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To Deflate or Not to Deflate: Lap-Band® Management in Subsequent Surgeries

Arjun Reddy, MD, and Deborah C. Richman, MBChB, FFA(SA)

Stony Brook University Medical Center, Stony Brook, NY

Case Presentation: A 42-year-old woman with a history of gastric banding 6 years earlier presented to the preoperative clinic prior to elective abdominoplasty. Her past medical history was significant for mild asthma, hypertension, hyperlipidemia, and rare, mild episodes of gastroesophageal reflux disease (GERD).

Our institution traditionally follows the Lap-Band AP® guidelines, which state that “elective deflation of the band is advisable” prior to general anesthesia.¹ Our patient’s bariatric surgeon wanted her band to remain inflated for her subsequent procedures. This conflict with our current policy stimulated discussion (and delay on the morning of surgery) among the anesthesiology and surgical services regarding the most appropriate management for this patient.

We followed our patient’s surgeon’s advice, kept the band inflated, and used a rapid-sequence induction with general endotracheal intubation and aspiration precautions. The surgery proceeded without complications, but the question about appropriate band management remains unresolved.

Discussion: Our academic institution does not place gastric bands, but several patients who have undergone gastric banding previously present each month to our perioperative services.

Management of the gastric band perioperatively takes the following into consideration:

- (a) Two separate, but aspiration-related, concerns:
 - 1. Pouch dilation
 - 2. GERD
- (b) Risk of band malposition
- (c) Risk of mucosal ischemia
- (d) Need for esophageal instrumentation.

As consensus seems to be lacking on how to manage subsequent patients, our preoperative service has created a clinical consult form to be completed by bariatric surgeons addressing their recommendations for each patient. This innovation has been well received and has led to uniformity in the preoperative assessment process.

Conclusions: Our poster discusses the appropriate anesthetic management of patients with gastric bands undergoing subsequent surgeries. We present our consult form and review different opinions for gastric band management and the evidence behind the varying clinical practices. Our form promotes consistency in care, improves efficiency and communication between services, minimizes health care costs from cancellations on the day of surgery, and improves quality of patient care and, most importantly, patient safety.

1. *Lap Band AP® Adjustable Gastric Banding System [package insert]*. Santa Barbara, CA: Allergan; 2010.