



ENDOSCOPIC GASTRIC BAND REMOVAL (AGB) WITH THE GASTRIC BAND CUTTER (GBC). MULTICENTRIC EXPERIENCE IN 44 CASES.

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INTRODUCTION: The AGB is one of the options in terms of bariatric surgery. One of its particularly complications is the partial migration in to the stomach who will lead to a revisional procedure to remove it. Despite the regular way to remove it is by laparoscopic means, the removal by endoscopic is less invasive and seems more logical. With the Gastric Band Cutter (GBC) of AMI® the endoscopic AGB removal becomes standardized. **Aim:** To present the procedure and the results of endoscopic AGB removal with GBC. **CONTENTS:** Between August of 2003 and January of 2005, 44 AGB between 4 brands (Helioscopie® – 5/ Midband® - 8/ Lapband® - 6/ SAGB® – 25) were removed with the CBC among 7 services in Brazil and Mexico. 27 patients (65%) were female, the age between 25-55y (M=36y). BMI pre-op was from 34-50 Kg/m² (M= 43,2 Kg/m²). BMI at the procedure varied between 24-41 Kg/m² (M= 31,8 Kg/m²). The maximum weight loss in pos-op varied from 10-65Kg (M= 33,8Kg). The migrations occurred in a range of 6-36m (M=16,3m). All the migrations were discovered by endoscopy and the symptoms leading to diagnostic endoscopy were pain in 14p(31%), porth infection and weight gain in 13 each (29%) and 8 (18%) patients had their AGB migration discovered in routine endoscopies **RESULTS:** 36 AGB (81%) were removed in one session. The Lapband® was the harder to remove representing more than 80% of the band that needed more than one session to be removed. 2 AGB (4,5%) were just divided and not able to be removed The procedure time were between 25 and 140min (M= 57min). 4 patients (9%) had pneumo-peritoneum (2 clinical treat, 1 Verres needle puncture and 1 conversion to laparoscopy) with no mortality. **Conclusion:** endoscopic AGB removal is a safe and effective procedure and be procedure of choice in treating AGB migration