Reply to 10.1007/s00464-009-0706-x (Vol 24, No 4, pp. 972–973): “Esophageal dilation after laparoscopic adjustable gastric banding”

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I am in complete agreement with the opinions of Dr. Mion stated in his letter regarding our article on esophageal dilation after gastric banding. Routine esophageal manometry before adjustable gastric banding for asymptomatic patients is not only uncomfortable and expensive but also likely to be of almost no use in predicting esophageal dilation. After adjustable gastric banding,

esophageal dilation is likely the result of an overtightened or malpositioned band, not primary esophageal dysmotility. This problem usually is resolved after band deflation, repositioning, or removal. We agree that patients with preoperative dysphagia should be evaluated carefully before banding.

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