Reply to “Injection Port and Connecting Tube Complications after Laparoscopic Adjustable Gastric Banding”

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Dear Colleagues,

I appreciate your contribution to the problem of injection port and connecting tube complications after laparoscopic adjustable gastric banding. Our article was submitted to *Obesity Surgery* in February 2007 and accepted for publication in July 2007. Your article was published on *Obesity Surgery* in the same year; therefore, we could not read it before our submission.

Your technique, placing the port subcutaneously without fixation, had already been proposed in Italy in 2004. For this reason, in 2005 we tried not to fix the port to the rectus sheath in a pilot study in a consecutive series of ten patients. The results were very bad, because in three patients out of ten, we observed a port rotation within 3 months, at the first band adjustment. We had to re-site the port in all three cases, under local anesthesia. These ten patients were not considered in the casistic of our article

published on *Obesity Surgery*, where port rotation was reported in seven patients out of 489 (1.4%).

Due to the poor results of these ten cases, we abandoned this technique and since we are always fixing the port with non-absorbable stitches. In our experience, however, the most common complication is tube breakage or disconnection that occurred in 47 patients (9.6%) and needed 54 reoperations. The highest frequency of this complication was during the first 24–36 months after banding, in the period of major weight loss. We think that it is related to the body modifications due to weight loss, and in our opinion, it could be considered as a common consequence of weight loss rather than a complication.

Conflict of Interest Authors claim that there is no conflict of interest.

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