A 33-year-old woman was investigated for persistent dysphagia, severe gastroesophageal reflux disease, and refractory vomiting. She had undergone vertical banding gastroplasty (VBG) 5 years earlier to manage her obesity and had successfully lost 90 kg in weight. This was performed following failed laparoscopic adjustable gastric banding (LAGB), in which significant reflux symptoms required deflation of the band. Physical examination was normal. Upper gastrointestinal endoscopy revealed a gastric pouch at 35–46 cm from the incisors, which contained residual food particles. Within the gastric lumen, migration of a silastic band from the VBG was noted (Fig. 1).

The band was removed under endoscopic guidance with a dual-channel therapeutic endoscope. The band was grasped with an alligator forceps and, by utilizing the second endoscopic channel, an endoloop cutter was employed to cut the band. Traction was maintained with the forceps until the band was cut and successfully retrieved (Figs. 2 and 3; Video 1).

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Video 1
Endoscopic removal of migrated silastic band from vertical banding gastroplasty.