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I have the following potential conflict(s) of interest to report:

- I'll receipt consultation fees by Reshape Lifesciences as member of a scientific board



IGOT

MY PLEASURE TO BE HERE

Thanks

to my dear friend Luigi Angrisani

to bariclip that materialized the presence of gastric banding at IFSO '23

FRANCESCO FURBETTA, M.D.

GENERAL SURGEON, BARIATRIC SURGEON, ENDOSCOPY SPECIALIST



ADJUSTABLE GASTRIC BANDING VS PROSTHETIC VERTICAL GASTROPLASTY

FRANCESCO FURBETTA, M.D.

XXVI IFSO WORLD CONGRESS OF BARIATRIC AND METABOLIC SURGERY

NAPLES, ITALY

AUGUST 30 – SEPTEMBER 1, 2023



THE RATIONALE OF MY APPROACH IN BARIATRIC SURGERY

ON BEHALF OF GASTRIC BANDING BELIEVERS AND BANDED PATIENTS

Characteristics of every bariatric operation:

- "outside the pathological site", on healthy organs
- useful and effective inside an interdisciplinary team
- justified by long-term results
- addressed to fight an obesogenic environment acting in genetically predisposed subjects

WHY ADJUSTABLE GASTRIC BANDING NOW

BECAUSE...

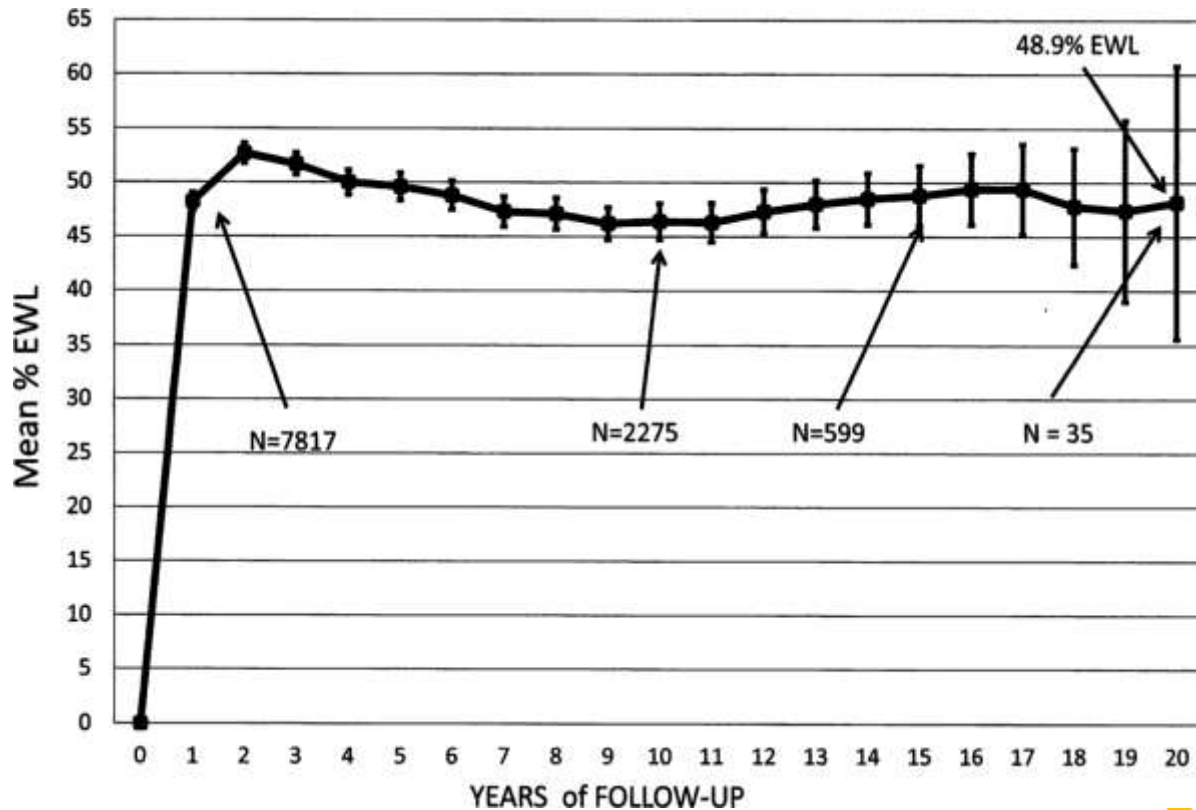
1. Stood the test of time
 - a) **long term results**
 - b) advantages of its prerogatives

2. Evolution: from an operation to a path of care
interdisciplinary team priority to:
 - a) treat, select, prepare and follow-up all the patients
 - b) get new targets
 - c) propose sequential treatment

Adjustable Gastric Banding

Long term result = EFFICACY (follow-up >20 years)

Paul E.O'Brien – Systematic Review



Obesity Surgery (2019) 29:3–14
<https://doi.org/10.1007/s11695-018-3525-0>



ORIGINAL CONTRIBUTIONS



Long-Term Outcomes After Bariatric Surgery: a Systematic Review and Meta-analysis of Weight Loss at 10 or More Years for All Bariatric Procedures and a Single-Centre Review of 20-Year Outcomes After Adjustable Gastric Banding

Paul E. O'Brien^{1,2} • Annemarie Hindle³ • Leah Brennan³ • Stewart Skinner^{1,2} • Paul Burton^{1,2} • Andrew Smith² • Gary Crosthwaite² • Wendy Brown^{1,2}

Adjustable Gastric Banding – Our experience

Long term result = EFFICACY (follow-up >20 years)

October 1995 - February 2023 : 4266 LAGB



Surgery for Obesity and Related Diseases 15 (2019) 409–416

SURGERY FOR OBESITY
AND RELATED DISEASES

Original article

Laparoscopic adjustable gastric banding on 3566 patients up to 20-year follow-up: Long-term results of a standardized technique

Niccolò Furbetta, M.D.^{a,*}, Francesca Gragnani, M.D.^b, Giuseppe Flauti, M.D.^b,
Francesco Guidi, M.D.^c, Francesco Furbetta, M.D.^b

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Received 22 August 2018; received in revised form 17 October 2018; accepted 6 December 2018

Overall results in terms of %EWL and %TBWL

Yr of follow-up	N patients	Follow-up	%EWL	%TBWL	%EWL >50%	25% <%EWL ≤50%	%EWL ≤25%
1	2971	84.2%	45.7 ± 28.5	16.3 ± 9.2	1197 (40.3)	1111 (37.4)	663 (22.3)
5	1840	79.9%	50.7 ± 43.9	18.4 ± 12.3	959 (52.1)	504 (27.4)	377 (20.5)
10	926	71.6%	49.0 ± 36.2	17.9 ± 13.5	477 (51.5)	216 (23.3)	233 (25.2)
15	180	58.4%	52.6 ± 39.9	21.1 ± 15.0	105 (58.3)	36 (20.0)	39 (21.7)
20	39	50.7%	59.2 ± 50.6	25.3 ± 18.7	27 (69.2)	4 (10.3)	8 (20.5)

78 adolescents: same results

GASTRIC BANDING WORKS INSIDE AN INTERDISCIPLINARY TEAM



LONG TERM RESULT = EFFICACY: FOLLOW-UP > 10 YEARS

WILL IT STILL BE A TARGET FOR BARIATRIC SURGERY / PROSTHETIC VERTICAL GASTROPLASTY

?



The impact of patient-reported outcomes on loss to follow-up care after bariatric surgery *Surgical Endoscopy* <https://doi.org/10.1007/s00464-021-08352-x> ***fewer than 10% continue to have follow-up within 10 years of surgery***

Follow-up after bariatric surgery...*Updates in Surgery* (2022) 74:1389–1398 ...***close nutritional and psychiatric follow-up with the aim of...long-term body weight stability.***

Follow-up after bariatric surgery: are we effective enough? *Videosurgery Miniinv* 2022; 17 (2): 299–302 ***at 2-year basis: less than 1 in 10 patients had follow-up data collected at that time***

Ten-Year Results of Laparoscopic Sleeve Gastrectomy: a Retrospectively Designed Study of a Single Tertiary Center *Obesity Surgery* (2023) 33:173–178 ...***conversion rate of 31.7% at 11.7 years after SG...de-novo GERD rate of 25.7–58.4% and a conversion rate of 2.6–20.4% due to de-novo GERD [18–21].*** Follow-up, diagnose, monitor, and treat chronic post-SG de novo GERD as they may advance to Barrett's esophagus and increase cancer risk.

Long-term results: the reason and the target of bariatric surgery
“I can't get you but... I can move you”: from 10 to 3 yrs

Frequency of Short- vs Long-Term Reporting of Bariatric Surgery Outcomes. *Obes Surg.* 2023 Jan;33(1):219–223. ...***beyond the 2-year after surgery...weight regain***...become apparent. Better follow-up better outcomes. short-term (< 3 years), medium-term (≥ 3 and < 5 years), and long-term (≥ 5 years) ASMBS reporting guidance.

Is Adherence to Follow-Up After Bariatric Surgery Necessary? A Systematic Review and Meta-Analysis *Obesity Surgery* (2022) 32:904–911
The long-term FU (more than 3 years postoperatively)



WHY ADJUSTABLE GASTRIC BANDING NOW

BECAUSE...

1. Stood the test of time
 - a) long term results
 - b) advantages of its prerogatives**

2. Evolution: from an operation to a path of care
interdisciplinary team priority to:
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 - b) get new targets
 - c) propose sequential treatment

ADVANTAGES OF ITS PREROGATIVES

- **well codified technique:** reproducible, evaluable, amendable, complementary to hiatal hernia repair
- **safe:** very laparoscopic operation, no related mortality, no specific major operative complications, post-operative easy course, codified laparoscopic-endoscopic solution of late complications
- **adjustable:** to match the patient's compliance
- **reversible:** to re-establish the original anatomy, to convert to another bariatric operation



ADVANTAGES OF ITS PREROGATIVES

WELL CODIFIED TECHNIQUE

- reproducible
- evaluable
- amendable
- complementary to hiatal hernia repair



ADVANTAGES OF ITS PREROGATIVES

SAFE

- no mortality/no major complications, easy post-operative course
- no post-operative intensive care-investigations
- late complications-no life threatening:
 - a. dilatation-herniation=5,8%
 - b. erosion=2,5%
- well codified laparoscopic-endoscopic solution to complications



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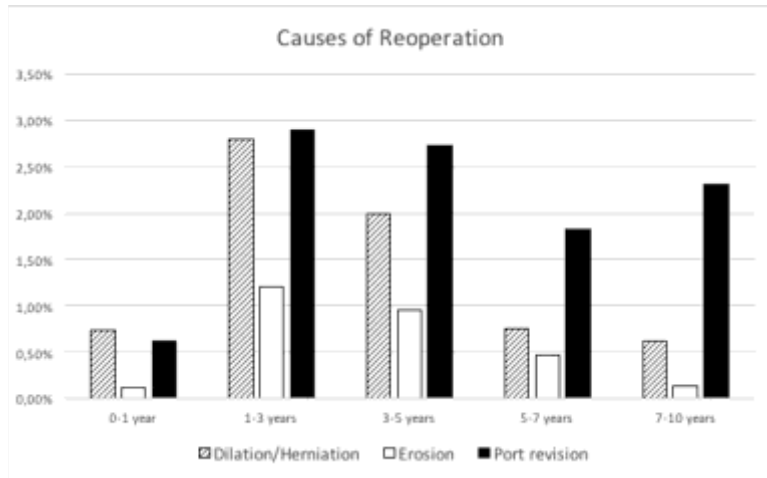
ADVANTAGES OF ITS PREROGATIVES

SAFE

to compare to Prosthetic Vertical Gastroplasty

1 year safety: re-do 0,8%

There have been no deaths associated with any primary gastric banding procedure or any subsequent revisional procedure.



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ADVANTAGES OF ITS PREROGATIVES

ADJUSTABILITY: IMMEDIATE AND REPEATABLE

Adjustability inside the interdisciplinary team

- to adjust compliance and result
- to solve complication/impaction
- to train for a normal life

• **Cons:** technological power



adjustability and lack of follow-up:

deflation and semi-liquid diet to a scheduled failure

ADVANTAGES OF ITS PREROGATIVES

REVERSIBILITY: SIMPLE AND SAFE

Look forward: reversibility simply to be smart

- aware of the incoming solution
- aware of the future needs and side-effects
- aware of surgical limits

• **Cons:** technological power



reversibility peculiar of banding:

“remove it” and follow the current surgical trend

ADVANTAGES OF ITS PREROGATIVES

REVERSIBILITY: A “GUILTY” MERIT

LAGB after 10-20 years

re-do for a reversible operation:

- re-establish anatomy
 - no-satisfied patient
 - surgeon’s “slant”
 - failures
 - complications
- } 24-40%

Others after 10-20 years






re-do for no-reversible operations:

- ~~re-establish anatomy~~
 - ~~no-satisfied patient~~
 - ~~surgeon’s “slant”~~
 - failures
 - complications
- } 20-36%

Adjustable gastric banding is the only one easily reversible

PREROGATIVES IN COMPARISON

GASTRIC BANDING VS PROSTHETIC VERTICAL GASTROPLASTY

	ADJUSTABLE GASTRIC BANDING	BARICLIP
Codification		In progress
Safety		Short term
Adjustability		Absent
Reversibility		

WHY ADJUSTABLE GASTRIC BANDING NOW

BECAUSE...

1. Stood the test of time

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2. Evolution: from an operation to a path of care

interdisciplinary team priority to:

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EVOLUTION: FROM AN OPERATION TO A PATH OF CARE

THE INTERDISCIPLINARY TEAM MAKES UN OPERATION USEFUL!

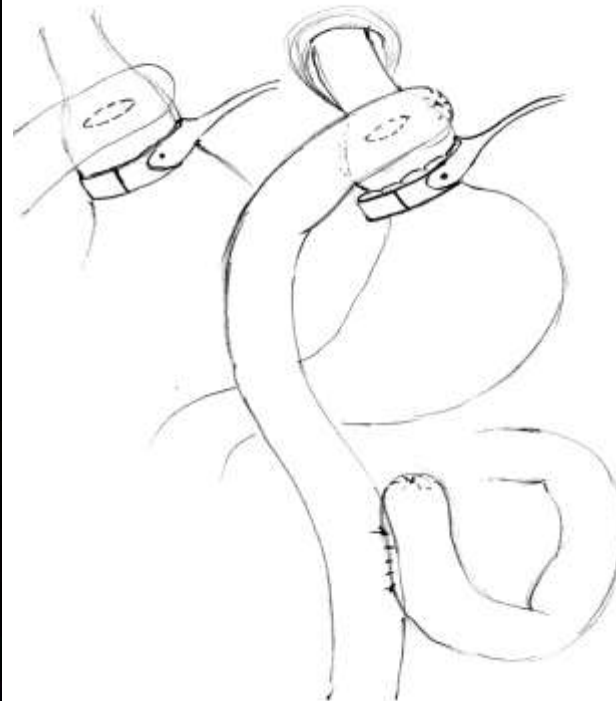
- adjustability: new perspectives
- adjustability for the specific “**best result**”: *scheduled deflations to a re-educated ex-obese person*
- reversibility: end of care
- remove it for a “**normal life**”

March 2021-February 2023: **153** patients with «the best result»: %EWL 80%



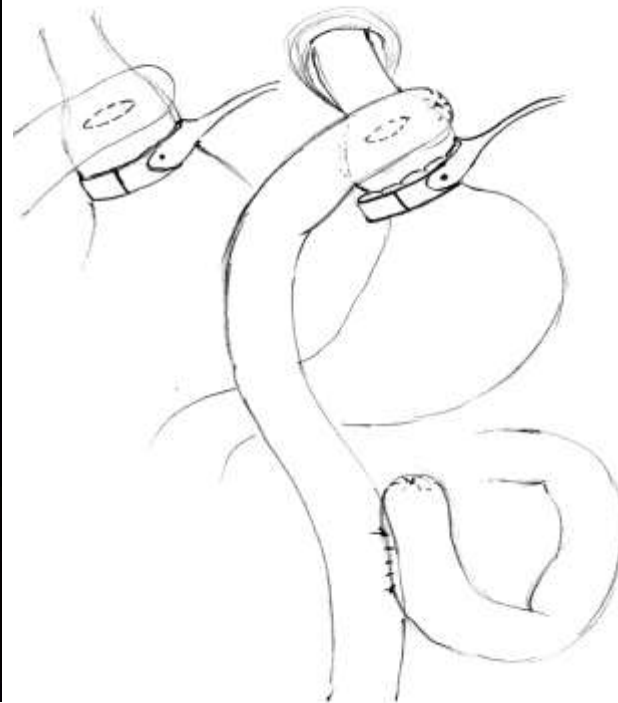
SEQUENTIAL TREATMENT FOR NO COMPLIANCE AND FAILURES

Functional Gastric Bypass (FGB) inflated banding



SEQUENTIAL TREATMENT FOR NO COMPLIANCE AND FAILURES

Functional Gastric Bypass (FGB) deflated banding

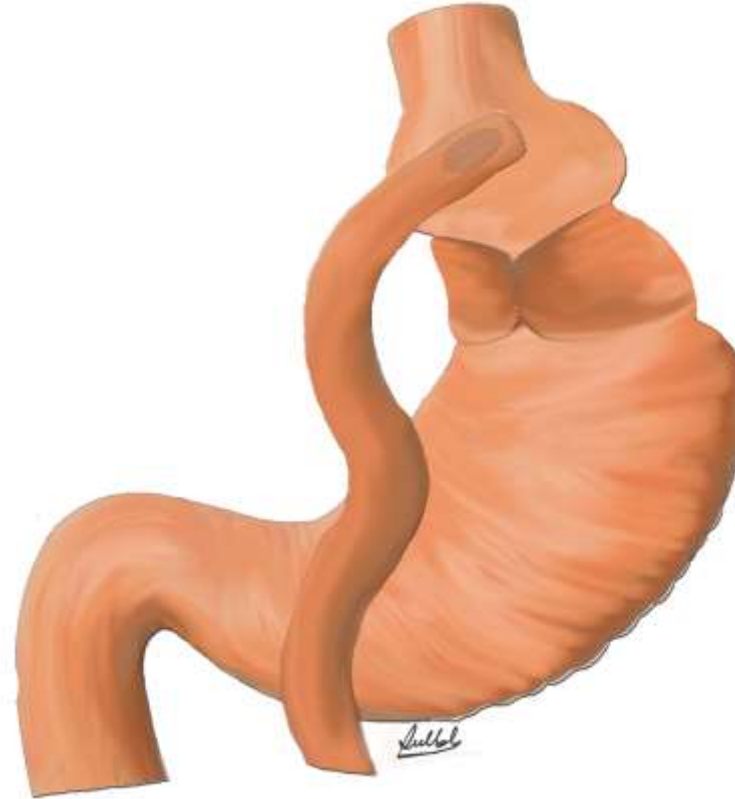


EVOLUTION: SEQUENTIAL TREATMENT

GASTRIC BANDING VS PROSTHETIC VERTICAL GASTROPLASTY

- LAGB: FGB
- no-compliance=
reflux } effective
pouch dilation } easy anastomosis
- failure: from restriction to
hypoabsorption
- Bariclip: D-S
- no-compliance=
reflux } No-effective D-S
gastric dilation }
- failure: permanent restriction
and hypoabsorption

EVOLUTION: SEQUENTIAL TREATMENT SAFETY GASTRIC BY-PASS (SGB)



CONCLUSIONS

1. I have long-term results to justify the operations and to be evaluated
2. The characteristics of gastric banding fit perfectly this strategy
3. I propose a path of care in line with:
 - the complexity of bariatric treatment
 - the upcoming new pharmacological and life-style related solutions
 - to avoid lifetime side-effects and over treatments



REFLEXIONS

TO SHARE WITH THE UPCOMING PROSTHETIC VERTICAL GASTROPLASTY

Nevertheless gastric banding is outside the stardom

Who decides our choices?

Are there new evaluation criteria?

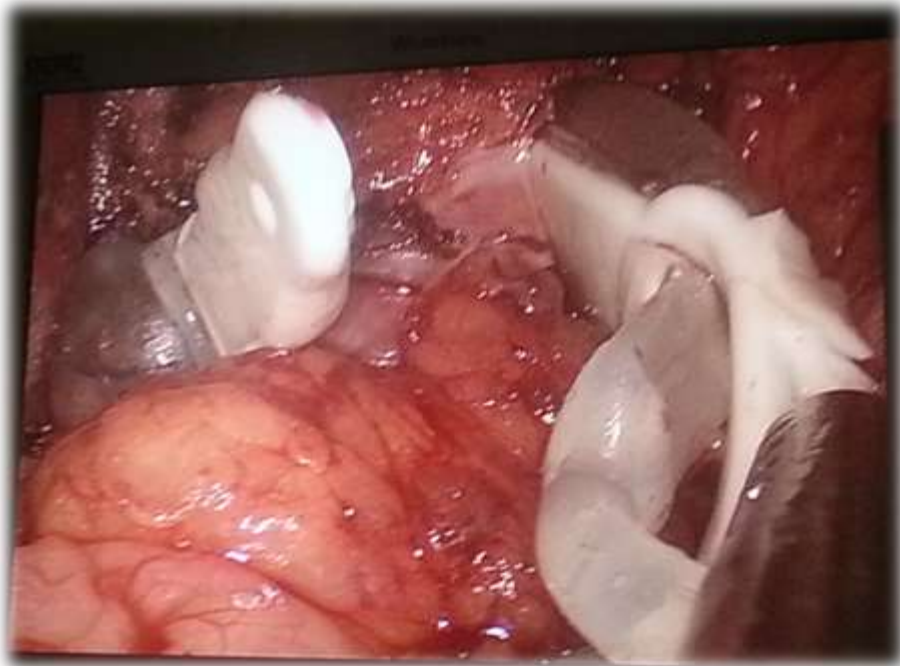
THE DUTY TO UNDERSTAND AND COMMENT FOR SELF-RESPECT



REFLEXIONS

WHAT IS THE POWER OF TECHNOLOGY AND BUSINESS?

Adjustable gastric banding doesn't work



No doubts about surgical failure

endoscopic plication: «reliable reservoir!?»



Human resources
v/s
Technology

how a failed configuration becomes an asset!

REFLEXIONS

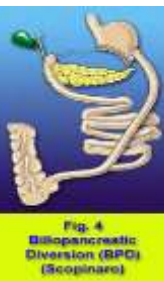
WHAT IS THE POWER OF SCIENTIFIC OPTIONS?

«bariatric operations come and go and have a limited lifespan»: VBG, J-I Bypass have been retired and now the “bell tolls” for BPD and is threatening adjustable gastric banding performed by “recalcitrant teams” in Italy (I must be there!).

1) Maybe long-term result is no more the target but a burden to get rid of: my long term results are there to support my gastric banding use and its role in a rational path of care addressed to the patient.

2) Nicola Scopinaro's BPD is too much to be eliminated by a bell. Its configuration has to be tailored to the specific patient exactly like for D-S. If we open our line of sight the esophagitis in Sleeve D-S is the counterpart of the more or less frequent anastomotic ulcer in BPD.

For whom the bell tolls? It is time to retire the classic BPD (bilio-pancreatic diversion) operation [Surgery for Obesity and Related Diseases 15 \(2019\) 1029–1031](#)



AND THEN...

*when you keep your head when every one about you is losing theirs,
maybe you don't understand the situation. (R. Kipling)*

I keep the patient in the center
of my path of care

*often those who don't align are
more useful than you think.*



THE BEST RESULT: HOW DO I GET IT

Francesco Furbetta M.D., Casa di Cura Leonardo, Sovigliana Vinci (FI)

