

Endoscopic extraction of migrated gastric bypass Fobi ring in patient after gastric bypass

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A 47-year-old patient previously underwent laparoscopic gastric bypass for obesity (body mass index 56.2 kg/m²) followed by gastric bypass Fobi ring (GBFR) placement 5 years later. The patient was referred to the endoscopy unit due to epigastric pain, which eased on intake of proton pump inhibitors or food. Initial gastroscopy examination showed that the GBFR had migrated intragastrically. A second endoscopy was planned to extract the migrated GBFR (▶ **Video 1**).

We prepared the A.M.I. Aigner Gastric Band Cutter device (A.M.I. GmbH, Feldkirch, Austria) by introducing a cutting wire through the endoscope working channel and passing it through the migrated GBFR. We pulled out the endoscope together with the wire insertion. The endoscope was re-inserted and the soft plastic ends of the wire were grabbed by forceps and pulled out through the endoscope; both cut wire ends came out via the mouth. A flexible wire guide was introduced and passed over the cutting wire to provide a counterforce to the GBFR. The external ends of the cutting wire were inserted into the handpiece and toggle, and the toggle was turned to pull and tighten the wire until it cut through the migrated GBFR. After cutting the GBFR, a snare was used to grab and extract the GBFR.

This case illustrates successful extraction of a GBFR using the Gastric Band Cutter device after the GBFR slipped and eroded through the gastric stump, causing gastric stump obstruction. To date, surgery has been the most widely used method to remove a similar device (i.e. a gastric band); however, the surgical approach has higher morbidity. A retrospective



▶ **Video 1** Endoscopic extraction of migrated gastric bypass Fobi ring.

analysis by Collado-Pacheco et al. showed that endoscopic removal of a migrated gastric band is a feasible and safe procedure [1]. Similar results were shown in a study by Aarts et al., where endoscopic removal of the migrated gastric band was also a feasible technique [2]. Endoscopic removal can be used as a first-choice procedure in clinical practice [3]. The procedure for the removal of a GBFR is similar to that used for gastric band removal.

Endoscopy_UCTN_Code_TTT_1AO_2AL

Competing interests

The authors declare that they have no conflict of interest.

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Endoscopy 2022; 54: E1030–E1031

DOI 10.1055/a-1903-1450

ISSN 0013-726X

published online 25.8.2022

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Georg Thieme Verlag KG, Rüdigerstraße 14,
70469 Stuttgart, Germany



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