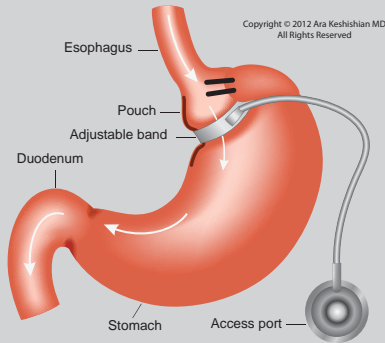


COMPLICATIONS OF ADJUSTABLE GASTRIC BANDING AND TREATMENT OPTIONS

Adjustable Gastric Banding



ADJUSTABLE GASTRIC BANDING DEVICES:

- Are not benign procedures
- Are not easily reversible
- Have potentially deadly complications if not recognized and treated in a timely fashion
- The complications may be simple and easily corrected, but can also be life-threatening in certain cases and require complicated abdominal and thoracic surgeries

Primary care providers, emergency room physicians and gastroenterologists should avoid dismissing complaints of abdominal pain, nausea, or reflux as experienced by a patient undergoing a normal endoscopy, normal Upper GI study, or an appropriate band fill level. These complaints are indicative of patients who will suffer from erosion or a slipped band, which may require emergency surgery. An emergency surgery may be far more complicated than an elective revision to the sleeve gastrectomy.

SYMPTOMS TO LOOK OUT FOR: Nausea, Vomiting, Regurgitations, Acute-onset asthma, Reflux, Abdominal pain

NO ← Recent (days) Band Adjustment → YES

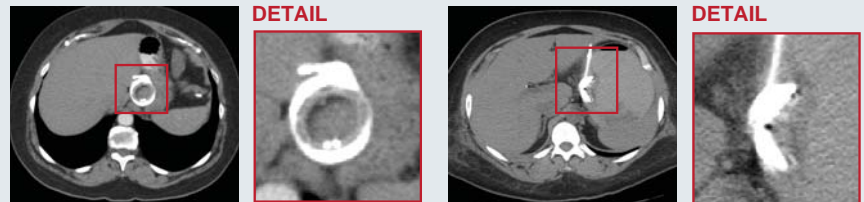
- Patient should be seen by the surgeon
- If symptoms progress slowly, the patient may get an Upper GI series
- If the symptoms have occurred at a faster rate, then empty the band with a Hubert needle

- Empty the Band with a Hubert needle if the surgeon who filled the band is unable to see the patient as soon as possible
- Any delay to obtain a GI consult, CT scan, or Upper GI may compromise the tissue in a slipped band

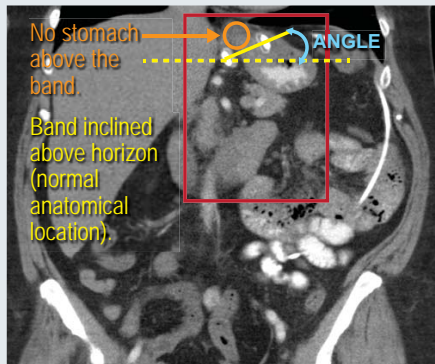
A bariatric surgeon should see patient, as this may require a removal of the band, or a revision to an alternative procedure (the Laparoscopic Sleeve gastrectomy or Duodenal Switch).

Comparison Chart

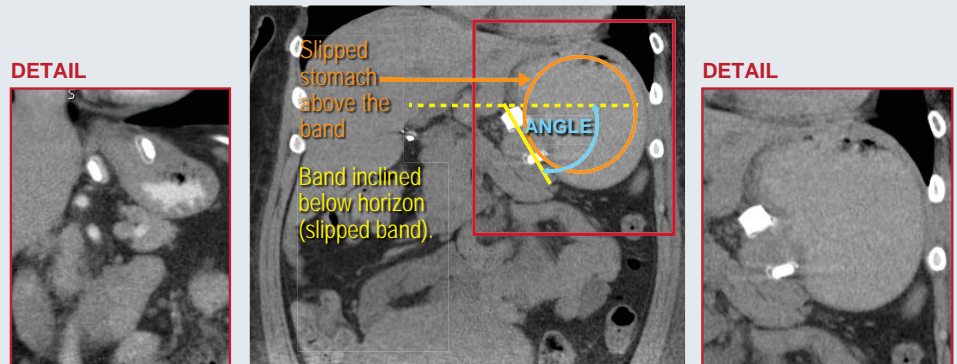
	Duodenal Switch	Sleeve Gastrectomy	Adjustable Gastric Banding	Gastric Bypass
Excess weight loss	76% ¹	66% ²	41 ³ -44% ⁴	50% ⁵
Change in BMI Kg/m ²	-17.99 ⁶	-10.8 ⁷	-7.14 ⁴	-16.70 ⁷
Resolution Improvement	Type II Diabetes	98.9% ⁸	81% ⁹	59% ⁹
	Hyperlipidemia	99.5% ⁷	67% ¹¹	36% ¹²
	Sleep Apnea	98% ¹⁴	80% ⁹	45% ¹¹
	Hypertension	91.8% ⁷	78% ¹⁴	56% ¹¹
Reversal-revision for failure (Band removal)	0.7 ¹⁵ -5.7% ¹⁶	1.5% ¹⁷	22 ¹⁸ -24% ⁴	20-35% ¹⁹



The axial view on the left shows a properly placed band where the "donut" is complete. On the right, the "donut" is incomplete since the band has slipped after being pushed down by the stomach.



Coronal view of an appropriately placed band. The band is angled above the horizontal plane at 90 degrees. Note the very small stomach above the band.



Coronal view of a slipped band. The band is angled far below the horizontal plane at 90 degrees and a large portion of the fundus is trapped above the band horizon.



Ara Keshishian MD, FACS, FASMBS

General Surgery - Weight loss Surgery - Advanced Laparoscopic Surgery

1808 Verdugo Blvd., Suite 413, Glendale, CA 91208
 700 N. Pacific Coast Hwy., Suite 101, Redondo Beach, CA 90277
 1205 Garces Hwy., Suite 303, Delano, CA 93215
 Office 800-816-6647
 www.dssurgery.com | contact@dssurgery.com

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