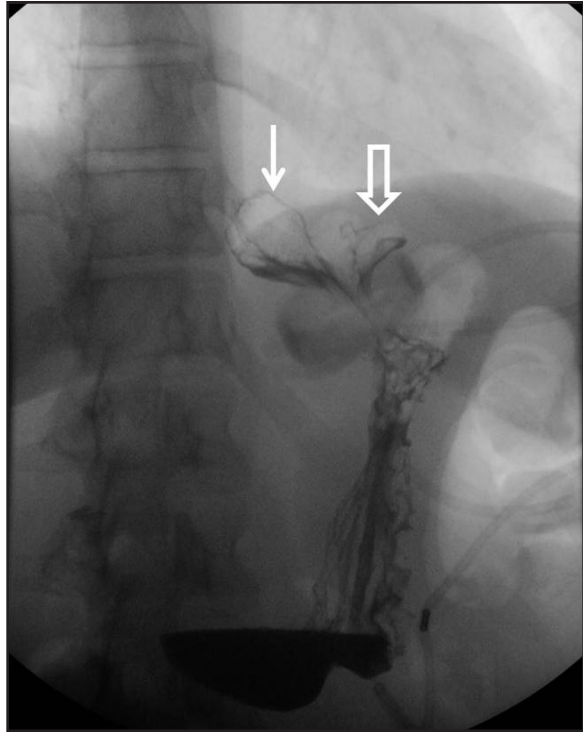


**Figure 24-18.** Single contrast UGI demonstrates the distal stomach (hollow arrow) herniating through the gastric band adjacent to the normal stomach pouch (arrow).



## Erosion

Erosion of the band into the stomach lumen may present as an occult chronic condition due to inflammatory foreign body reaction or infection.<sup>11</sup> UGI shows contrast flowing both inside and outside of the band filling the distal stomach. If the erosion occurs acutely the contrast may freely enter the peritoneum.

## Port System Malfunction

Possible complications involving the access port system include rotation of the access port, disconnected tubing, leakage of the banding system, and infection.

Rotation of the port can be suspected on manual evaluation and diagnosed on anterior and lateral abdominal radiographs. Disconnection of the radio-opaque connector tubing is also readily visible on radiographs and requires surgical revision. Leakage of the banding system is suspected if the band inflation is insufficient and the expected flow restriction does not occur. Leakage can occur anywhere from the band, along the connector tubing to the port site, and can be evaluated under fluoroscopy by administration of intravenous contrast via the access port.<sup>10</sup>

## SUMMARY

Morbid obesity has an increasing incidence in the Western industrialized nations with surgical solutions such as laparoscopic adjustable gastric banding and laparoscopic RYGB becoming more successful and popular weight loss procedures, necessitating the understanding of the procedures and possible complications at all provider levels. Imaging plays an important role in the follow-up and diagnosis of postoperative complications and may sometimes be the first to suggest the diagnosis of a postoperative complication to clinicians.