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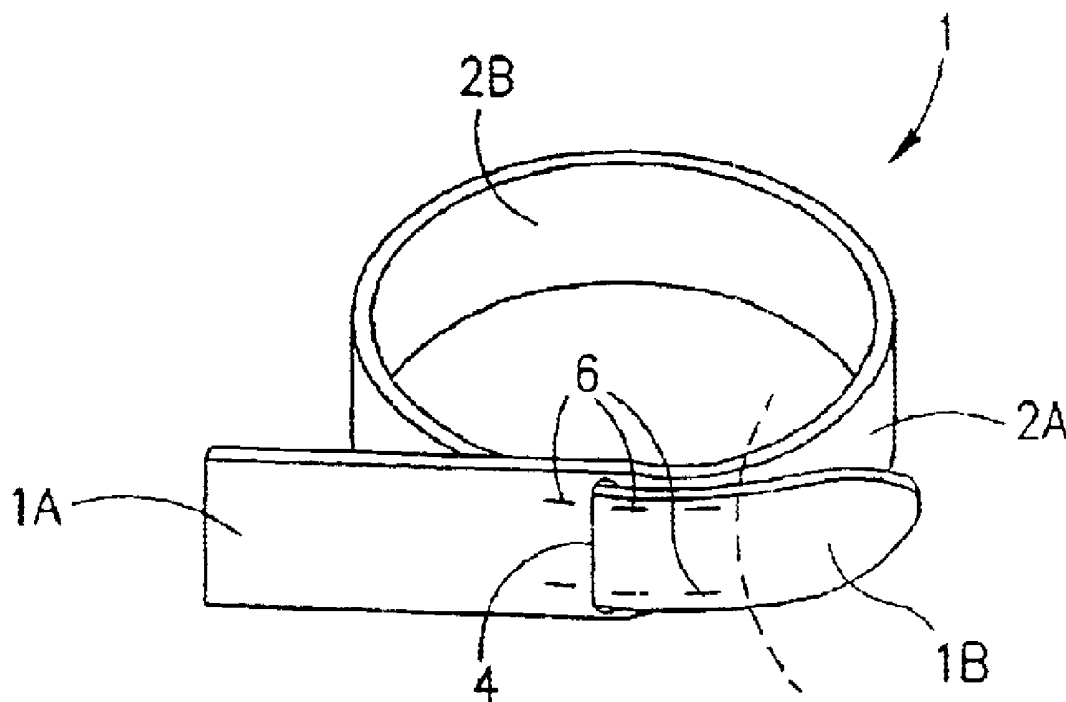
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**DUDAI**(10) **Pub. No.: US 2014/0107407 A1**(43) **Pub. Date: Apr. 17, 2014**(54) **GASTRIC BAND****Publication Classification**(71) Applicant: **Moshe DUDAI**, Tel-Aviv (IL)(51) **Int. Cl.**  
**A61F 5/00** (2006.01)(72) Inventor: **Moshe DUDAI**, Tel-Aviv (IL)(52) **U.S. Cl.**  
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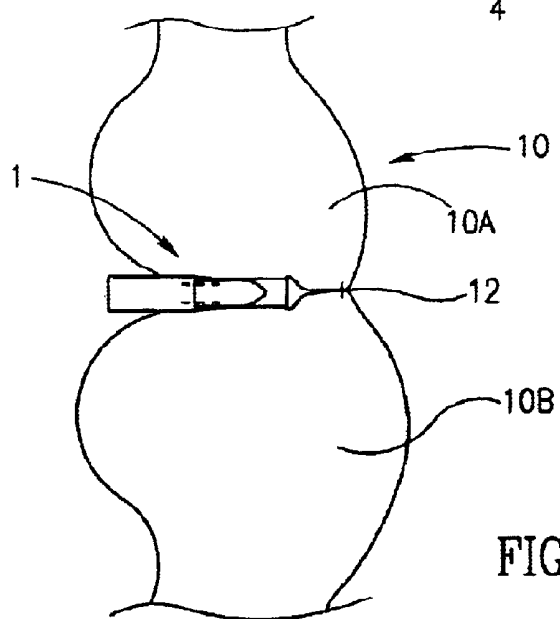
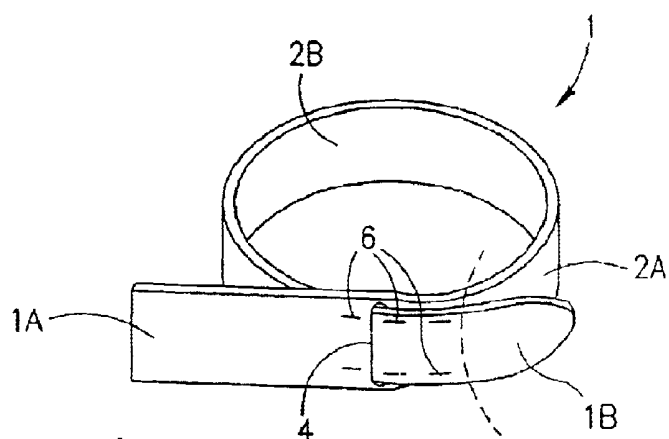
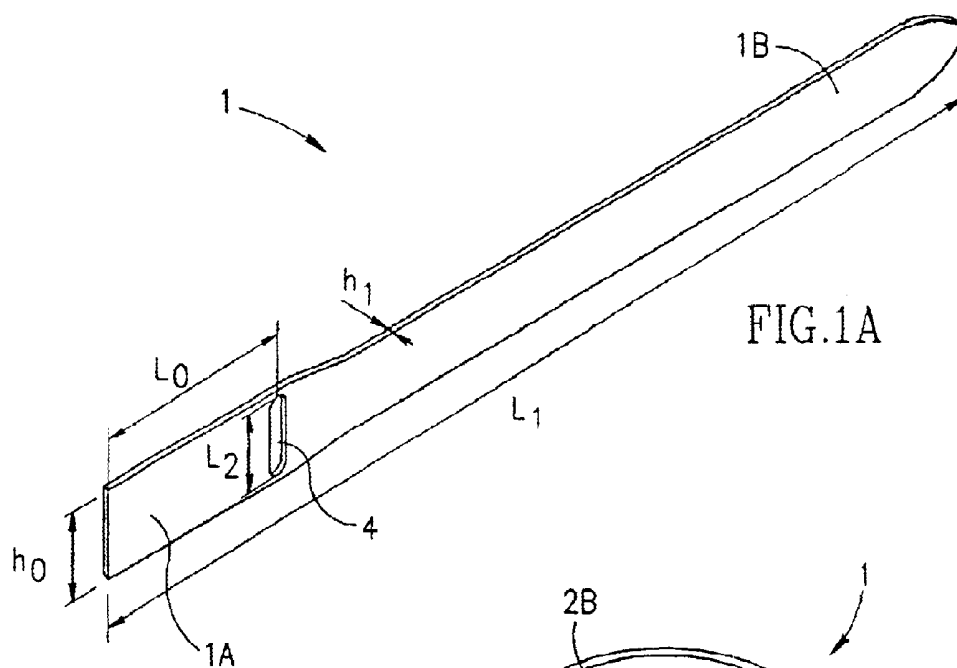
(63) Continuation of application No. 12/457,233, filed on Jun. 4, 2009, now abandoned, which is a continuation of application No. 10/755,408, filed on Jan. 13, 2004, now abandoned, which is a continuation of application No. 09/526,757, filed on Mar. 16, 2000, now Pat. No. 6,676,674.

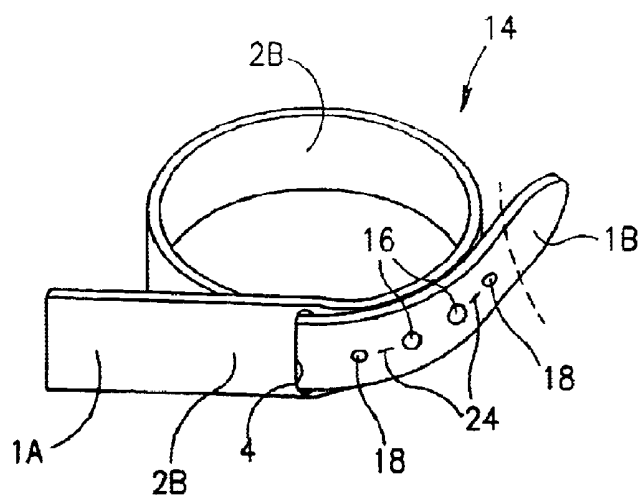
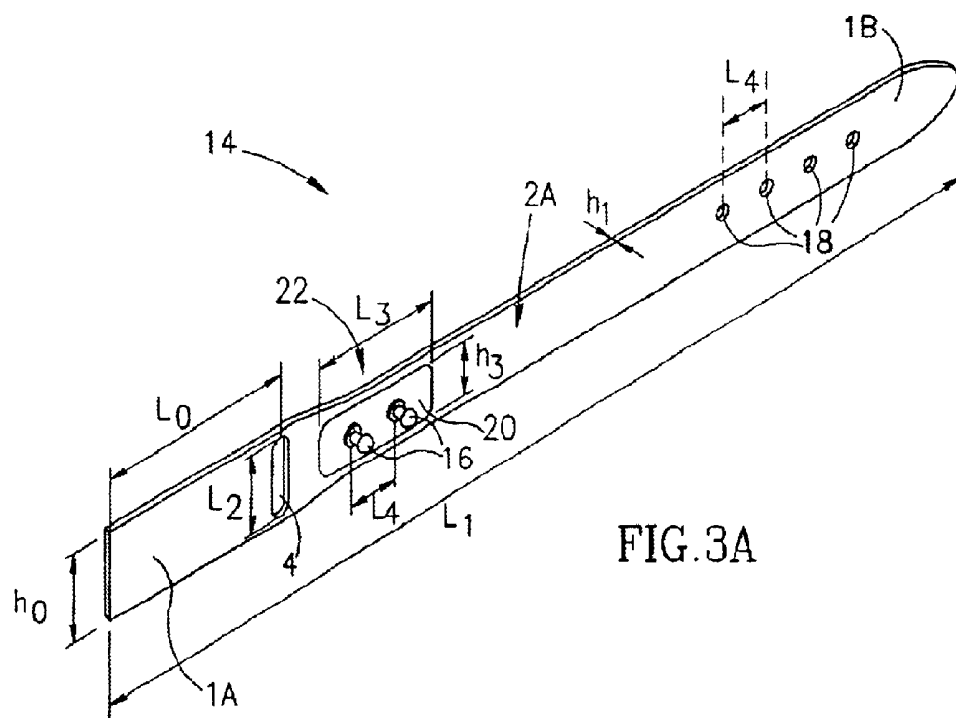
A gastric band of a belt type is presented for attaching around a circumference of a patient's stomach, so as to define the diameter of the stomach opening. The band comprises outer and inner surfaces, wherein the inner surface engages the stomach, and at least the outer surface is formed by an elongated member substantially non-extendable along a longitudinal axis thereof. A through-going opening is made in the elongated member and is located so as to define an end portion of the band having a predetermined length. An opposite end portion of the band is shaped so as to be insertable into the through-going opening for adjusting a desired inner diameter of the band in its closed operating position and fastening the opposite end portion to the outer surface of the band.

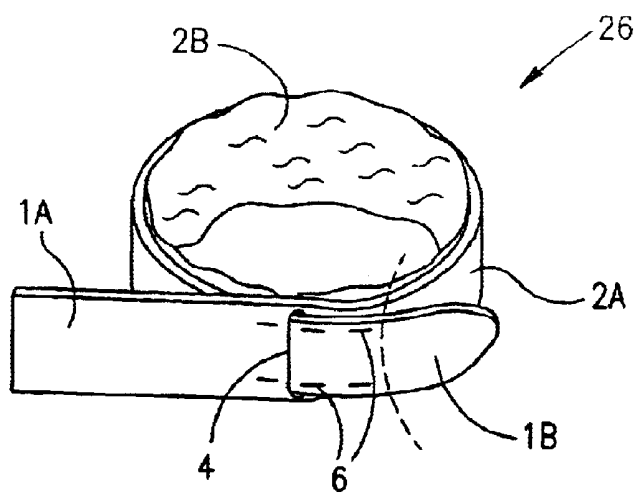
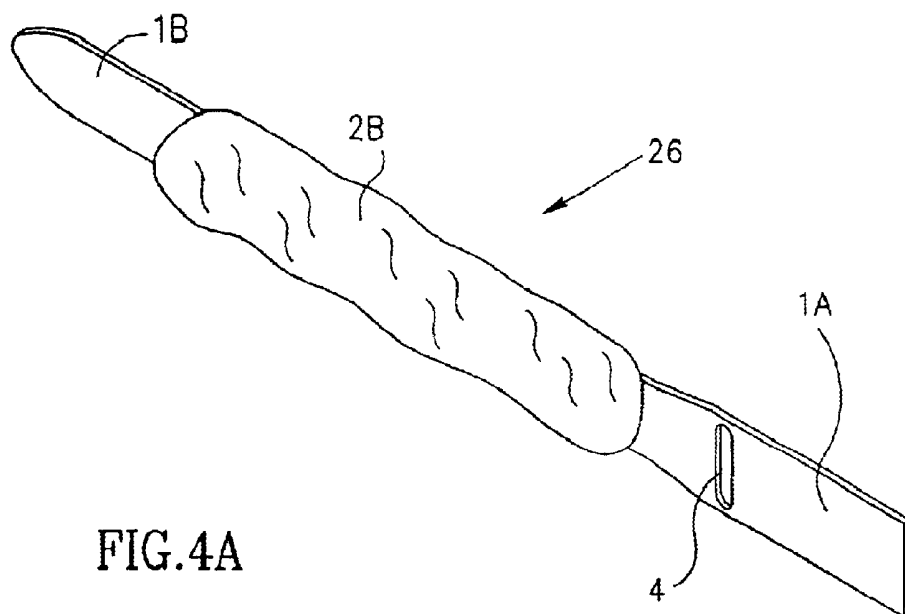
**Foreign Application Priority Data**

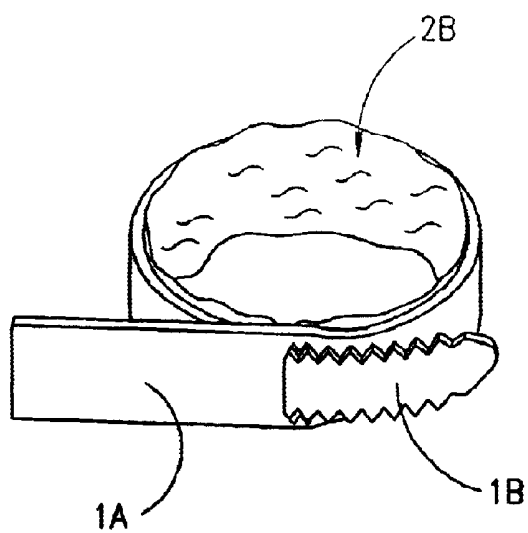
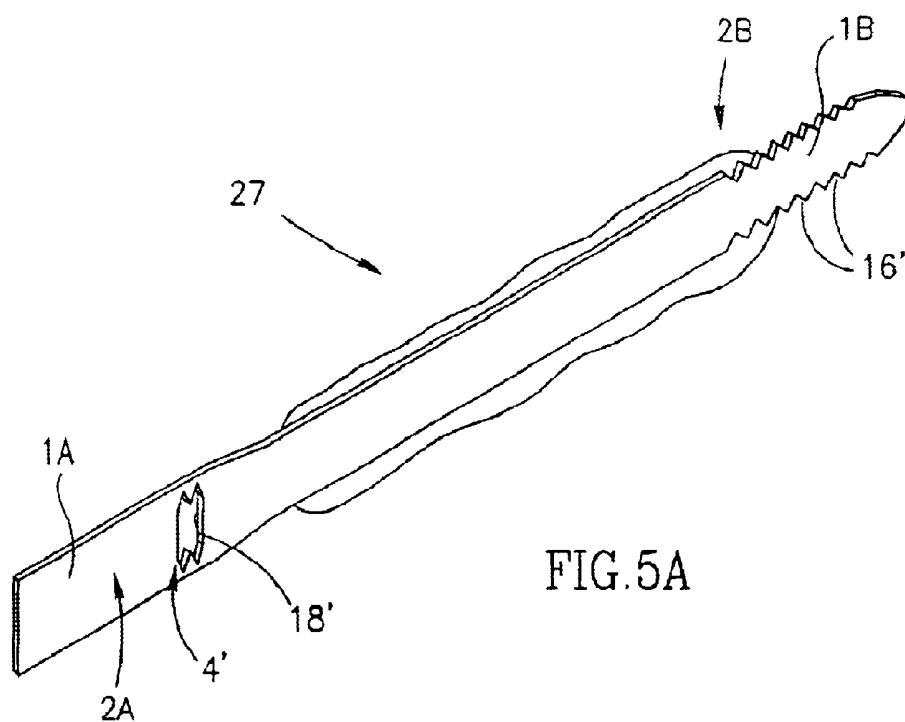
(30) Mar. 17, 1999 (IL) ..... 129032











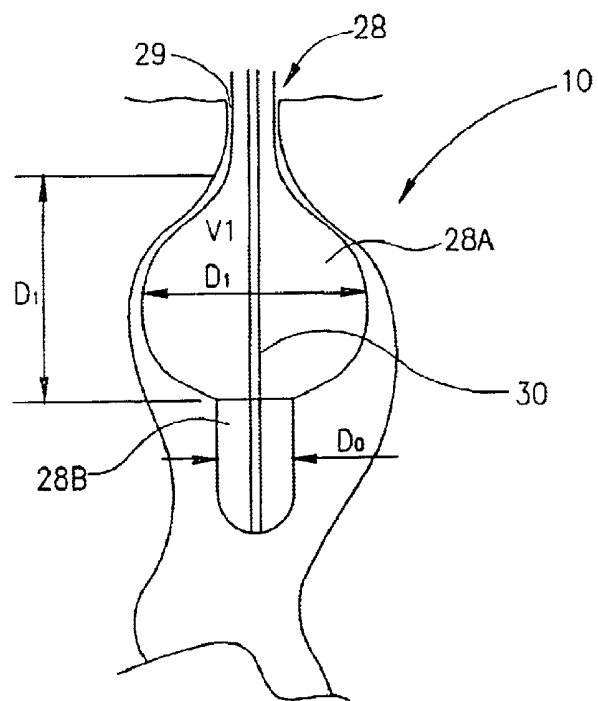


FIG. 6A

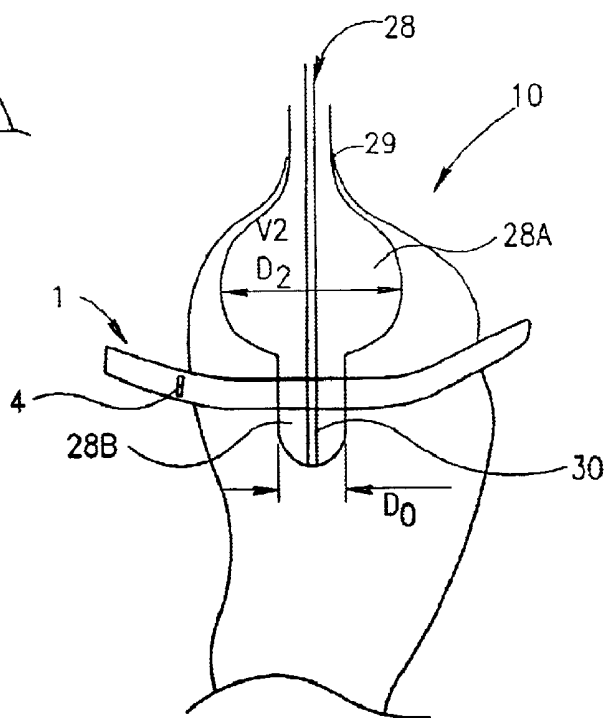
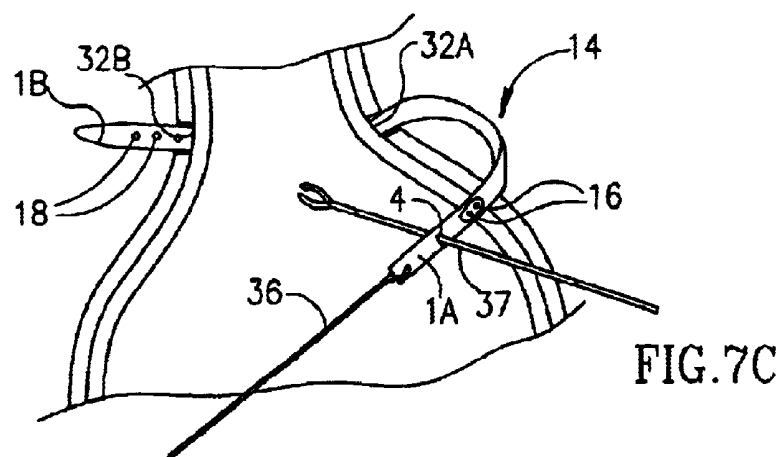
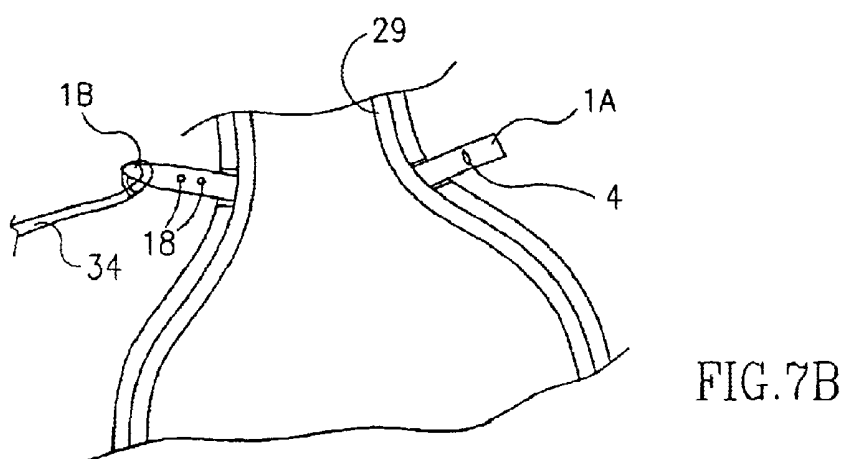
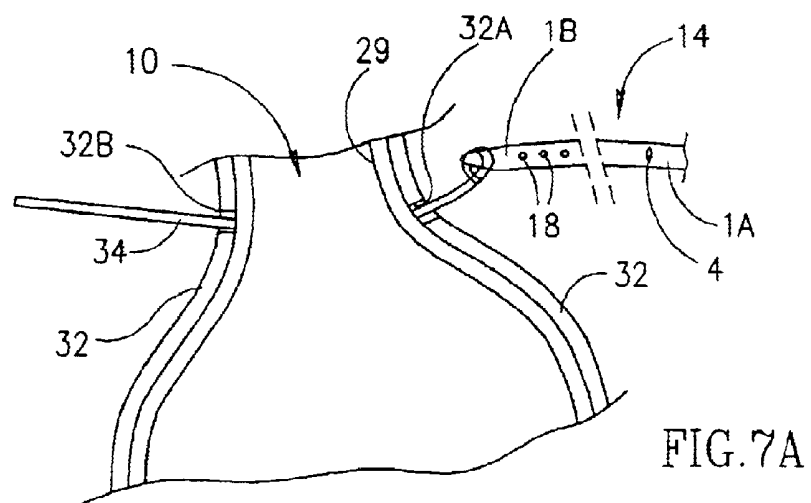


FIG. 6B



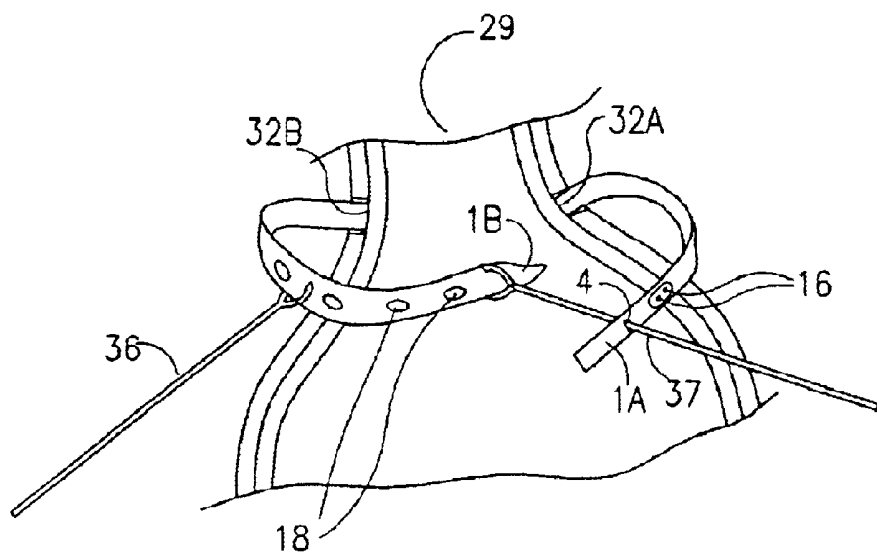


FIG. 7D

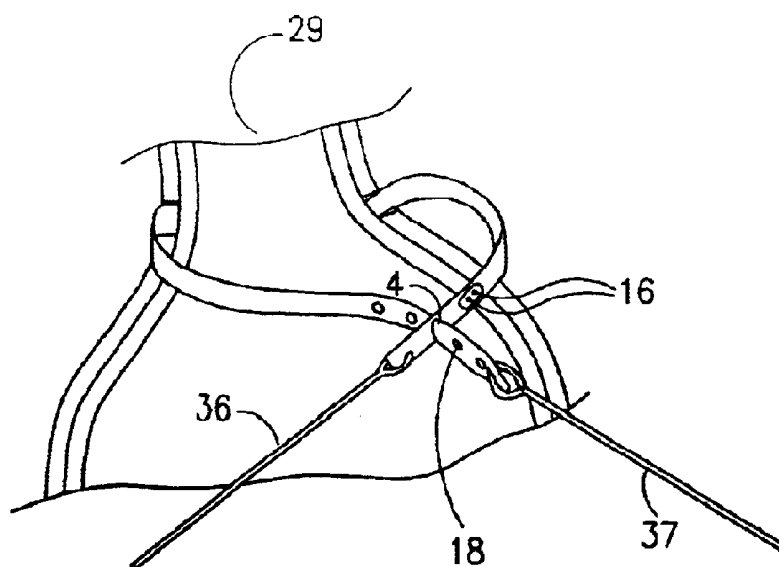


FIG. 7E



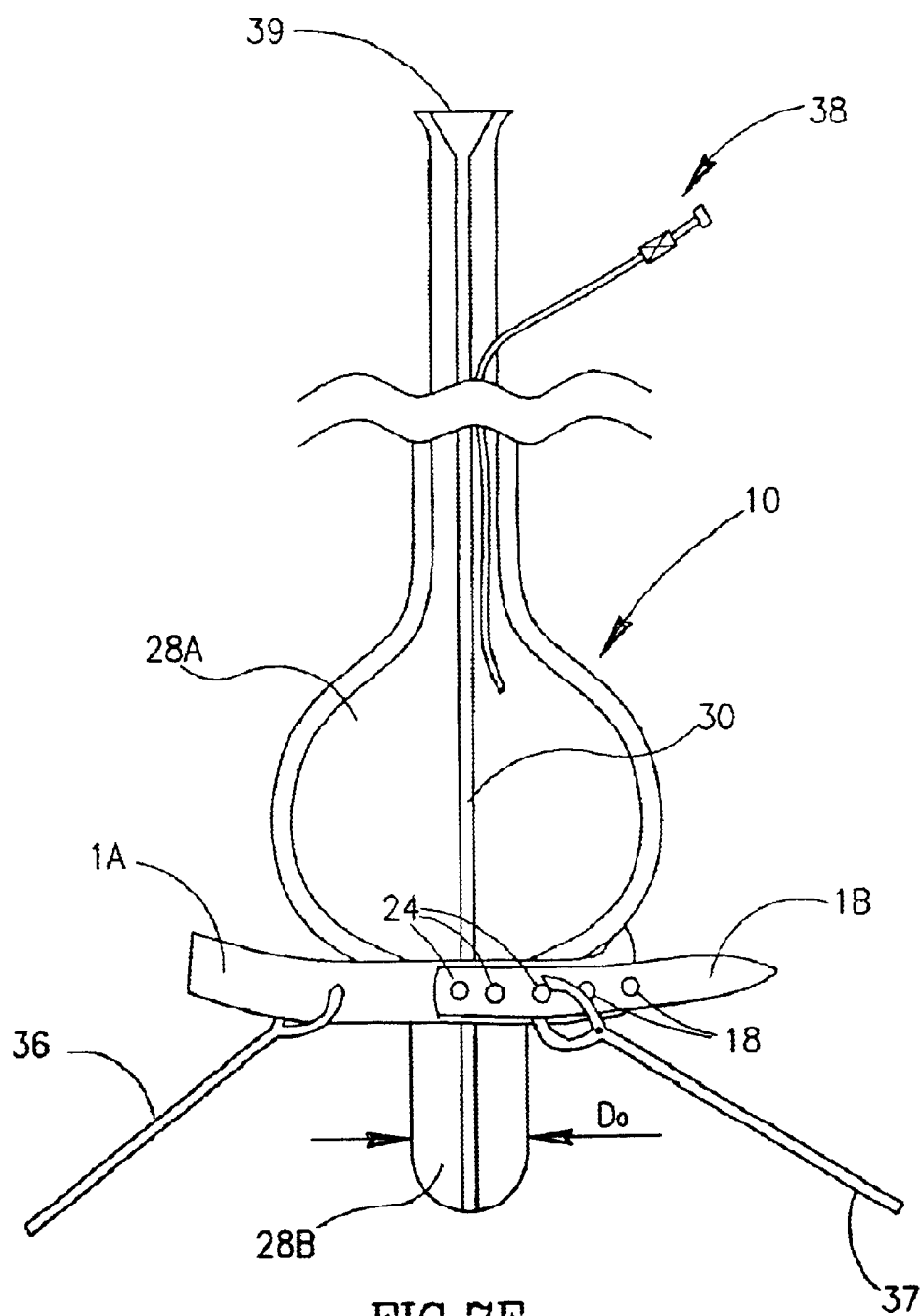


FIG. 7F

## GASTRIC BAND

### RELATED APPLICATIONS

[0001] This application is a continuation of U.S. patent application Ser. No. 12/457,233 filed on Jun. 4, 2009, which is a continuation of U.S. patent application Ser. No. 10/755,408 filed on Jan. 13, 2004, which is a continuation of U.S. patent application Ser. No. 09/526,757 filed on Mar. 16, 2000, now U.S. Pat. No. 6,676,674, which claims the benefit of priority of Israel Patent Application No. 129032 filed on Mar. 17, 1999. The contents of the above applications are incorporated by reference as if fully set forth herein.

### FIELD OF THE INVENTION

[0002] This invention relates to a gastric banding device that encircles a portion of the stomach to form a stoma opening of reduced diameter.

### BACKGROUND OF THE INVENTION

[0003] Morbid obesity is associated with medical risks in terms of the development of additional diseases such as diabetes, hypertension, cardiac insufficiency and other socio-psychological problems, overall reducing life expectancy. Dietary management, psychiatric or dietary regimens are the first choice for treating morbid obesity, but as they depend on the goodwill of the patient, especially in the long run, these approaches often fail.

[0004] Various surgical approaches have been developed and used for treating morbid obesity. These include gastric bypasses, small bowel bypasses and stapling of portions of the stomach. The stapling techniques include horizontal and vertical stapling for reducing the volume of the stomach, as well as narrowing the stoma opening thus controlling the food intake of the stomach. However the latter approach, stapling, may not bring the desired results due to the fact that the staples frequently open or tend to cause perforations. Furthermore the stomach opening formed by staples widens over time, thus the effect is reduced or even eliminated.

[0005] A different approach to the problem specified above is described in U.S. Pat. No. 4,416,267, which discloses a method for treating obesity by placing an inflatable balloon into the stomach. Such a device displaces volume inside the stomach, thereby reducing the effective free volume of the gastric portion causing the individual to feel no need for additional food intake. The balloon is inflated in the stomach to a predetermined volume and is left there for a certain period of time after which it is easily removed. However, this procedure although being physically easy to implement and basically being non-surgical, may lead to harmful results. The inflated balloon in the stomach is in constant contact with gastric mucous, and such contact for an extended period of time may give rise to gastric ulcers and intestinal blockage.

[0006] Recently, another approach has been developed based on placing a physical means (i.e. a gastric band) outside the stomach. A gastric band is placed around the upper part of the stomach, thereby creating an altered stomach opening of a reduced diameter, resulting in the restriction of food intake into the digestive portion of the stomach. Such a gastric-banding technique is simple as compared to the above-mentioned balloon-based technique. However, this band has no means for adjusting its diameter to obtain the optimal diameter of the stomach opening.

[0007] Adjustable gastric bands have been developed, and disclosed for example in U.S. Pat. No. 4,592,339, as well as in "A Gastric Band with Adjustable Inner Diameter for Obesity Surgery", P. Forsell et al., *Obes Surg.*, 1993, No. 3, pp. 303-306. According to this technique, the diameter of a belt-like band, when in a closed position thereof, may be adjusted. For this purpose, the band includes an inflatable portion in its interior part. Controllable inflating and deflating of this portion alters the stomach opening. Although this gastric band can retain the predetermined diameter of the stomach opening, obtaining of the proper opening is somewhat problematic.

[0008] U.S. Pat. No. 4,696,288 discloses a calibrating apparatus for using with, a gastric band for controlling the diameter of the stomach opening by regulating the band's diameter. Such a gastric band is typically mounted with a laproscopic technique, disclosed for example in U.S. Pat. No. 5,226,429.

### SUMMARY OF THE INVENTION

[0009] It is a main object of the present invention to provide a gastric band of a belt type, which can be attached to a patient's stomach in a safe manner and without damaging the stomach circumference.

[0010] It is a further object of the present invention to provide such a band which can be easily mounted on the stomach utilizing a laproscopic technique.

[0011] It is a still further object of the present invention to provide such a band that is easily enables its facile detectable by any suitable imaging means, thereby facilitating access to the band when additional surgical/laproscopic intervention is desired.

[0012] There is thus provided according to one aspect of the present invention, a gastric band for attaching around a circumference of a patient's stomach so as to define the diameter of the stomach opening, the band comprising:

[0013] (a) outer and inner surfaces, wherein the inner surface engages the stomach, and at least the outer surface is formed by an elongated member substantially non-extendable along a longitudinal axis thereof;

[0014] (b) a through-going opening made in said member and located so as to define an end portion of the band having a predetermined length; and

[0015] (c) an opposite end portion of the band shaped so as to be insertable into said through-going opening for adjusting a desired inner diameter of the band in its closed operating position and fastening the opposite end portion to the outer surface of the band.

[0016] The gastric band is of a belt type, and also comprises a suitable fastening means, which may utilize a required number of stitches or the provision of bolt-and-nut arrangements on the band. The fastening means may also be in the form of teeth-like edges of the opposite end portion and a correspondingly shaped through-going opening.

[0017] The outer and inner surface may be formed either of the same material, or of different materials, provided that the material of the outer surface is substantially not-extendable.

[0018] Preferably, at least the outer surface of the band is made of poly-tetra-fluoro-ethylene, known as Gortex. The material of the inner surface of the band engaging the stomach may be silicone. The band, when in the operation position thereof is such that its inner surface engaging the stomach has a substantially circular shape.

**[0019]** The predetermined length of the end portion is such as to enable the detection of the gastric band by a laproscopic inspection tool.

**[0020]** According to another aspect of the present invention, there is provided a system for laproscopically attaching a gastric band around a patient's stomach so as to define a certain diameter of the stomach opening, the system comprising a calibration device which is insertable into the stomach at a predetermined depth and comprises:

**[0021]** an upper portion having variable volume, and a lower projection-like portion having a diameter substantially equal to

said certain diameter of the stomach opening to be defined by the band, the location of said projection-like portion when in the inserted position of the calibration device defining the location of the band with respect to the stomach;

said band comprising:

outer and inner surfaces, wherein the inner surface engages the stomach, and at least the outer surface is formed by an elongated member substantially non-extendable along a longitudinal axis thereof;

a through-going opening made in said member and located so as to define an end portion of the band having a predetermined length; and

an opposite end portion of the band shaped so as to be insertable into said through-going opening for adjusting a desired inner diameter of the band in its closed operating position and fastening the opposite end portion to the outer surface of the band.

#### BRIEF DESCRIPTION OF THE DRAWINGS

**[0022]** In order to understand the invention and to see how it may be carried out in practice, a preferred embodiment will now be described, by way of non-limiting example only, with reference to the accompanying drawings, in which:

**[0023]** FIGS. 1a and 1b are schematic illustrations of a gastric band in its open and closed positions, respectively, constructed according to one embodiment of the invention;

**[0024]** FIG. 2 schematically illustrates the band of FIGS. 1a and 1b in its operation position being attached to the patient's stomach;

**[0025]** FIGS. 3a and 3b are schematic illustrations of a gastric band in its open and closed positions, respectively, constructed according to another embodiment of the invention;

**[0026]** FIGS. 4a and 4b are schematic illustrations of a gastric band in its open and closed positions, respectively, constructed according to yet another embodiment of the invention;

**[0027]** FIGS. 5a and 5b are schematic illustrations of a gastric band in its open and closed positions, respectively, constructed according to yet another embodiment of the invention;

**[0028]** FIGS. 6a and 6b schematically illustrate two steps of a calibration procedure carried out prior to mounting the band on the stomach; and

**[0029]** FIGS. 7a to 7f illustrates five sequential steps, respectively, of mounting the band of FIGS. 3a-3b onto the patient's stomach.

#### DETAILED DESCRIPTION OF A PREFERRED EMBODIMENT

**[0030]** Referring to FIGS. 1a and 1b there is illustrated a gastric band, generally designated 1, constructed according to one embodiment of the invention. The band is typically an elongated strap having two opposite end portions 1a and 1b. The portion 1b is substantially cone shaped, while the end portion 1a is formed with a through-going, substantially elliptically-shaped opening 4 displaced from the corresponding butt-end of the band 1 by a certain length L.sub.0, the purpose of which will be described further below. For example, the band's dimensions may be as follows:

**[0031]** 1) the length L.sub.1 of the entire band is about 15 cm;

**[0032]** 2) the length L.sub.0 is about 3 cm;

**[0033]** 3) the width h.sub.0 of the band is 2 cm;

**[0034]** 4) the thickness h.sub.1 of the band is 2 mm; and

**[0035]** 5) the long axis L.sub.2 of the opening 4 is about 1-7 mm.

**[0036]** As clearly seen in FIG. 1b, the band 1 has outer and inner surfaces 2a and 2b, respectively. To attach the band 1 around a stomach (not shown here), the cone shaped end portion 1b passes through the opening 4, and is fastened along a corresponding location on the band by a suitable fastening means, for example by stitches 6. Thereafter, the free part of the end portion 1b is cut off by any suitable means, as shown in a dashed line. The opposite end portion 1a, whilst being optionally partly stitched to the band 1, extends away therefrom. The band 1 is made of a polymer material, which is substantially non-extendable along its longitudinal axis. For example, poly-tetra-fluoro-ethylene (i.e. Gortex) can be used for manufacturing the band 1.

**[0037]** Turning now to FIG. 2, there is illustrated that, when in the operative position of the band 1 being attached around a stomach 10, the free end portion 1a protrudes from the band. It will be readily understood that such a protrusion would be easily detected by any suitable imaging means. This is a very important feature facilitating the access to the band when additional surgical/laproscopic intervention is desired

**[0038]** As further seen in FIG. 2, the band 1 actually defines two portions 10a and 10b of the stomach 10, and defines the diameter of a so-called stomach opening (not seen here) underneath the band 1. The portions 10a and 10b are fastened to each other by stitches 12 or the like within the vicinity of the band 1, thereby fixing its relative location on the stomach. It should be noted that stitches 6, as well as the stitches 12, may be replaced by any other suitable fastening means.

**[0039]** Reference is made to FIGS. 3a and 3b, illustrating a gastric band 14 in its opened and closed positions, respectively. The band 14 has somewhat different construction as compared to the band 1. To facilitate understanding, same reference numbers are used for identifying those components, which are identical in the bands 1 and 14. Here, at least one so-called "bolt-and-nut" arrangement is provided serving as the fastening means. To this end, as shown in the figures in a self-explanatory manner, spaced-apart mushroom-like bolts, generally at 16, project upwardly from the upper surface 2a. Consequently, holes 18 (four in the present example) are aligned along the longitudinal axis of the band in a spaced-apart parallel relationship. The diameter of the hole 18 corresponds to that of the head portion of the mushroom-like bolt 16 to put the bolt-and-nut arrangement into its engaged position, thereby closing the band.

[0040] In this specific example, the bolts 16 project from a plate-like support 20, forming together an integral assembly, generally designated 22. The assembly 22 is attached to the upper surface 2a of the band 14 by stamping. The entire band, except for the assembly 22, may be made of a polymer material like Gortex, while the assembly 22 may be made of a substantially rigid silicone. The bolts 16 (and consequently two locally adjacent holes 18) are spaced from each other by the length  $L_{sub.4}$  of about 7 mm, the dimensions of the plate 20 being as follows: the length  $L_{sub.3}$ =2 cm, and the width  $h_{sub.3}$ =12 mm. As shown in FIG. 3b, after closing the band on the patient's stomach, two stitches 24 (or the like) are provided to ensure the fixed diameter of the band, and thereby of the stomach opening. Similarly to the previously described embodiments, the corresponding part of the end portion 1b is cut off, while the opposite part 1a protrudes from the band to be detectable.

[0041] FIGS. 4a and 4b illustrate a gastric band, generally at 26, according to yet another embodiment of the invention. Similarly, same reference numbers are used for identifying those components, which are identical in the bands 1, 14 and 26. The band 26, in distinction to the bands 1 and 14, has its inner surface 2b formed of a relatively flexible material relative to that of the outer surface. For example, this may be implemented by coating a center part of the inner surface of the band 26 with silicone. As for the outer surface 2a of the band 26, as well as the inner surface thereof within the end portions, they are made of a substantially non-extendable material. The end portion 1a should be made of such a non-extendable material which is not too rigid in order not to harm the stomach, e.g. Gortex.

[0042] FIGS. 5a and 5b illustrate yet another construction of a gastric band 27 using the same reference numbers for identifying the common elements in the bands 1, 14, 26 and 27. In the band 27, similar to the band 26, the center part of its inner surface is formed with a substantially flexible material, e.g. flexible silicone, while the end portions are made of a non-extendable material. As for the fastening means, in the band 27 the end portion 1b is formed with teeth-like edges 16'. Consequently, a through-going opening 4' is shaped in a manner to define a slot 18' allowing a forward movement of the portion 1b through the opening 4', but preventing its sliding back out of the opening 4' in the operating (closed) position of the band 27. To this end, the center part of the outer surface 2a, as well as the end portion 1b, are made of a substantially rigid material, e.g. rigid silicone. As indicated above, the opposite end portion 1a should be made of a substantially flexible material.

[0043] Reference is now made to FIGS. 6a and 6b illustrating two steps of a typically performed calibration stage for determining the desired diameter of the stomach opening and defining its location to mount a gastric band there. To this end, a calibrating device, generally designated 28, is used. The construction and operation of such a calibration device are known per se, and therefore need not be described in detail, except to note the following. The device 28 comprises an upper, balloon-like portion 28a associated with a suitable pump, which is not specifically shown, and a lower projection 28bb having a substantially circular cross-section of the desired diameter  $D_{sub.0}$ .

[0044] Upon inserting the device 28 inside the stomach 10 through a stomach inlet 29, the balloon-like portion 28a is inflated up to the volume  $V_{sub.1}$  corresponding to the diameter  $D_{sub.1}$  of the portion 28a, so as to substantially engage

the inner circumference of the stomach 10. This maximum diameter  $D_{sub.1}$  of the portion 28a is determined in accordance with the inflating pressure.

[0045] Thereafter, the device is partially deflated to such a volume  $V_{sub.2}$  that corresponds to the diameter  $D_{sub.2}$  of the portion 28a, and pulled upwardly up to the inlet 29. Such a position of the device 28 having the known diameter  $D_{sub.2}$  of its balloon-like portion 28a actually allows for locating the projection 28b, thereby defining the location for mounting the gastric band. The calibrating device 28 also comprises a pipe 30 installed therein, serving for aspirating the stomach contents and checking whether the mounting of the band caused any damage to the stomach itself, as will be described more specifically further below with reference to FIG. 7f.

[0046] Referring to FIGS. 7a to 7f, there are illustrated the main operational steps for laproscopic mounting of the gastric band, for example constructed as described above with reference to FIGS. 3a and 3b, on the patient's stomach. As indicated above, the position of the projection 28b defines the exact location for mounting the band. Hence, it defines the convenient locations for cuttings 32a and 32b to be made in the stomach connecting tissue 32 at opposite sides of the stomach 10. An articulated gripping device 34 is typically used for mounting the gastric band on the stomach 10. FIG. 7a illustrates that the articulated gripping device 34 is sequentially pushed through the openings 32b and 32a, to clamp the cone shaped end portion 1b of the band 14. Then, by pulling the device 34, the band is threaded through the openings 32a and 32b, thereby engaging the back-side of the stomach (FIG. 7b).

[0047] This having been done, a pair of gripping devices 36 and 37 are used for supporting the end portion 1a of the band, while the device 34 passes through the opening 4 and proceeds towards the cone shaped portion 1b (FIG. 7c). As shown in FIGS. 7d and 7e, by manipulating the gripping devices 36 and 37, the cone shaped end portion 1b is threaded through the opening 4 and pulled to close the band in a manner described above with reference to FIGS. 3a and 3b. The closed operating position of the band is illustrated in FIG. 7f.

[0048] After completing the mounting of the gastric band 14, a pair of stitches 24 are provided and, optionally, depending on the desired diameter, the end portion 1b is partly cut off. To check whether the entire operation did not damage the stomach and did not completely block the stomach opening, the following procedure is carried out. After the total deflation of the balloon 28a (through a suitable pump-valve assembly 38) and pulling of the calibrating device 28 upwardly towards the upper part of the paunch, a colored liquid is injected into the pipe 30 through an upper opening 39 of the device 28. It will be readily understood that the non-passage of this liquid into the stomach through the lower end of the pipe 30 indicates of the blockage of the stomach opening. Likewise, any dripping of the colored liquid out of the stomach would indicate of the dangerous condition of stomach perforation, which should immediately be treated.

[0049] Those skilled in the art will readily appreciate that various modifications and changes can be applied to the invention as hereinbefore exemplified without departing from its scope defined in and by the appended claims. For example, the gastric band may have any appropriate dimensions, providing it is capable of providing the desired diameter of the stomach opening and its free end portion is detectable by a suitable imaging system.

1. A non-inflatable gastric band sized and shaped to be mounted on the outside of a patient's stomach during a laparoscopic procedure, comprising:

(a) an elongated non-inflatable band formed of non-rigid PTFE and flexible enough for use in a laparoscopic procedure;

(b) a through-going opening in said material of said band at a location spaced from a butt-end of the band to define an extended end portion of said material past said opening including a section of about 3 cm in length enabling gripping the band material, said extended end portion freely extending from the band when the band is in a closed operating position; and

(c) an opposite end portion of the band shaped so as to be insertable into said through-going opening for adjusting a desired inner diameter of the band in said closed operating position and for fastening the opposite end portion to the band upon establishing the desired diameter,

wherein said extended end portion and the opposite portion are sized for gripping the band while mounting it onto the outside of a stomach and adjusting the diameter of the band to bring it into its operating closed position during a laparoscopic procedure, and wherein said extended end portion extends sufficiently so as to facilitate detection of the band while in a laparoscopic operative position and mounted on the stomach and enables gripping the band at said extended end portion for readjusting the diameter of the inner stomach opening after the band is brought into its laparoscopic operating position,

wherein said gastric band is formed of a single material.

2. The gastric band according to claim 1, further including a fastener comprising at least one projection located on the outer surface of the band, and at least one through-going hole for receiving said at least one projection, when the band is in the operating position around the stomach.

3. The gastric band according to claim 1, wherein the two ends of the band are fastened together by two or more stitches when the band is in the operating position around the stomach.

4. The gastric band according to claim 1, wherein an inner surface of said band engaging the stomach has substantially circular shape when in the operating position of the band.

5. The gastric band according to claim 1, wherein said predetermined length of the end portion is such as to enable the detection of the gastric band by a laparoscopic inspection tool.

6. A system for laparoscopically attaching the gastric band of claim 1 around a patient's stomach so as to define a certain diameter of the stomach opening, the system comprising:

a calibration device which is insertable into the stomach at a predetermined depth and three articulated gripping devices, wherein the calibration device comprises:

an upper portion having variable volume, and a lower projection-like portion having a diameter substantially equal to said certain diameter of the stomach opening to be defined by the band, and

further comprising a pipe providing access to the interior of the stomach and stomach contents if any,

wherein the location of said projection-like portion when in the inserted position of the calibration device defines the location of the band with respect to the stomach.

7. A system according to claim 6 wherein the lower projection-like portion is a rigid tube of fixed diameter.

8. A system according to claim 6 wherein the pipe extends through the lower projection-like portion for aspiration of the contents of the stomach.

9. A method for attaching the gastric band of claim 1 around a circumference of a patient's stomach so as to define a desired diameter of the stomach opening and a desired volume of the stomach above the opening, the method comprising:

performing a calibration with a calibration device having a balloon-like inflatable upper portion and a lower substantially rigid projection-like portion having a fixed diameter substantially equal to said desired diameter of the stomach opening and to define a plane of location where the gastric band is to be attached, thereby defining the volume of the stomach above the opening, the calibration comprising:

inserting the calibration device inside the stomach through a stomach inlet,

inflating the upper inflatable portion up to a volume corresponding to a certain maximal diameter thereof so as to substantially engage the inner circumference of the stomach;

partially deflating said portion to a volume corresponding to the diameter of the upper portion; and

pulling the calibration device towards the stomach inlet to thereby locate the lower portion and define the location for mounting the gastric band; and

laparoscopically attaching the gastric band around the circumference of the patient's stomach at said location.

10. The method of claim 9 wherein attaching the gastric band comprises:

inserting a gripping device through cuttings made in the stomach connecting tissue on opposite sides of the back of the stomach in the plane of location of the gastric band;

clamping the opposite end portion of the band; and

pulling the gripping device to thereby thread the band through the cuttings to engage the back side of the stomach;

supporting the end portion of the band while passing the gripping device through said through-going opening of the band towards said opposite end portion of the band;

manipulating arms of the gripping device to thread said opposite end portion of the band through the through-going opening and close the band tight around the lower projection-like portion of the calibration device inside the stomach;

holding together the end portions of the band by two arms of the gripping device and fastening the opposite end portion to the outer surface of the band; and

cutting off a free part of the opposite end portion of the band.

11. A method of using a gastric band, comprising:

encircling an uninflatable band having first and second ends and a through-going opening in a material of the band spaced from the first end of the band a predetermined distance to define an extended end portion of the material of the band of a predetermined length enabling gripping the band material, at a position intermediate upper and lower ends of a stomach with an inner surface of said band in contact with the stomach, whereby said extended end portion freely protrudes from the band sufficiently so as to facilitate detection of the band when the band is in a closed operating position;

engaging both ends of said band simultaneously, using laparoscopic instruments;

pulling the second end of the band via the through-going opening, using said laparoscopic instruments, until an opposite end portion of the band which has been pulled via the through-going opening corresponds to a desired inner diameter of the stomach opening and a desired volume of the stomach above the opening; and fastening the opposite end portion to fixate said desired diameter.

**12.** The method of claim **11**, further including cutting off a free part of the opposite end portion of the band.

**13.** The method of claim **11**, wherein encircling the gastric band around the stomach comprises:

making cuttings in the stomach connecting tissue on opposite sides of the back of the stomach in a desired location of the gastric band;

threading the band through the cuttings to engage the back side of the stomach; and

positioning the two ends of the band at the front of the stomach for insertion of the second end portion in the through-going opening.

**14.** The method of claim **11**, wherein the distance of insertion is determined by pulling the second end of the band until the band is tight around a fixed-diameter portion of a calibration device inserted inside the stomach.

**15.** The method of claim **11**, comprising detecting said extended end portion when it protrudes from said band after closing of said band, by its protrusion.

**16.** The gastric band of claim **1**, wherein said gastric band is formed of a single layer of material.

**17.** The gastric band of claim **1**, wherein said opposite end portion and said through-going opening are configured so that said opposite end portion is prevented from retracting through said opening once inserted through the opening.

**18.** A method of treatment, comprising:

inserting a laparoscopic instrument into a body, the laparoscopic instrument including a non-inflatable band made from of a non-extendable and flexible material, the band comprising a first and second end;

inserting the first end of the band through a through-going opening near the second end of the band using a laparoscopic instrument, the opening at a location spaced from the second end of the band defining an extended end portion of said material past said opening; and

gripping the extended portion using a laparoscopic instrument; including a section of about 3 cm in length enabling gripping the band material, said extended end portion freely extending from the band when the band is in a closed operating position.

**19.** A method according to claim **18**, further comprising:

detecting the extended portion by a laparoscopic inspection tool after the band is brought into its laparoscopic operating position.

\* \* \* \* \*

专利名称(译)	胃带		
公开(公告)号	<a href="#">US20140107407A1</a>	公开(公告)日	2014-04-17
申请号	US14/106964	申请日	2013-12-16
[标]申请(专利权)人(译)	杜达伊摩西		
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当前申请(专利权)人(译)	杜达伊，摩西·		
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发明人	DUDAI, MOSHE		
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优先权	129032 1999-03-17 IL		
外部链接	<a href="#">Espacenet</a> <a href="#">USPTO</a>		

#### 摘要(译)

提供一种带式胃带，用于围绕患者胃的周围连接，以限定胃开口的直径。该带包括外表面和内表面，其中内表面与胃接合，并且至少外表面由沿其纵向轴线基本上不可延伸的细长构件形成。在细长构件中形成贯穿开口，并且该开口定位成限定具有预定长度的带的端部。带的相对的两个端部成形为可插入通孔中，用于在其闭合的操作位置调节带的所需内径，并将相对的端部固定到带的外表面上。

