

Removal of Orbera Intragastric Balloon Using Endoscopic Ultrasound



Cynthia Cohen, MD, Dafna Somogyi, BS, Jakob Saidman, MD, Shireen Pais, MD
Westchester Medical Center
Division of Gastroenterology and Hepatology, Valhalla, NY



Introduction

The Orbera intragastric balloon [IGB] for endoscopic management of obesity occasionally needs to be removed earlier than the prescribed six months due to intolerable symptoms, dehydration, gastric outlet obstruction, or infection.

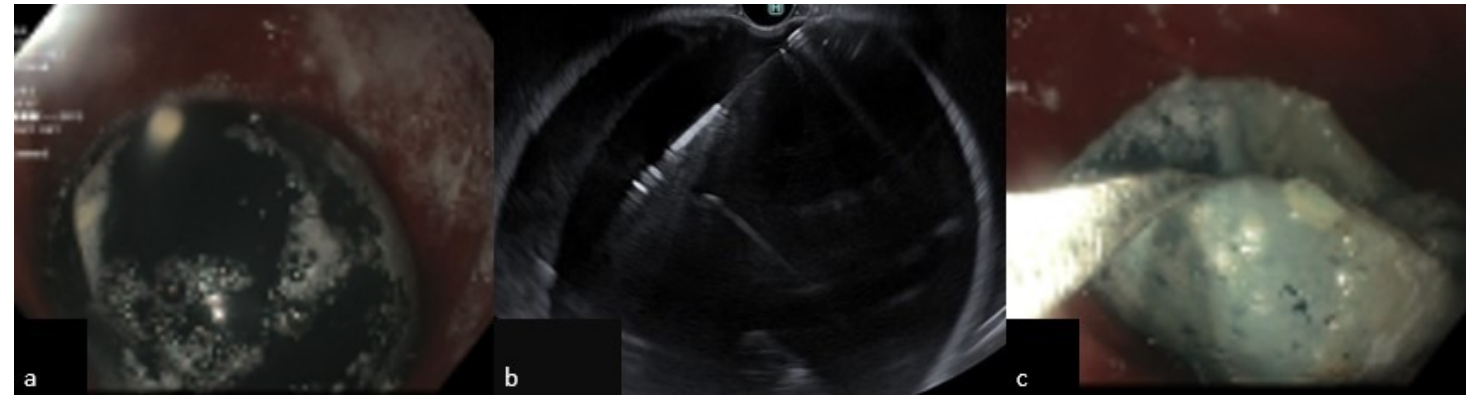
We present a novel case of IGB removal using endoscopic ultrasound [EUS].

Case

A 24-year-old woman with obesity presented to the emergency room two months after Orbera IGB placement with two weeks of progressive epigastric pain, nausea, nonbilious but occasionally blood-streaked vomiting, and inability to tolerate oral intake.

On hospital day #2, she underwent EGD and EUS. On EUS, the IGB was identified and a nineteen-gauge echotip needle was introduced into it. 600mL of methylene-blue colored fluid was aspirated. Once the IGB was deflated, the EGD scope was reintroduced and the IGB was removed with a grasper. Post-procedure, her symptoms completely resolved.

Images



- (a) Fully inflated Orbera intragastric balloon
- (b) Orbera under EUS with needle catheter inserted for deflation
- (c) Removal of fully deflated Orbera

Discussion/Conclusion

Medical centers that do not specialize in bariatric endoscopy are unlikely to stock IGB removal kits. Other techniques such as puncturing the balloon with biopsy forceps or a needle knife are generally ineffective.

EUS-guided aspiration of an IGB was successful in this case and can be easily replicated at any institution with an endoscopist proficient in EUS.