implantation in patients who responded to therapy with a >50% reduction in symptoms. The trial was successful in 33 patients, and 31 underwent permanent neurostimulator implantation. Minor complications (pain, infection or electrode dislocation) were reported by 8 of 36 patients during the SNS trial, which resulted in per-patient costs of €4,053 (range €2,838–7,273). During permanent SNS, eight patients had infections, pain or loss of efficacy, which resulted in per-patient costs of €11,292 (range €7,406–20,274). With estimated annual follow-up costs of €997, the 5-year cumulative per-patient cost of SNS was €22,150—which compares favorably with €33,996 for colostomy and €31,590 for dynamic graciloplasty. Conservative management (diapers, enemas, pads and medication) costs only €3,234 but impairs patients' quality of life.

The authors conclude that SNS is a highly cost-effective treatment for fecal incontinence, and note that the low frequency of complications contributes to its cost-effectiveness. The authors suggest that strict patient selection, treatment in an outpatient setting and the use of low-cost SNS devices might reduce the cost of SNS further.

Original article Hetzer FH *et al.* (2006) Outcome and cost analysis of sacral nerve stimulation for faecal incontinence. *Br J Surg* **93:** 1411–1417

Weight loss after endoscopic revision of Roux-en-Y gastric bypass

Roux-en-Y gastric bypass is a successful treatment for severe obesity, but patients who undergo the procedure can experience subsequent weight regain. Dilation of the gastrojejunal anastomosis has been implicated in this weight gain, but the need for surgical revision must be weighed against the risk of complications associated with this procedure. Thompson *et al.* assessed the efficacy of an endoscopic suturing procedure to tighten the gastrojejunal opening in eight women with a dilated anastomosis who had experienced weight gain following a previous gastric bypass.

Sutures were placed using the EndoCinch suturing system (CR Bard, Murray Hill, NJ). An average of 2 stitches (range 1–3) was placed during the reduction procedure; the mean anastomosis diameter was reduced from 25 mm to 10 mm. The mean follow-up was 4 months; six of the eight patients lost weight, with the mean weight loss being 10 kg. Four patients experienced a durable improvement in satiety. A transient improvement was reported by three additional patients, who requested a repeat procedure that resulted in further weight loss in two cases. The greatest weight loss (19–20 kg) was experienced by the patients with the most sutures (six stitches over two procedures) and the greatest reduction in anastomosis diameter (75–80% reduction). Adverse effects were nausea, vomiting and sore throat; no serious complications were reported.

The authors conclude that endoscopic anastomosis reduction shows promise as a safe, minimally invasive treatment for patients who experience weight regain after gastric bypass.

Original article Thompson CC *et al.* (2006) Peroral endoscopic reduction of dilated gastrojejunal anastomosis after Roux-en-Y gastric bypass: a possible new option for patients with weight gain. *Surg Endosc* **20:** 1744–1748

L. reuteri supplement reduces side effects of *H. pylori* eradication therapy in children

Reports that *Lactobacillus reuteri* exerts a beneficial effect in the treatment of intestinal conditions and potently inhibits *Helicobacter pylori* growth prompted Lionetti and colleagues to determine whether adding this probiotic to an *H. pylori* eradication regimen could reduce the gastrointestinal side effects that commonly cause treatment failure in children.

In this double-blind, placebo-controlled, randomized study, 40 *H. pylori*-positive children (median age 12.3 years) received 10-day sequential eradication therapy (omeprazole plus amoxycillin for 5 days, followed by omeprazole, clarithromycin and tinidazole for 5 days). The children were randomly allocated to receive either *L. reuteri* ATCC 55730 (10^8 colony-forming units) or placebo during and after eradication therapy, for 20 days in total. After 8 weeks, *H. pylori* eradication rates were similar in both groups (85% in *L. reuteri*-treated and 80% in placebo-treated patients). Children who received *L. reuteri* supplementation had a significant reduction in Gastrointestinal Symptom Rating Scale scores (a validated measure of symptom severity and frequency)