

<b>Title:</b>	<b>Laparoscopic Adjustable Gastric Banding for Morbid Obesity – August 2003</b>
<b>Agency:</b>	Medical Services Advisory Committee (MSAC) Commonwealth Department of Health and Ageing Mail Drop Point 106, GPO Box 9849 Canberra ACT 2601 Australia.
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### **Aim**

To assess the safety, effectiveness and cost-effectiveness of laparoscopic adjustable gastric banding (LAGB) in patients with morbid obesity compared with vertical banded gastroplasty (VBG) and open Roux-en-Y gastric bypass (RYGB).

### **Conclusions and results**

#### *Safety:*

LAGB is at least as safe as the comparators VBG and RYGB. LAGB appears to have a lower rate of mortality and reoperation than VBG and RYGB but this could be an artefact of the shorter follow-up period available for the LAGB patients.

#### *Effectiveness:*

LAGB is less efficacious than RYGB in terms of weight loss. Length of hospital stay and length of procedure appear to be lower in LAGB patients although RYGB patients may be happier with their procedure. It appears that LAGB is as efficacious as VBG in terms of weight loss. There is some preliminary evidence that weight loss is maintained longer in patients undergoing LAGB than in patients undergoing VBG. There do not appear to be any significant differences between quality of life measures, length of procedure, or length of hospital stay in patients with VBG or LAGB. There is no evidence that any of the three procedures are significantly better at resolving obesity related co-morbidities than any of the other procedures. Limited follow-up information indicates that weight loss may be maintained up to seven years after an LAGB procedure.

#### *Cost-effectiveness:*

LAGB is estimated to be \$3,665 more costly per patient treated in Australia than VBG. A maximum incremental cost effectiveness ratio of \$26,178 per quality adjusted life year (QALY) can be inferred for LAGB in comparison with VBG, which can be seen as acceptable. LAGB is estimated to be \$912 more costly per patient treated in Australia than RYGB. LAGB is suggested to be weakly dominated by RYGB in the Australian setting.

### **Recommendations**

MSAC recommended that public funding should be continued for this procedure.

### **Methods**

MSAC conducted a systematic review of the biomedical literature (Medline; EMBASE; The Cochrane Library; and the NICE Centre for Reviews and Dissemination Databases – DARE, HTA, EED) from commencement to July 2002. Reference lists and health technology assessment websites were also searched for relevant materials.

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