

New radiological signs of gastric lap band slippage identified

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Researchers in Ohio and Rhode Island have identified two previously undescribed radiological signs of potentially life-threatening slippage of laparoscopically adjustable gastric bands. Adding widespread knowledge of the new signs—inferior displacement of the superolateral band margin by more than 2.4 cm from the diaphragm and the presence of an air-fluid level above the band on a frontal radiograph—to radiologists' knowledge base will aid them in diagnosing affected bariatric patients.

These signs of serious complications are evident on upright frontal scout radiographs, enabling radiologists familiar with the signs to accurately diagnose slippage from chest or abdominal radiography alone, rather than the more time-consuming barium swallow.

"The indication in...publications within the past decade that a normal gastric band should project 4-5 cm below the diaphragm is confusing and potentially misleading given that the modern pars flaccida surgical technique intentionally places the band at or within 2 cm of the esophagogastric junction," the researchers say in "Gastric Band Slippage: A Case-Controlled Study Comparing New and Old Radiographic Signs of This Important Surgical Complication," published in the July 2014 issue of the *American Journal of Roentgenology (AJR)*.

Provided by American Roentgen Ray Society

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