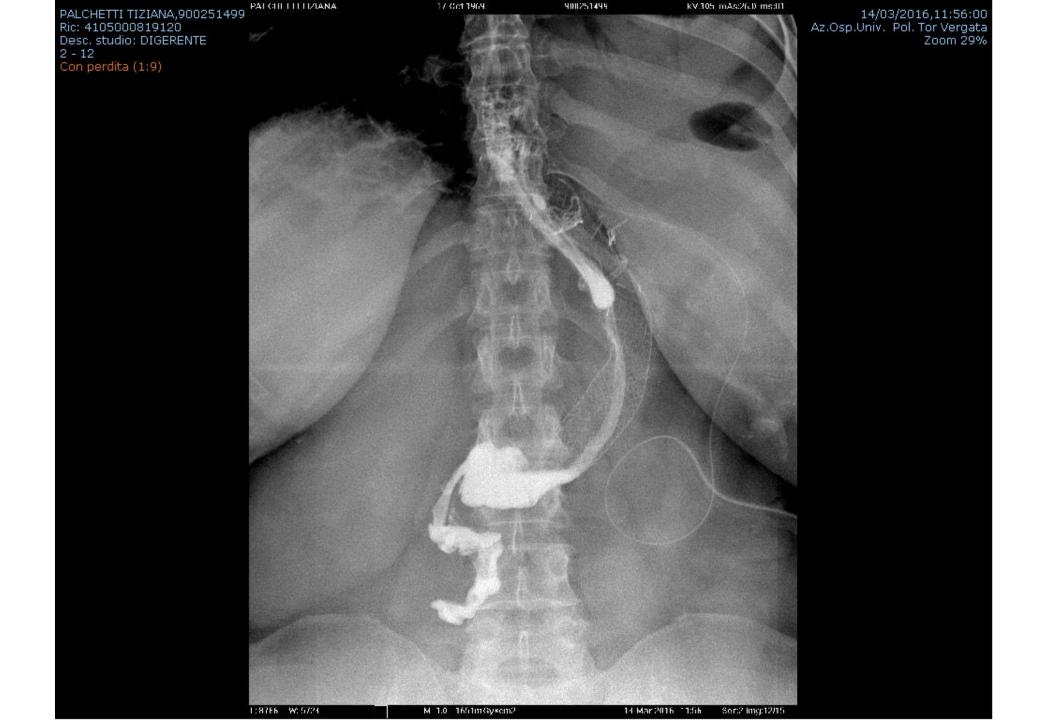


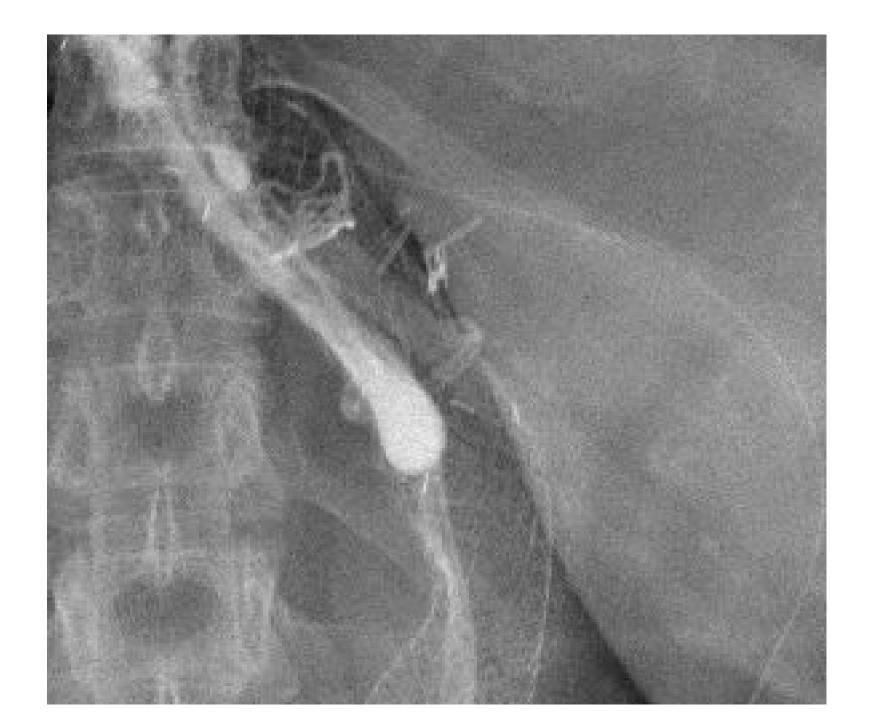


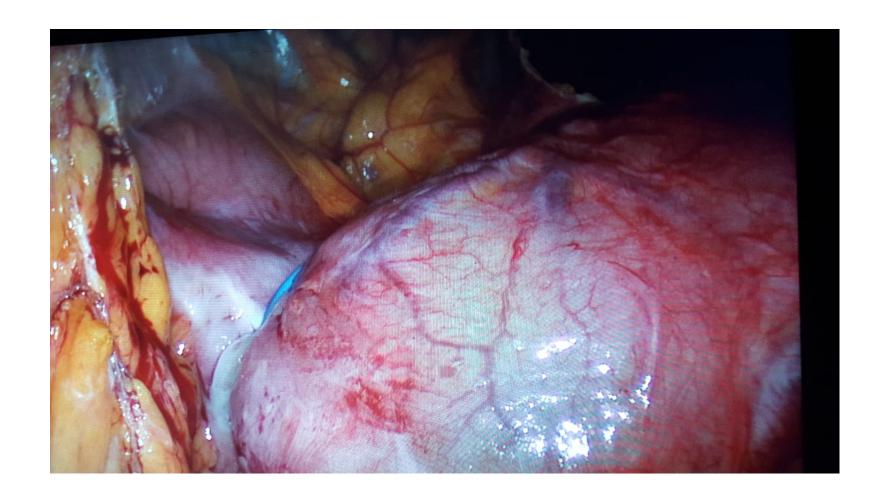


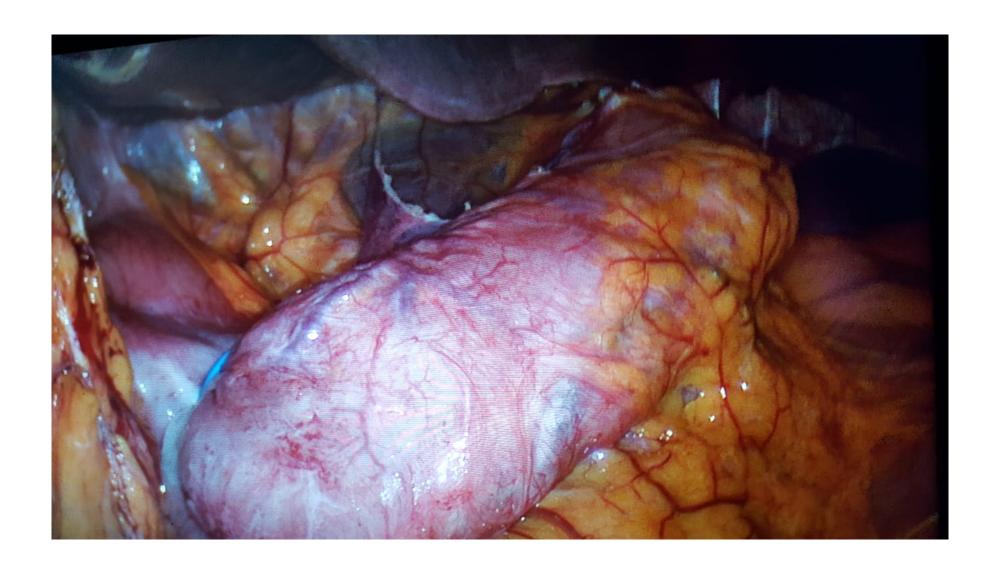












## Banded Sleeve CONCLUSIONS

ALWAYS!!! WHY NOT?

