Endoscopic band ligation for weight loss

To the best of our knowledge, this is the first study to use endoscopic band ligation for weight loss in a 30-year-old woman, who had an initial weight of 85 kg (height 155 cm; body mass index [BMI] 35.4 kg/m²). Endoscopy was performed with the patient sedated using propofol. All ligatures were applied in the gastric body, starting at the distal body; five parallel rows were created, with the last one in the proximal body, using 33 bands (Fig. 1). The entire procedure was completed in 30 minutes. Oxygen was used for endoscopic air insufflation. Notably, no immediate complications occurred during endoscopy (Video 1).

The patient did well after the procedure and was discharged after 2 hours. In the first 3 days, she complained of mild nausea, vomiting, and epigastric pain, which were controlled by medications (pantoprazole 40 mg twice daily for the first month, plus antiemetics and antispasmodics on demand). For 2 weeks, she was given a fully liquid diet, followed by an 800-calorie soft diet for another 2 weeks. The patient reported early satiety following the procedure. Follow-up endoscopy after 1 month revealed nice linear scars of healed ulcers in the gastric body (Fig. 2), causing marginal narrowing of the lumen. In addition, the patient’s weight had decreased from 85 to 79 kg and her BMI from 35.4 to 32.9 kg/m², corresponding to a 7 % total weight loss and a 24 % excess weight loss after 1 month.

Endoscopic band ligation for weight loss is a novel technique that could assist in obesity management. The technique appears safe, repeatable, and cost-effective, with a short learning curve. Nevertheless, further large-scale studies are warranted using more bands, longer caps, and prolonged follow-up to assess the efficacy and safety of the technique as a primary and secondary endoscopic weight loss procedure [1, 2].
Competing interests

The authors declare that they have no conflict of interest.

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