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## **Band erosions: long-term experience with endoscopic band removals and further surgical weight loss management**

Category: Complications of Bariatric Surgery

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### **Background**

Laparoscopic adjustable gastric banding (LAGB) is still among the most common bariatric procedures in Australia. Gastric band erosion is a challenging complication that requires band removal. Previously, we have described our experience with endoscopic band removals. The aim of this study is to assess our long-term experience with endoscopic band removal and subsequent further weight loss management including LAGB, laparoscopic Roux-en-Y gastric bypass (LRYGB) and laparoscopic sleeve gastrectomy (LSG).

### **Methods**

Patients who underwent LAGB from August 1996 to June 2016 were evaluated. Patients who developed band erosion were identified and clinical presentation, band characteristics and subsequent management were evaluated.

### **Results**

2365 patients underwent LAGB. Band erosion developed in 110 patients (4.6%). Median preoperative BMI was 43. Endoscopic removal was attempted in 95 patients with successful removal in 89 (94%). The median number of endoscopies prior removal was 1 (range 1-5). Duration of removal was 51 min (17-263). Rebanding was attempted in 47 patients with successful insertion in 40 patients. In the remaining 7 patients the procedure was abandoned due to adhesions and inability to create a tunnel for the band. Median follow up time after rebanding was 50 months. Re-erosion occurred in 8 patients (20%). Patients with rebanding maintained a total body weight loss of 17.6%, 21.6%, 22.9%, 26.2%, 26.4%, 23.1%, 16.1%, 20.4% and 19.9% after 1-9 years of follow up. LSG was performed in 5 and RYGB in 3 patients.

### **Conclusion**

Endoscopic band removal is a safe and effective management option for band erosion. Rebanding is a feasible procedure for further weight loss management. However, the re-erosion rate is high therefore LRYGB or LSG may be offered as alternative options for further weight loss management.