



INTERFACE OF ENDOSCOPY X ADJUSTABLE GASTRIC BAND (AGB). 356 ENDOSCOPIES IN 1111 BANDS

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INTRODUCTION: The (AGB) is one of the options in bariatric surgery, reports inform more complications and re-operation rate than gastric bypass. Endoscopic evaluation on AGB follow-up is an important tool with its interface will be described. **AIM:** Evaluate upper endoscopies and procedures in a series of patients submitted to AGB in a 4 year period. **CONTENT:** Between Dec-99 to July-04, 1111 AGB patients were operated, 356 of had endoscopies and procedures by endoscopists with proper training in AGB endoscopy. 217 female (61%) with 45d to 4y follow-up (M=20months) had their data retrospectively analyzed. The endoscopic evaluation of the AGB consists in analyze the esophagus for dilatations and esophagitis. In the gastric pouch, look for its extension, mucosal damage, contents, centralization and shape. The stoma is evaluated in its axis and if it is easy to pass trough. the band fundoplication is analyzed by its shape and integrity. The rest of the stomach and duodenum were analyzed on routine. **RESULTS:** From 356 endoscopies in this AGB series, 259 (72,7%) were normal, with a gastric pouch in between 5cm (M = 2cm), stoma centered and easy to pass and a compatible fundoplication. 53 (14,8% of endoscopies) presents with any grade of erosive esophagitis . Esophageal dilatation - achalasia like occurred in 2 (0,56%), Food impaction in 1(0,28%). The main complications found on the AGB endoscopies were; slippage in 31 (8,7%) and band migration in 10 (2,8%) patients .The patients with esophageal dilatation had their band deflated, the food impaction was removed, patients with slippage had their band repositioned by laparoscopy and 5 of the migrated bands were removed by endoscopy. **CONCLUSION:** By the numbers presented above it is clear that the interface between AGB and endoscopy plays an important rule on the follow-up of these patients and should be stimulated on bariatric surgery service that performs this technique.