Perhaps It's Time to Move on from the LAP-Band Entirely?

Marc P. Michalsky¹

Received: 20 June 2021 / Revised: 20 June 2021 / Accepted: 30 June 2021 / Published online: 10 July 2021
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In the current letter to the editor, entitled *Should we introduce a gastric band removal schedule*, the authors present a timely and poignant discussion regarding the expanding body of literature focused on the unexpectedly disappointing outcomes associated with use of the laparoscopic adjustable gastric band (LAP-Band). In particular, the authors review several key studies that highlight the increasing likelihood of long-term complications resulting in band removal and help to quantify what can only be interpreted as an overall disappointing efficacy rate (e.g., <50%) among patients who've experienced a decade or more of band-related weight loss.

While the conclusion that the unanticipated degree of poor outcomes, which have served to dampen the initial enthusiasm for the LAP-Band and resulted in a precipitous decline in procedural prevalence compared to Roux-en-Y gastric bypass (RYGB) and vertical sleeve gastrectomy (VSG), has spurred the suggestion that a "gastric band removal schedule" be established, the authors offer no specific details or recommendations regarding demographic and/or physiological benchmarks to serve as the foundation of clinical decision-making for clinicians and their patients. In other words, what are the signs that it's time to give up and have a band removal procedure. Furthermore, this discussion raises a number of yet unanswered questions related to cost (i.e., who would pay for an elective band removal) and what degree of liability, if any, should the manufacturers be asked to assume, etc.

Based on the outcomes highlighted by the authors, including the numerous reports they cite, a more salient conversation may be a thoughtful discussion focused on the consideration that the cumulative negative outcomes that have been observed over the past two decades would be better served as the impetus to recommend a moratorium on the continued use of the LAP-Band as a primary surgical weight loss procedure.

As such, an important ethical question arises when considering related outcomes compared to VSG and RYGB, currently making up approximately 60% and 18% of documented metabolic and bariatric surgical procedures respectively in the USA (<https://asmbs.org/resources/estimate-of-bariatric-surgery-numbers>). Specifically, the argument in favor of continuing to offer the band, even among a relatively small proportion of patients compared to other contemporary procedures with short-term mortality rates comparable to that of a laparoscopic cholecystectomy [1], in combination with much higher efficacy compared to the band, seems troublesome at best.

The field of metabolic and bariatric surgery has had a remarkable history of ongoing evolution over the past 50 years, including notable successes (RGYB and VSG) and equally notable failures (i.e., jejunoileal bypass). While the LAP-Band has no doubt offered impressive results for some individuals, the increasing number of reports citing significant adverse outcomes and poor long-term efficacy should serve to support a more important question: is it time to retire the LAP-Band once and for all?

Declarations

Conflict of Interest The author declares no competing interests.

Reference

1. Beamish AJ, Reinehr T. Should bariatric surgery be performed in adolescents? *Eur J Endocrinol / European Federation of Endocrine Societies*. 2017;176:D1–D15.

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✉ Marc P. Michalsky
marc.michalsky@nationwidechildrens.org

¹ Department of Pediatric Surgery, The Ohio State University College of Medicine, Nationwide Children's Hospital, 700 Children's Drive, Columbus, OH 43214, USA