

A 'Novel Breakthrough' For Gastric Bands

Jamie Banks, Hafsa Younus*, Humza Malik, Adam Goralczyk

Department of Minimal Access Surgery, Homerton University Hospital, London

***Corresponding author:**

Hafsa Younus,
Department of Minimal Access Surgery,
Homerton University Hospital, London

Received: 02 Nov 2025

Accepted: 22 Nov 2025

Published: 05 Dec 2025

J Short Name: JCMI

Copyright:

©2025 Hafsa Younus. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially

Citation:

Hafsa Younus, A 'Novel Breakthrough' For Gastric Bands. Jour of Clin and Medi Images® 2025; V9(1): 1-1

1. Abstract

1.1. Introduction

We share a rare case of 39-year-old male with a percutaneous erosion of gastric band tubing. Till today, there is no comparable case in the literature.

1.2. Methods

We retrospectively studied the history of case and identified factors leading to this complication. We prospectively approached the management in multidisciplinary fashion and had discussions about preventing this in future.

1.3. Results

The patient had laparoscopic gastric banding 12 years ago. In 2020 he had ITU admission with pyloric perforation and contamination necessitating laparotomy, relook, laparostomy and concurrent severe COVID-19 pneumonitis. Mortality was estimated at >99%. As a sequela of prolonged catabolic state, the muscle overlying tubing had atrophied, ensuing liposarcoma resulted in 3cm long percutaneous erosion of the tubing. Endoscopy demonstrated migration without luminal erosion. MDT recommended removal of the system to prevent further complications.

At surgery, extensive intraabdominal adhesions prevented visualisation and safe removal of the band; patient became hypotensive intraoperatively, necessitating premature termination. Only the port and associated tubing could be removed leaving band in situ with future follow up.

1.4. Conclusion

Consider removal of gastric band when therapeutic aims achieved or no longer in use. Is it still necessary to attempt removal of this band and risk a laparostomy?.

