

Surgeon at work

## Laparoscopic gastric sleeve with band removal

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Laparoscopic gastric sleeve (LGS) is a bariatric procedure that can be performed as stand-alone [1], as well as the first step of Roux-en-Y gastric bypass [2,3] and duodenal switch [4,5]. Failure after gastric band can be treated with the conversion into other bariatric procedures [6–8].

In this video, the authors report the technique to perform LGS with band removal in 1 step.

## Video description

The patient is placed in supine position with the legs apart. The surgeon stands between the patient's legs, the camera assistant to the patient's right, the scrub nurse and the assistant to the patient's left. Five trocars are placed in the abdomen (Fig. 1). The procedure is performed following different steps.

1. Perform the adhesiolysis between the band/stomach and the liver with the mobilization of the band in its circumference (Fig. 2).
2. Identification of the antrum to be preserved (Fig. 3).
3. Mobilization of the greater curvature along the greater omentum (Fig. 4).
4. Band mobilization in its posterior fixations with the left crus (Fig. 5).

This video has been presented at a plenary session during the 30<sup>th</sup> Annual Meeting of the American Society for Metabolic and Bariatric Surgery at ObesityWeek in Atlanta, GA, November 11–16, 2013.

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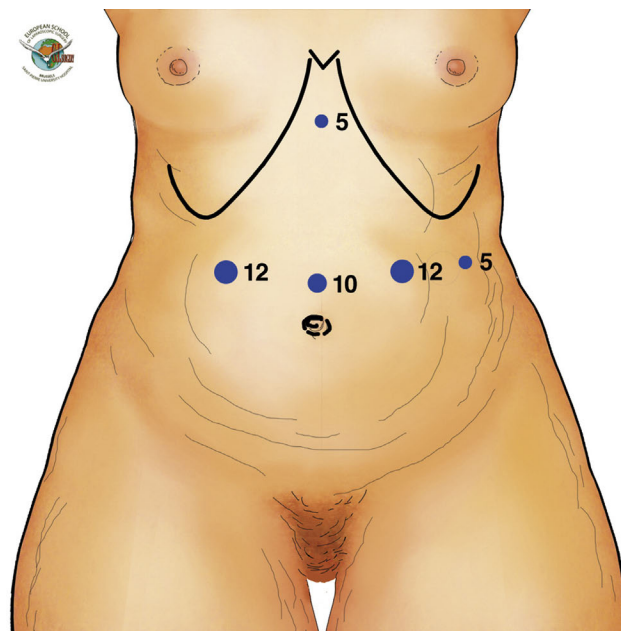
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Fig. 1. Trocars placement.

5. Gastric resection, from the antrum going upper in the direction of the band, maintained in place as landmark (Fig. 6). An orogastric bougie of 36Fr is used as tutor.
6. Gastric body section (Fig. 7).
7. Gastric fundus section; 2 options are available. The first option consists in the stomach sectioning (A), maintaining the band in place, which is opened later (B) together with the gastric capsule opening (C) (Fig. 8). The second

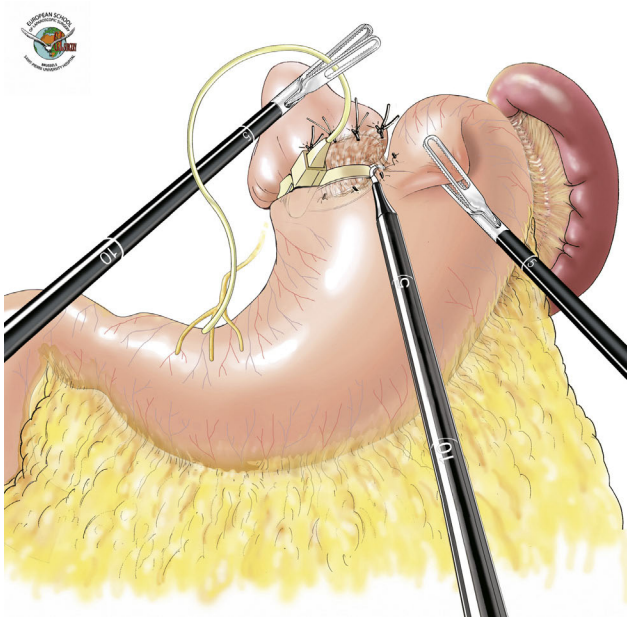


Fig. 2. First step: adhesiolysis between the band/stomach and the liver with the mobilization of the band in its circumference.

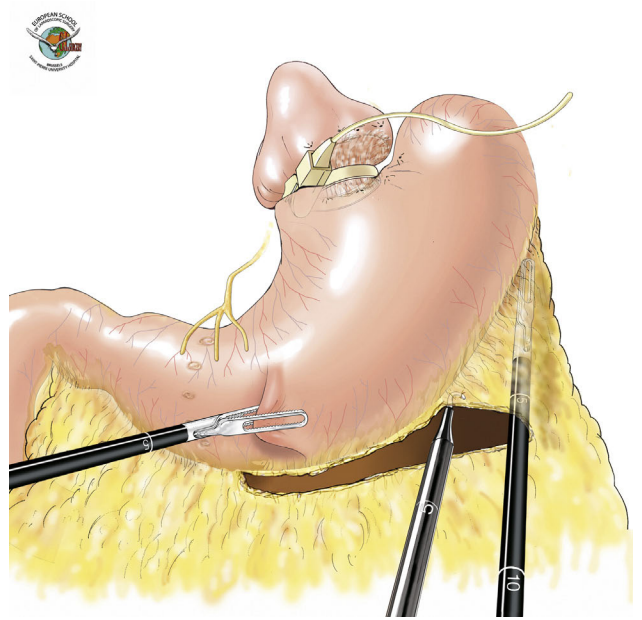


Fig. 4. Third step: mobilization of the greater curvature along the greater omentum.



Fig. 3. Second step: identification of the antrum to be preserved.

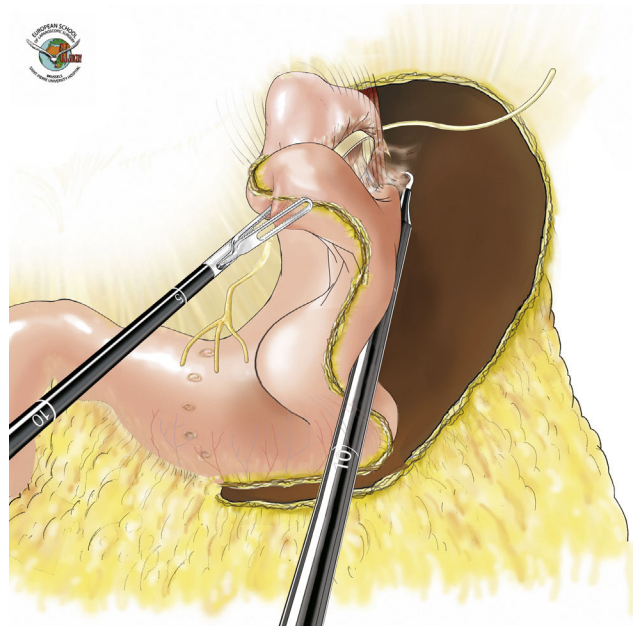


Fig. 5. Fourth step: band mobilization in its posterior fixations with the left crus.



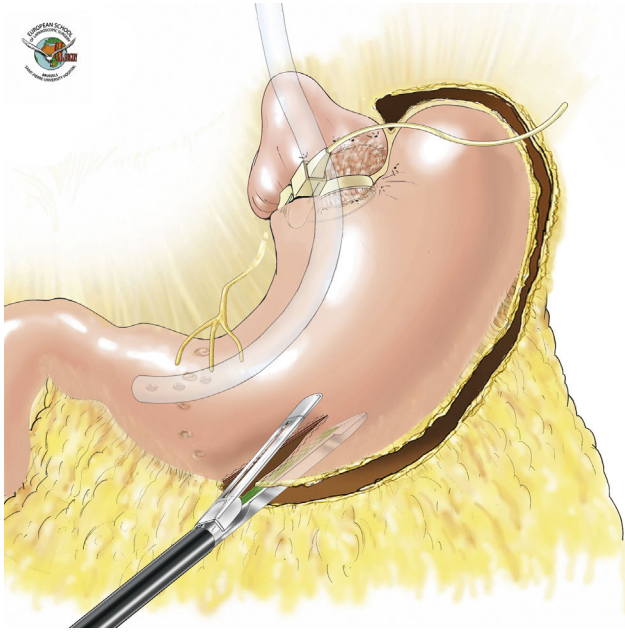


Fig. 6. Fifth step: gastric resection, from the antrum going up in the direction of the band, maintained in place as landmark.

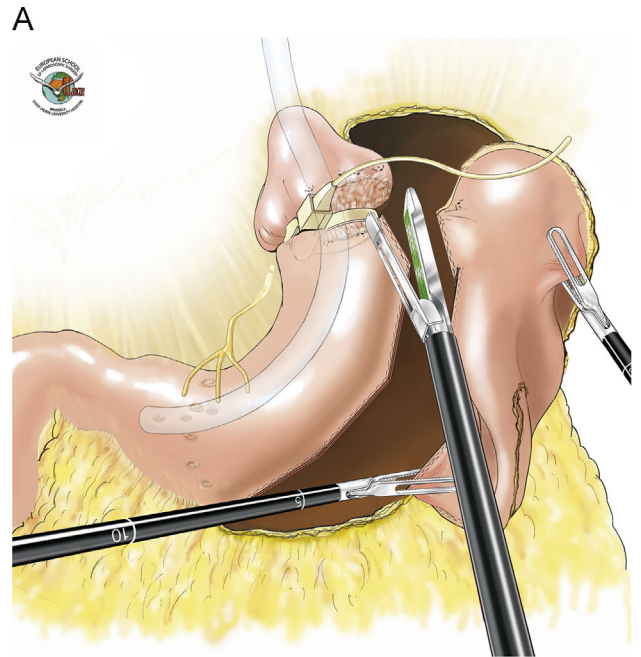


Fig. 7. Sixth step: gastric body sectioning.

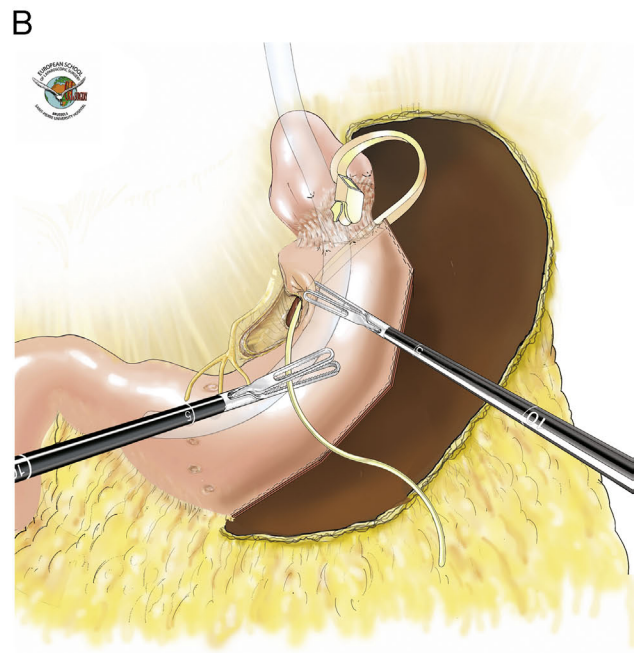


Fig. 8. Seventh step: gastric fundus sectioning, first option. Stomach sectioning (A), band removal (B) and gastric capsule opening (C). (continued on next page).

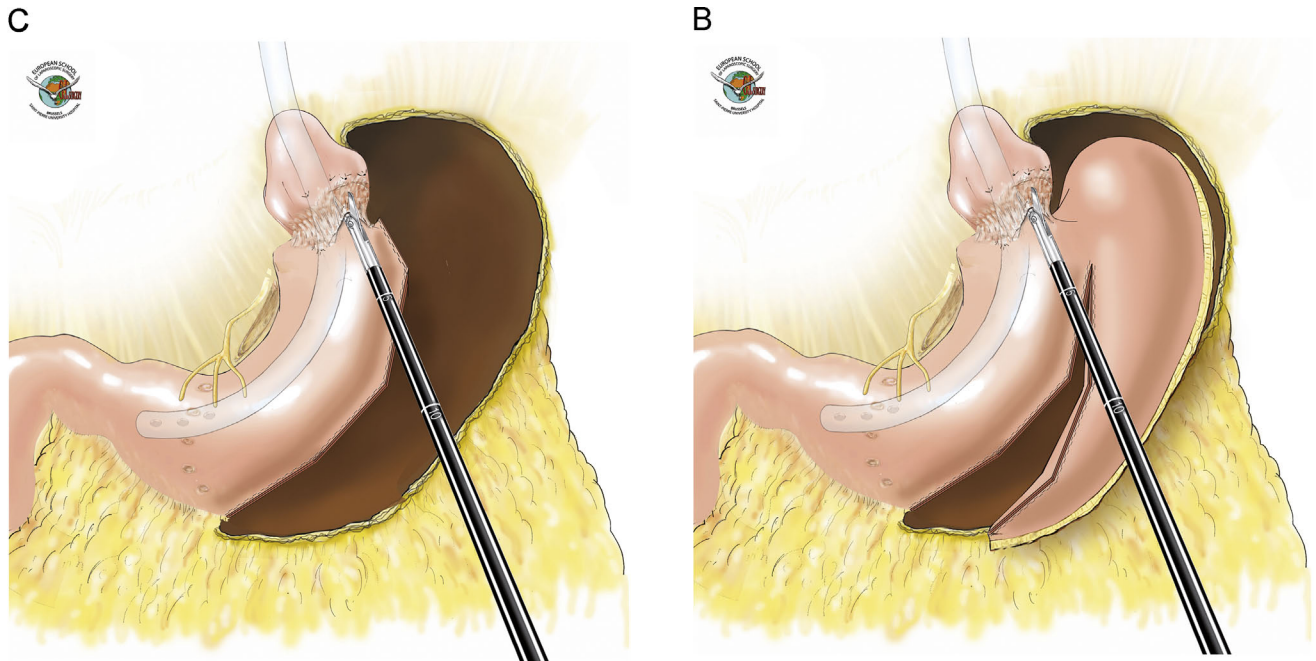


Fig. 8. (continued on previous page).

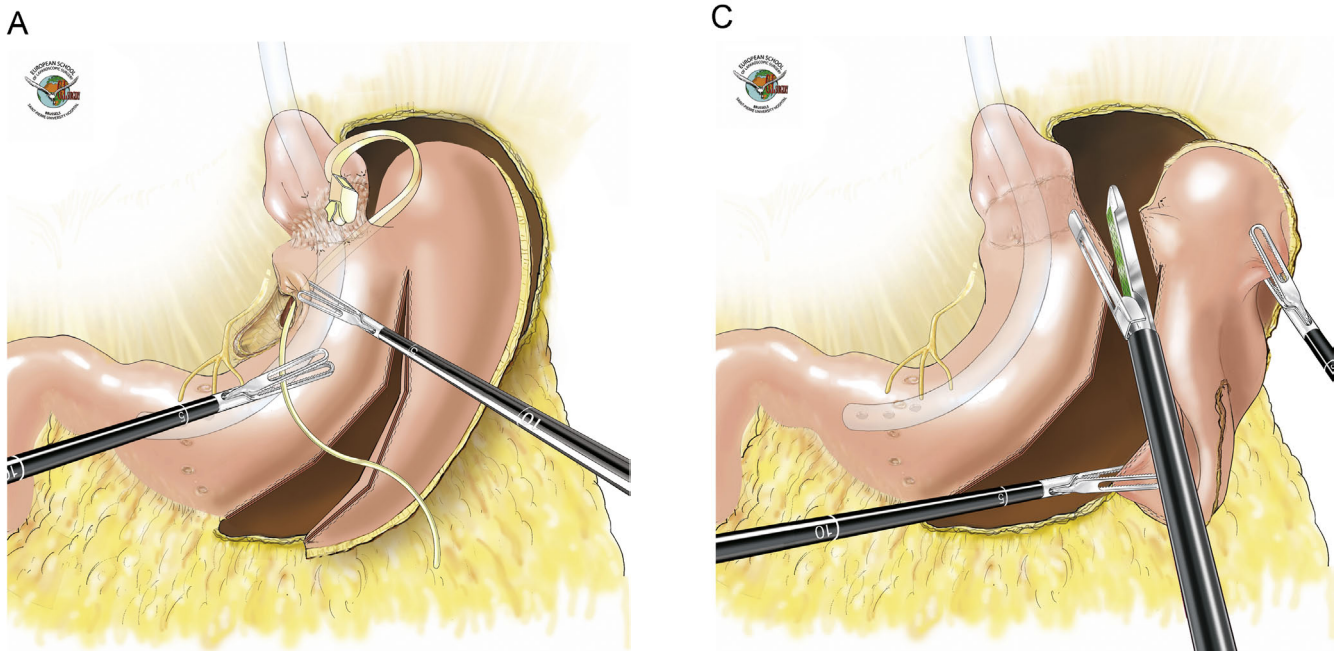


Fig. 9. Seventh step: gastric fundus sectioning, second option. Band removal (A), gastric capsule opening (B) and stomach sectioning (C). (continued on next column).

Fig. 9. (continued on previous column).





Fig. 10. Eighth step: staple line reinforcement.

option consists in the band removal (A), gastric capsule opening (B), and stomach sectioning (C) (Fig. 9).

8. Reinforcement of the staple line (Fig. 10).

9. End of the procedure with the removal of the specimen, band, subcutaneous port (Fig. 11), and drain placement. Finally, the orogastric bougie is removed and a nasogastric tube is pushed down for the subsequent 24 hours.

In the postoperative course, the patient starts to drink liquid diet after 48 hours, and the drain is removed after the 4 days.

## Conclusion

LGS with band removal remains a procedure to be performed by experienced bariatric surgeons, after appropriate multidisciplinary consultation and properly patients' selection.

## Disclosures

*The authors have no commercial associations that might be a conflict of interest in relation to this article.*

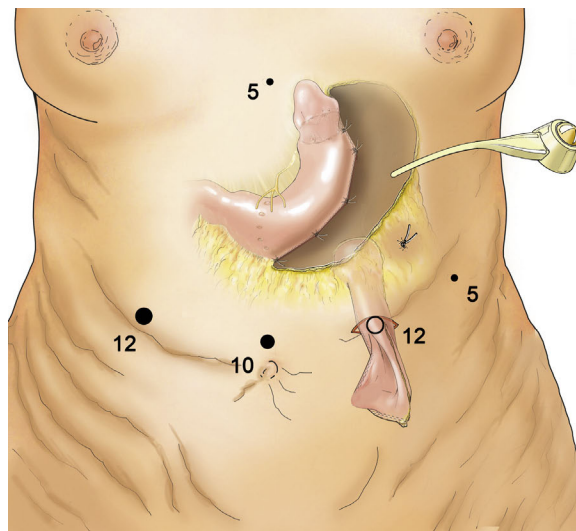


Fig. 11. Ninth step: removal of the specimen, band and subcutaneous port.

## Appendix

### Supplementary data

Supplementary data associated with this article (video) can be found in the online version at <http://dx.doi.org/10.1016/j.soard.2014.02.026>.

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