

Endoscopic removal of a silastic gastric band

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Silastic bands have been used in various bariatric operations to control the outlet of the gastric pouch, promoting weight loss. Erosion of silastic bands into the gastric lumen is a recognized adverse event. Patients with eroding silastic bands frequently present with weight regain, obstruction, GI bleeding, and abdominal pain. The management of these adverse events involves the endoscopic or surgical removal of these eroding bands. Surgical removal is associated with a higher morbidity.

We present a case demonstrating the endoscopic retrieval of a partially eroding silastic band into the gastric lumen. A 62-year-old man presented with epigastric abdominal pain. He had undergone a banded sleeve gastrectomy with silastic band placement 10 years earlier. Abdominal CT showed a silastic band that had partially eroded into the gastric lumen (Figs. 1 and 2).

The procedure was performed with the patient under general anesthesia, by use of a standard single-channel endoscope. The first step was to carefully expose and delineate the eroded band to determine the endoscopic approach. This often is done by patiently removing the debris adherent to the band, followed by simple traction. In this case, traction was optimally achieved with the use of rat-tooth alligator jaw grasping forceps (Fig. 3).

Simple traction was not sufficient to remove the silastic band, and at that point endoscissors were used to transect the sutures interconnecting the loops of the silastic bands

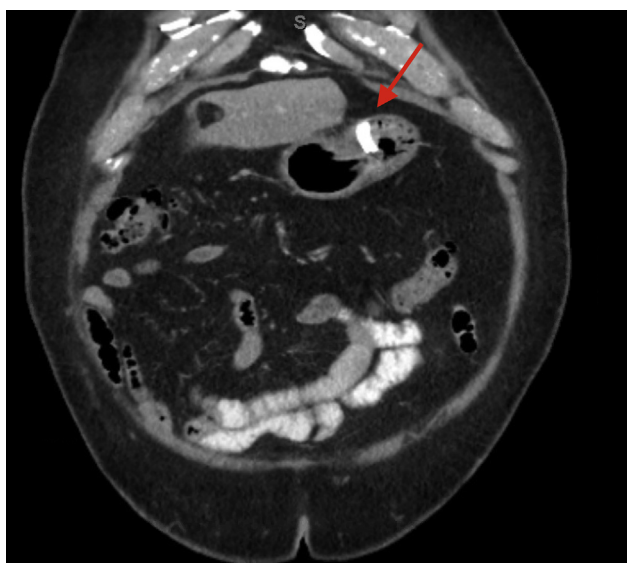


Figure 1. Coronal CT view showing the silastic band partially eroding the gastric lumen.



Figure 2. Sagittal CT view showing the silastic band partially eroding the gastric lumen.



Figure 3. Use of rat-tooth alligator jaw grasping forceps to apply traction on the eroded portion of the silastic band.

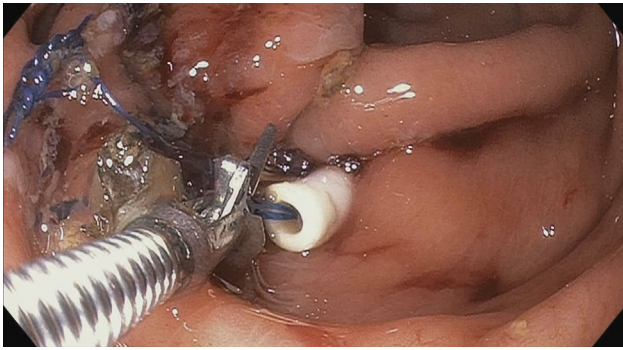


Figure 4. Use of endoscissors to transect the sutures connecting the 2 hemispheric rings of the silastic band, allowing easier traction.

(Fig. 4). Silastic bands are composed of rings that are interconnected by sutures in a circular manner.

Transecting these sutures allowed easy retrieval of the bands by traction. In this video, we demonstrate the endoscopic techniques and instruments used for the successful and safe retrieval of these bands, sparing patients the

morbidity associated with surgical removal (Video 1, available online at www.VideoGIE.org).

This case was performed successfully with no adverse events, and the patient was discharged the same day. At follow-up, the patient reported complete resolution of his symptoms.

DISCLOSURE

All authors disclosed no financial relationships relevant to this publication.

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<https://doi.org/10.1016/j.vgje.2018.09.004>

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