



ENDOSCOPIC ADJUSTABLE GASTRIC BAND REMOVAL MODIFYING THE TREATMENT OF BAND INTRAGASTRIC MIGRATION

Galvao Neto, Manoel. Ramos, Almino Cardoso. Galvao, Manoela. Carlo, Andrey

Gastro Obeso Center – Sao Paulo – Brazil

Barata Ribeiro Street # 237 – Oficces 83/84. ZIP 01308-000. Tel/Fax ++ 55 11321112-00

Background: One of the complication with AGB is the band migration (0,5 to 12%). The standard procedure is to removal of the band by means of laparoscopy. Endoscopic band removal is an emerging proposition. The video presents the first Brazilian case of Endoscopic band removal. Methods: 40y male has an AGB 1 year ago with BMI at 42 and goes to BMI of 35 when stops loosing weight and starts complaining of abdominal pain and dysphagia. Control Endoscopy shows band migration and the Endoscopic removal was scheduled. The patient was under general venous anesthesia, with antibiotics and the subcutaneous porth was surgically removed. The A.M.I.® Gastric Band Cutter was set up and the metallic wire passed trough the band and the gastric wall and let in place as an guide wire throughout the patients mouth, than the endoscope was introduced and passed outside to the migrated band and the metallic wire was recovered with a polipectomy snare in order to form a loop who embraces the band throughout the mouth. To complete the procedure, a metallic sleeve is passed over the wire and pushed until the band in order to build an snare, the wires are connected to a hand piece (mechanical lithotripter like) and the band is “hanged” until it causes a rupture. After cutting the band, a polipectomy snare is passed around one of its tips and removed with firm and gentle movements. At the end a revisional Endoscopy is performed a abdominal X-R is done to exclude any possible air leak. Patient’s recovering was in ambulatory bases without any trouble. Conclusion: Endoscopic gastric band removal can be done safely in ambulatorial bases avoiding a surgical procedure