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LETTER TO THE EDITOR

Clarifying Terminology in Bariatric Metabolic Surgery: The Need for Distinction Between “Band” and “Ring”

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Dear Sir,

As healthcare providers and researchers in the field of bariatric metabolic surgery (BMS), we write this letter to initiate a discussion on the terminology currently used in literature to describe various surgical procedures.

We specifically wish to address the confusion surrounding using the term “band.” This term is often used to describe both the placement of a laparoscopic adjustable gastric band (LAGB), an inflatable device placed tightly and a non-adjustable, non-inflatable ring, which should be positioned loosely around the pouch.

Thus, the term “band” represents two distinctly different mechanisms. This leads to confusion among patients and healthcare providers. The terminology used in literature should clearly differentiate between the two to prevent any form of confusion.

Since its introduction in 1993, LAGB has been popular due to its seemingly successful weight loss outcomes, low operative morbidity, and negligible mortality rates, as was shown in a systematic review in 2013 [1]. However, the global use of LAGB has significantly declined from 42.3% in 2008 to 0.8% in 2022 [2]. This significant decline might be related to the disappointing long-term results of the LAGB. A systematic review from 2015 examining long-term results

of LAGB found that although the mean percentage of excess weight loss at 10 years was $49.1\% \pm 13.1\%$, complication rates were 42.7% (range 5.9–52.9%) and reoperation rates were 36.5% (range 7.2–66.1%). Furthermore, 22.9% (range 5.4–54.0%) of LAGB patients had their bands removed, primarily due to complications [3].

Fobi introduced the ring in 1989, aiming to combine the benefits of Roux-en-Y gastric bypass (RYGB) and vertical banded gastroplasty (VBG) while mitigating their respective drawbacks [4]. Two systematic reviews (SR) on the application of the ring in laparoscopic sleeve gastrectomy (LSG) and RYGB showed, regarding weight loss efficacy, that the ring augmentation led to superior weight loss after LSG in two randomized controlled trials (RCT), resulting in improved weight loss of 6.4% and 9.9% total weight loss (%TWL) at 3- and 5-years post-operation. By including the ring, the SR on all RCTs in RYGB demonstrated a 5.6% higher excess weight loss (EWL) than procedures performed without a ring [5, 6]. Adding a ring to the BMS procedure resulted in more long-term sustained weight loss and less weight recurrence [7].

Furthermore, the ring does not notably exacerbate significant postoperative complications. A specific observation in LSG revealed a revision rate of 7.1% attributable to the application of the ring, with regurgitation being the predominant cause for revision [5, 6].

Future research is imperative to elucidate the ring’s evolving role as an augmentative technique in primary, revisional, or conversion BMS.

Looking into the terminology online, we found that a simple Google search for “band placement in bariatric surgery” yields results predominantly describing the classic LAGB, with no mentions of the “ring.” The outcome only changes by explicitly searching for the term “ring.” Similarly, a PubMed search for “banded bariatric procedures” results in a mix of (adjustable) LAGB and (non-adjustable) banded RYGB, LSG, or other procedures, making it a challenge to distinguish between the two.

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Unclear use of the terminology can mislead patients searching for information about adding a “band” to their LSG, RYGB, or other procedures. It can confuse healthcare providers using PubMed to understand the specifics of these procedures.

To mitigate this confusion, we strongly advocate using the terms “band” and “ring” more precisely instead of referring indiscriminately to all procedures as “banded.” We suggest using the term “ring augmented” for all non-restrictive, non-inflatable devices and use “band” for everything restrictive and inflatable.

We hope this letter sparks a constructive dialogue on the necessity for precise and accurate terminology in BMS in general and in banded procedures in particular and, in that way, to improve communication and understanding among healthcare providers and patients.

Sincerely,
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Mohamed Hany
Frits Berends
Edo Aarts
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References

1. O'Brien PE, MacDonald L, Anderson M, et al. Long-term outcomes after bariatric surgery: fifteen-year follow-up of adjustable gastric banding and a systematic review of the bariatric surgical literature. *Ann Surg*. 2013;257:87–94.
2. 8th Global Registry of the International Federation for the Surgery of Obesity (IFSO). <https://www.ifso.com/ifso-registry.php>. Accessed 5 March 2024.
3. Shen X, Zhang X, Bi J, et al. Long-term complications requiring reoperations after laparoscopic adjustable gastric banding: a systematic review. *Surg Obes Relat Dis*. 2015;11:956–64.
4. Fobi MA, Lee H. SILASTIC ring vertical banded gastric bypass for the treatment of obesity: two years of follow-up in 84 patients. *J Natl Med Assoc*. 1994;86(2):125–8. Erratum in: *J Natl Med Assoc* 1994;86(6):432.
5. Gupta M, Singla V, Kumar A, et al. Banded sleeve gastrectomy vs non-banded sleeve gastrectomy: a systematic review and meta-analysis. *OBES SURG*. 2022;32:2744–52.
6. Shoar S, Khorgami Z, Brethauer SA, et al. Banded versus non-banded Roux-en-Y gastric bypass: a systematic review and meta-analysis of randomized controlled trials. *Surg Obes Relat Dis*. 2019;15:688–95.
7. Jense MTF, Meuwissen N, Galal AM, et al. Convincing 10-year follow-up results of the Banded Roux-en-Y gastric bypass. *Obes Surg*. 2024 <https://doi.org/10.1007/s11695-024-07113-8>

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