

Intra-Operative Band Stoma Adjustment Improves Early Post-Operative Weight Loss

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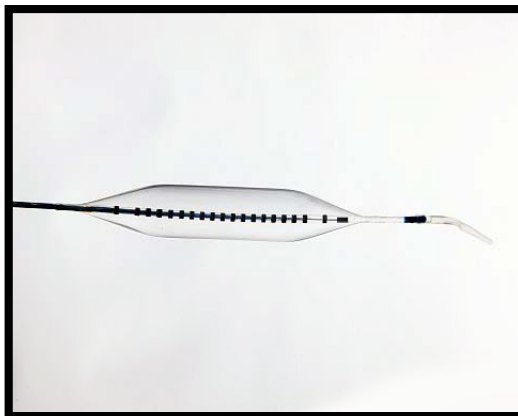
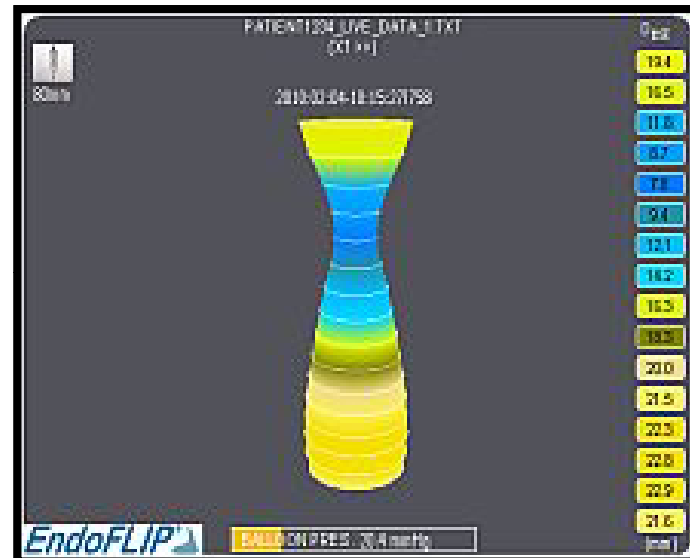
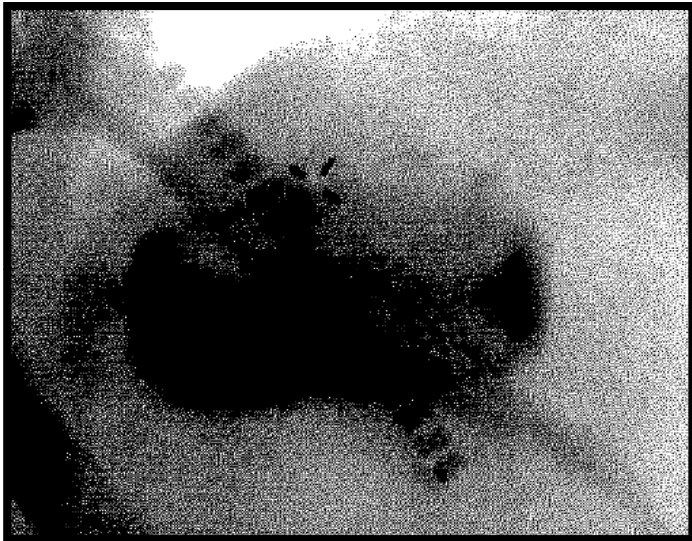
IFSO XV World Congress

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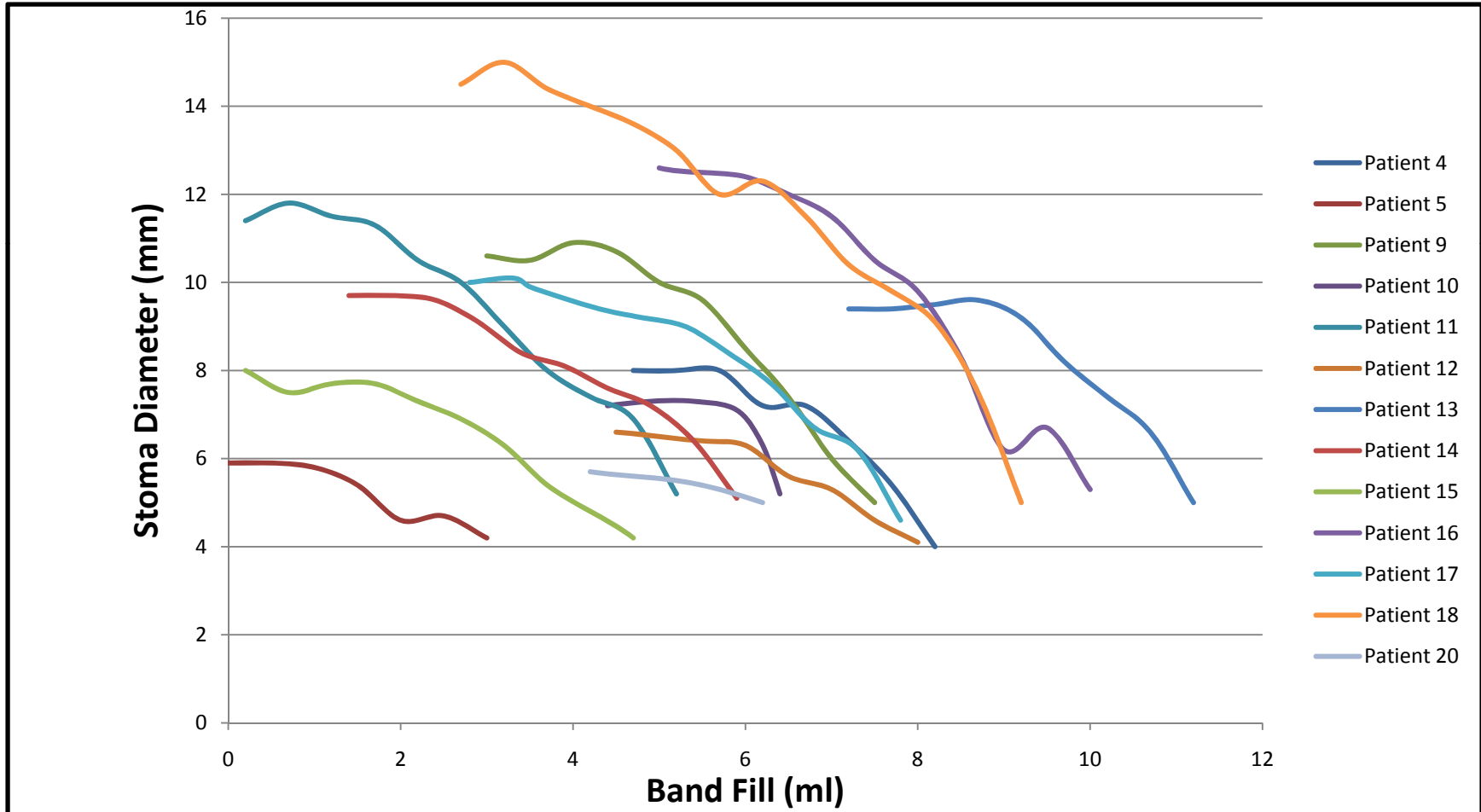
Overview

- Is there is an optimum band stoma size ?
- Can we adjust to this stoma size intra-operatively ?
- Does it improve early post-operative weight loss ?

EndoFLIP catheter in band



Band Variability (APS Band)



Target Stoma Size

- Previous study* suggested target stoma size
- Yellow : mean diameter 8.3 +/- 1.1 mm
- Green : mean diameter 6.5 +/- 0.5mm



* R.G. Snow et al SAGES 2010

Protocol

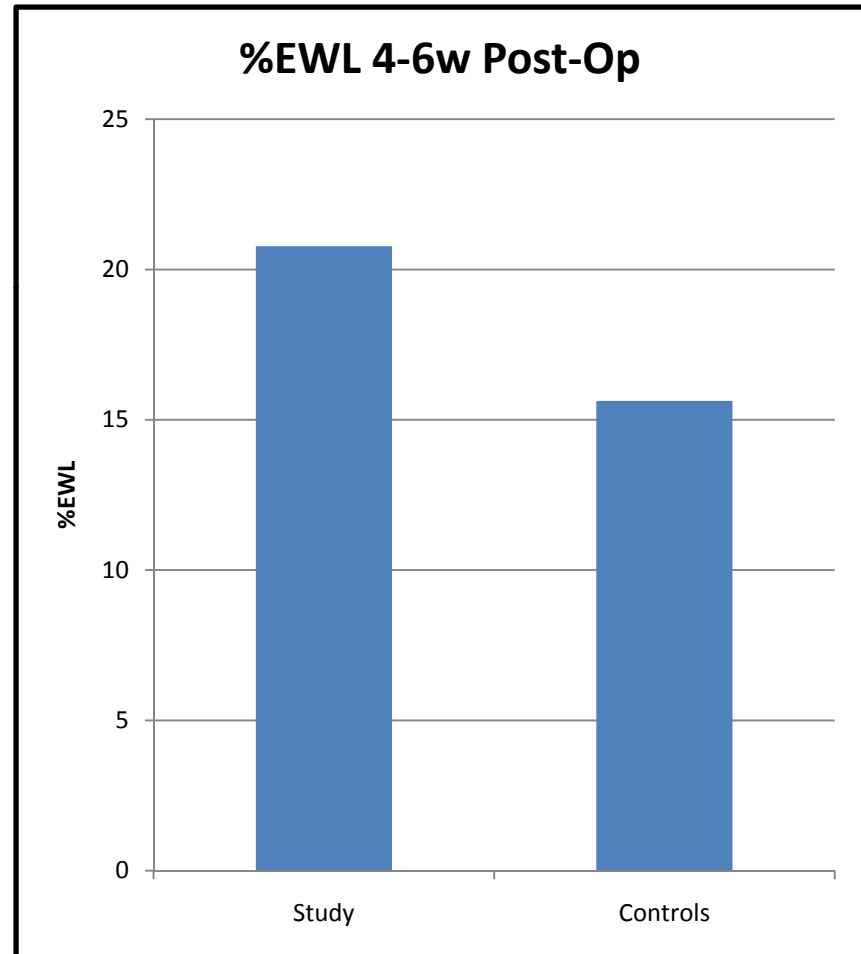
- Prospective with Historic Controls
- Adjust band stoma intra-operatively to $\approx 7\text{mm}$
- Measure %EWL at 1,2,3,6,9,12 m
- Mann Whitney test to compare %EWL

Study Demographics

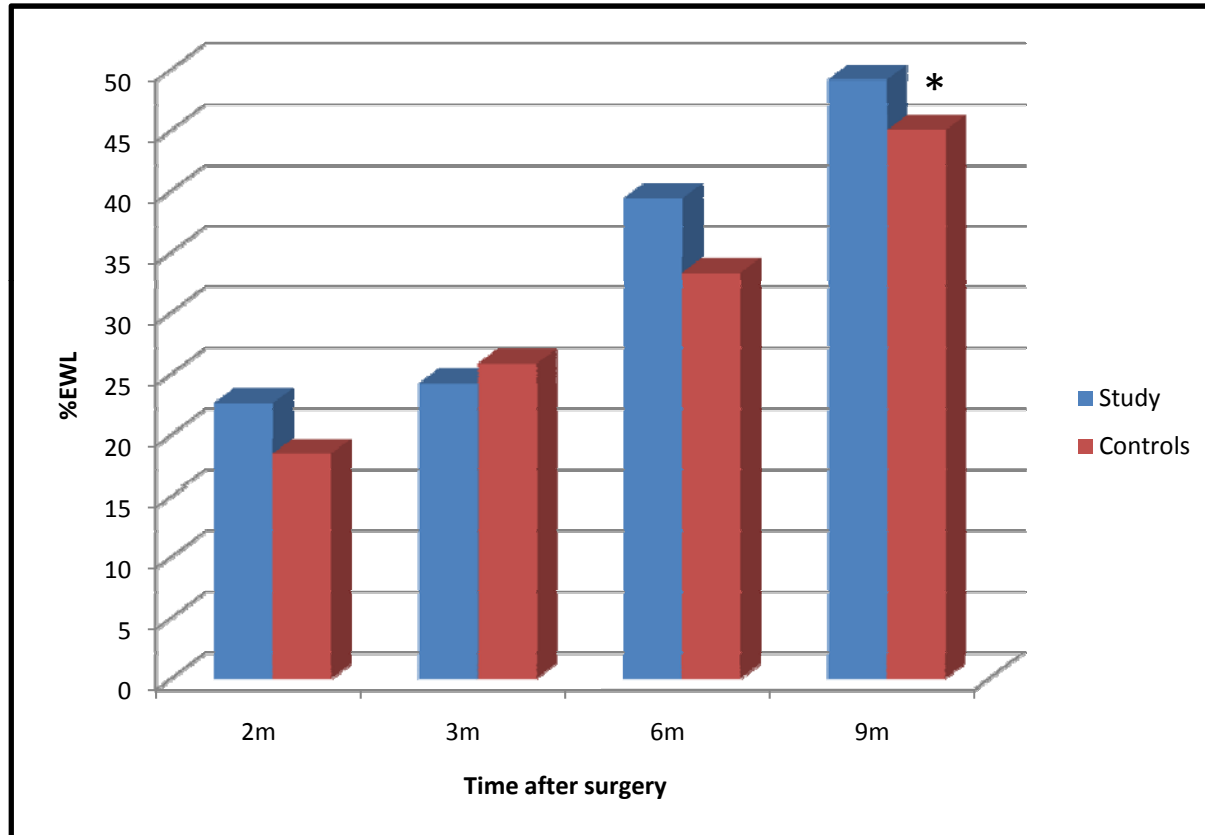
	Historic Controls	Study Cohort
N	50(37F)	35(28F)
Age (y)	42(12)	44(11)
Weight (lb)	279(8)	271(10)
BMI	45(8)	42(8)

Results

- 39 Controls and 23 Study Pts measured in 4-6w period post-op
- 5.1% improvement in %EWL (P<0.05)
- 30% of pts had %EWL \geq 30% (versus 3% Controls)
- No post-op adjustments required despite intra-operative adjustment



Does it last ?



* Preliminary

Conclusion

- Intra-Operative Band Stoma Adjustment Improves Early Post-Op %EWL by $\approx 5\%$ over historic
- No post-op de-fill of band required
- Consistent band adjustment on all patients leaving the OR

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Presenter Name: Robert G. Snow

As previously disclosed, these are the companies with which I have a financial or other relationship(s):

Company Name(s)	Nature of Relationship(s)
Crospon	Proctor
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