GASTRO-HEP News

By Dee Rapposelli

Laparoscopic Adjustable Gastric Banding Resolves Metabolic Syndrome

Laparoscopic adjustable gastric banding (LAGB) for weight loss was shown to resolve metabolic syndrome, according to researchers from the NYU Langone Medical Center in New York City. The team reported findings on 47 patients who were treated for obesity (mean baseline body mass index [BMI], 35.1 kg/m^2) and followed for 5 years. Twenty (43%) of these patients met National Cholesterol Education Program Adult Treatment Panel III (NCEP ATP III) criteria for metabolic syndrome at baseline.

At 1-year follow-up, the proportion of patients meeting NCEP ATP III criteria for metabolic syndrome dropped from 43% to 15%, with the proportion dropping as low as 10% and remaining below 15% up to 5 years. Patients lost a mean 22.3 kg in their first year post-LAGB, and weight loss was maintained through Year 5. BMI was significantly reduced at Year 5 to a mean of 27.9 kg/m^2 (P=.003). Although total cholesterol, low-density lipoprotein cholesterol, triglycerides, and high-density lipoprotein (HDL) cholesterol were significantly improved at Years 1 and 2 (P<.001), only the increase in HDL cholesterol was sustained up to 5 years (mean 56.9 mg/dL at baseline vs 70.29 mg/dL at 5 years' follow-up). The significant increase in HDL cholesterol (P<.001) at Years 1 and 5 and changes in particle number and size also led the researchers to conclude that LAGB can result in the remodeling of HDL processes.

These findings were reported at the American College of Cardiology 2013 Scientific Sessions, which took place March 9–11 in San Francisco, California.

Reasons for Dissatisfaction with Laparoscopic Fundoplication for GERD Treatment Identified

The large majority of patients who receive laparoscopic fundoplication for treatment of gastroesophageal reflux disease (GERD) achieve symptom relief and give the procedure high marks in terms of patient satisfaction. Reasons for dissatisfaction have been identified, though. Researchers from the Florida Hospital Tampa in Florida reviewed a series of 1,063 patients who underwent fundoplication for treatment of GERD between 1992 and 2010 and whose treatment outcomes, including satisfaction, were systematically evaluated. Objective outcomes were determined by endoscopy, barium swallow, and pH monitoring. Patient satisfaction was derived from postoperative surveys. Patients were followed for 33 months.

Of the total study cohort, 101 (9.5%) patients reported dissatisfaction postprocedure. The most common complaint—reported by 59% of dissatisfied patients—was the development of new symptoms, specifically gas bloating and/or dysphagia. Such complaints were most common within the first year of follow-up. The next most common complaint was symptom recurrence (23%), which generally was reported more than 1 year postprocedure. Although the rates of postoperative complications were low for satisfied and unsatisfied patients, the rate was slightly higher in dissatisfied patients (9% vs 4%). Dissatisfied patients also were more likely than their satisfied counterparts to have had prior fundoplication (22% vs 11%).

These findings were published in the March issue of *Surgical Endoscopy.*

Exhibit of "Walk-Through" Colon May Help Colorectal Cancer Screening Efforts

An Alaskan public health initiative that used an interactive exhibit was successful in improving knowledge and interest about colorectal screening among the lay public. The exhibit—an inflatable, flame-retardant, vinyl-coated nylon version of the Prevent Cancer Foundation's "Prevent Cancer Super Colon," a large, walk-through model of a colon that provides information on colon cancer and colorectal cancer screening—was displayed at 23 health fairs in Alaska. Because similar exhibits involving the original model were shown to be popular, researchers from the Alaska Native Tribal Health Consortium in Anchorage incorporated a survey in the exhibit of the replica.

Of approximately 1,400 adults who viewed the exhibit, 880 (63%) responded to the survey. Thirty-five percent of survey-takers reported having been screened for colorectal cancer; among those older than age 50 years, 64% had been screened.

Survey results suggested that participation in the exhibit increased knowledge (P<.05), screening intention (P<.001), and social support about colorectal cancer (P<.001) within the community. The researchers also deemed the $6,000 exhibit model to be a cost-effective teaching tool, with a cost-per-event of $260 for the 23 community events within this study. The model is expected to last for 5–10 years, with per-event costs declining with each use.

These findings were reported in the March issue of *Preventing Chronic Disease.*