



Transgastric Band Removal. A Different Approach

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Abstract

In this video, a gastric band removal is presented in an obese 43-year-old patient. The patient had undergone placement of the gastric band approximately 2 years before. The patient during this period had problems with epigastric pain and weight regain. The band eroded and migrated inside the stomach of the patient. Two endoscopic attempts at band cutting and retrieval were unsuccessful.

During laparoscopic exploration, multiple adhesions were seen in the upper abdomen around the band. The body of the band was entirely inside the stomach, as it is seen in the video, and it cannot be transected. Through the dilated stomach, a 10-mm trocar was carried forward inside the stomach. The camera was placed through this trocar to facilitate view inside the

dilated stomach. Two more trocars were inserted into the stomach, 5 mm each. Intraluminal band division and removal was facilitated through these two trocars. The gastrotomies were repaired and a leak test was performed with air insufflation inside the stomach.

There were no intraoperative or postoperative complications. The patient began a soft diet and was discharged on the fifth postoperative day. Follow-up visits of the patient remarked complete resolution of her symptoms. Removal of a gastric band after gastric erosion by laparoscopic transgastric placement of trocars is feasible, safe and effective when standard endoscopic techniques fail.

Conflict of Interest The authors have nothing to declare.

Statement of Informed Consent Informed consent was obtained from the individual participant included in the video presentation.

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