Table of Contents

What is the Allurion Balloon?

The Allurion Balloon

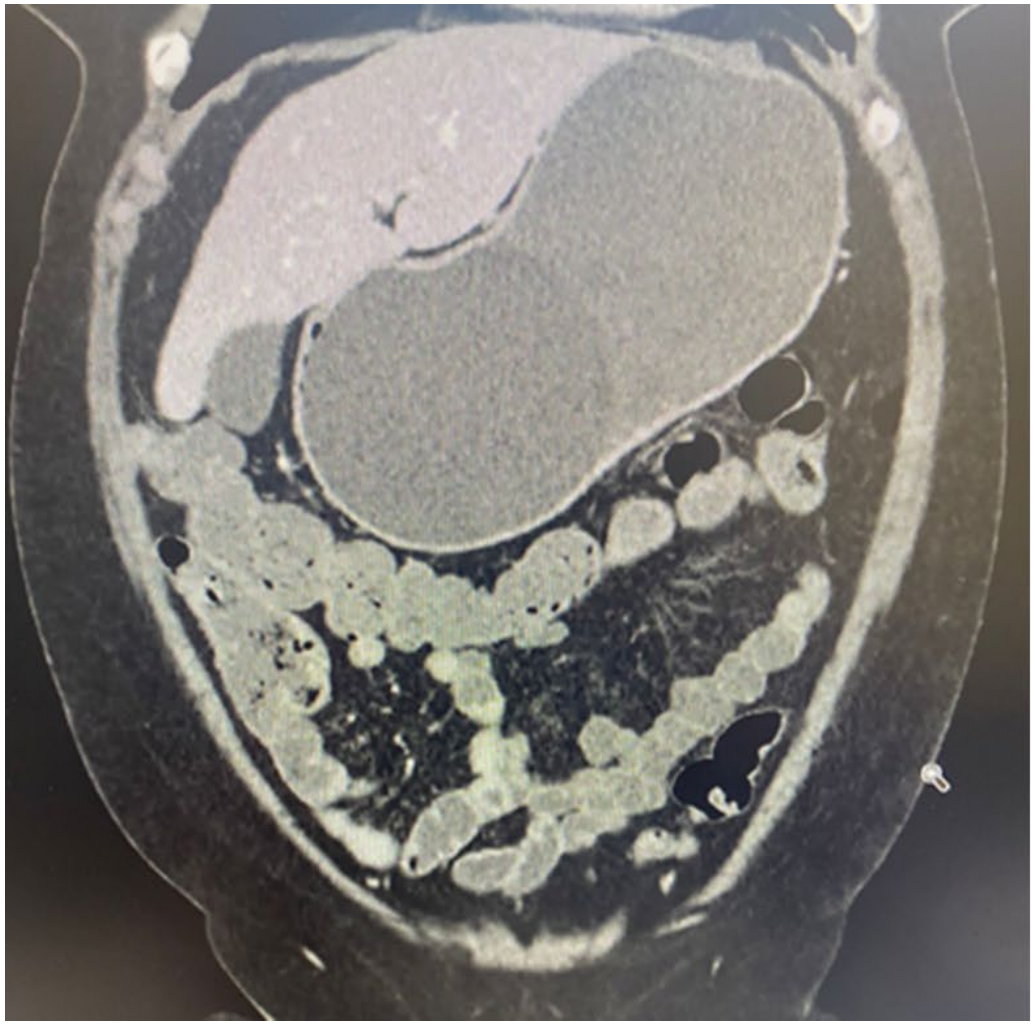
- The Allurion Balloon is compressed into a small capsule that is connected to a thin catheter and is swallowed under the close supervision of medical professionals, avoiding the need for anesthesia or endoscopic procedures.
- Once introduced into the stomach, its placement is verified by taking radiographs. After ensuring the correct position of the balloon, it is carefully inflated with 550 ml of fluid. This careful placement is completed in a short time of approximately 15 minutes, making it suitable for outpatient care.
- After a duration of approximately 16 weeks, the balloon will naturally deflate and is expelled from the body naturally.

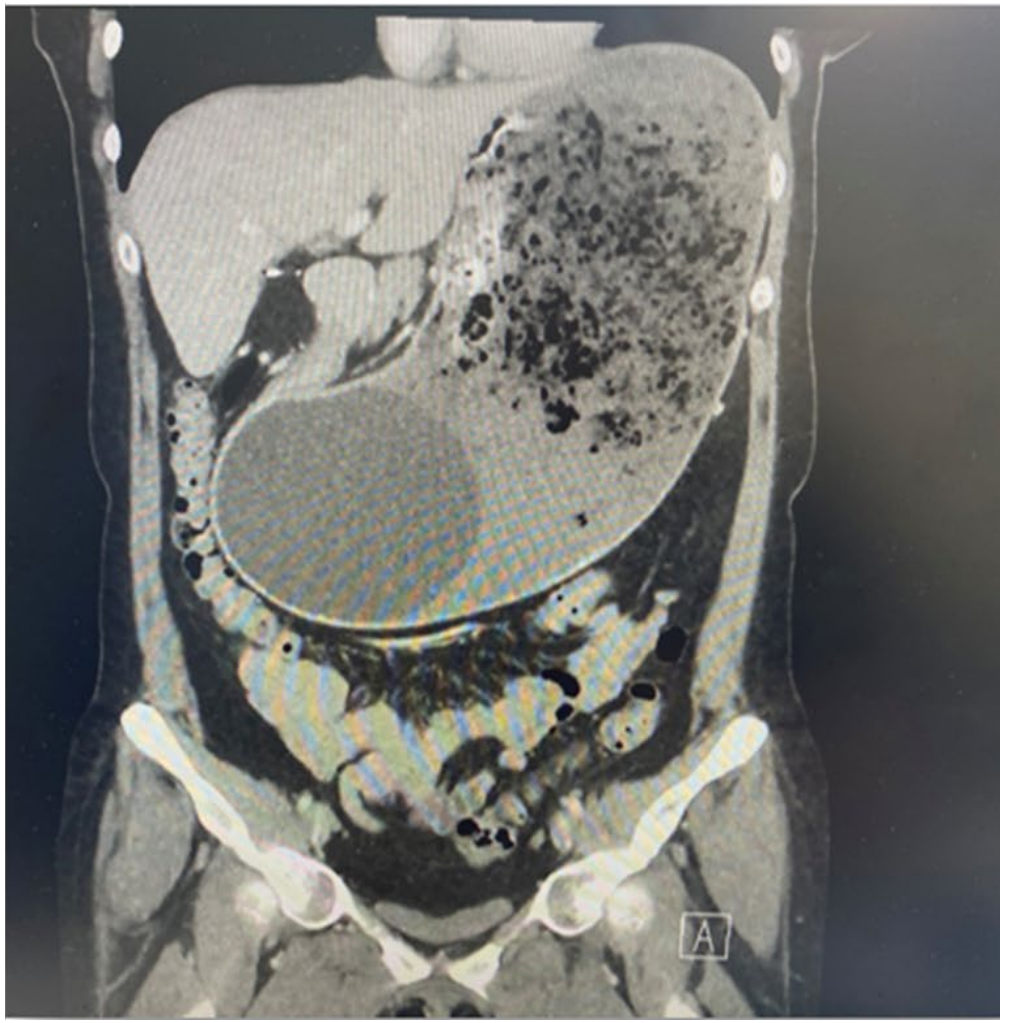
Allurion Balloon filling

Medical Management of Gastric Outlet Obstruction from the Allurion Balloon

Gastric outlet obstruction:

How do you manage?





Medical management for suspected gastric outlet obstruction

First, and most important, if there is significant gastric dilation, place NG tube to decompress the stomach

01 Patient lies flat on the back.

02 Feel the balloon in the mid to lower distended abdomen with both hands.

03 Manually mobilize and dis-impact the balloon by pushing on the balloon upwards and to the left.

04 Have the patient lay down on the left side of body for 48 hours.

05 Keep on clear liquid diet for at least 48 hours.

06 Walk, exercise after balloon has dis-impacted.

If endoscopy is required for balloon removal, must first decompress the stomach via NG tube and intubate before endoscopy to prevent gastric perforation and pulmonary aspiration.

Endoscopic removal of the Allurion Balloon

Balloon Aspiration and Removal Tools

Standard Upper GI Endoscope

Endoscopic aspiration needle

Endoscopic grasping forceps

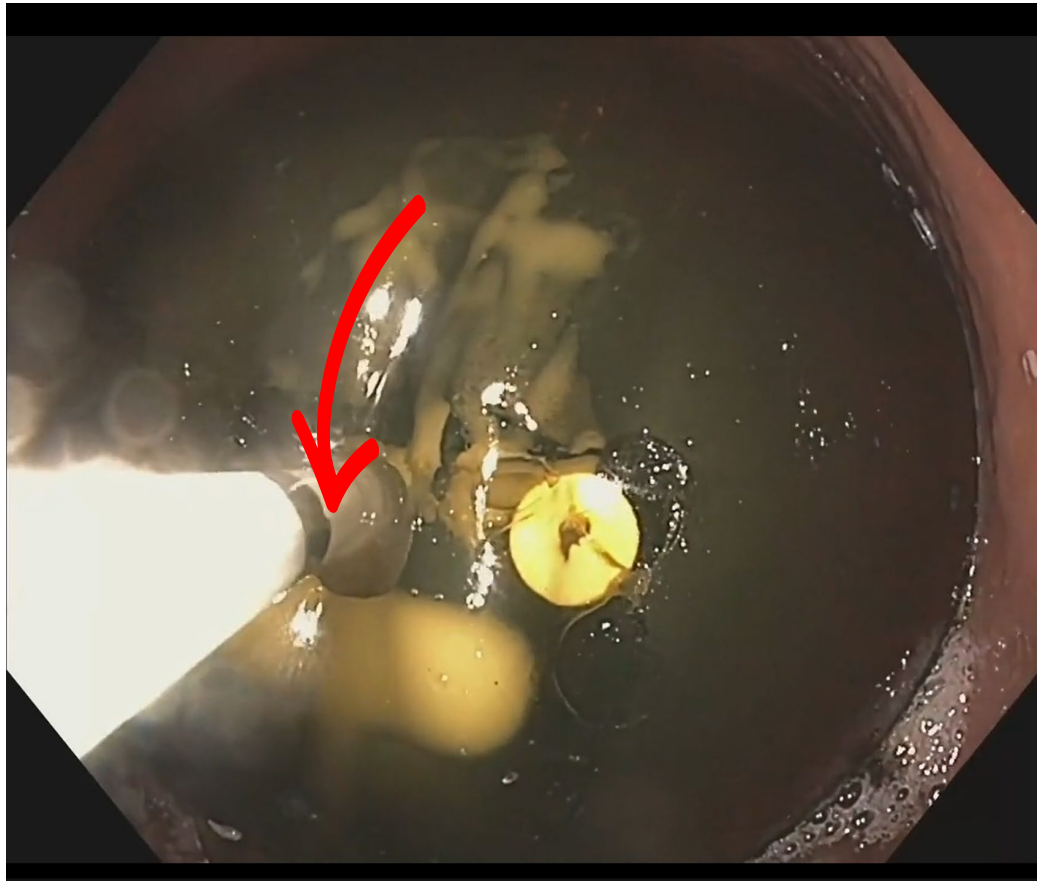
Both tools are designed for removal of intragastric balloons or foreign bodies in the stomach

Endoscopic Aspiration Needle

- A hollow catheter with a puncture needle that advances out of the distal end of the catheter to puncture the balloon.
- The needle is withdrawn after the catheter has entered the balloon allowing for a hollow catheter to withdraw the balloon fluid.
- The proximal end of the catheter is attached to room suction or a luer lock syringe.

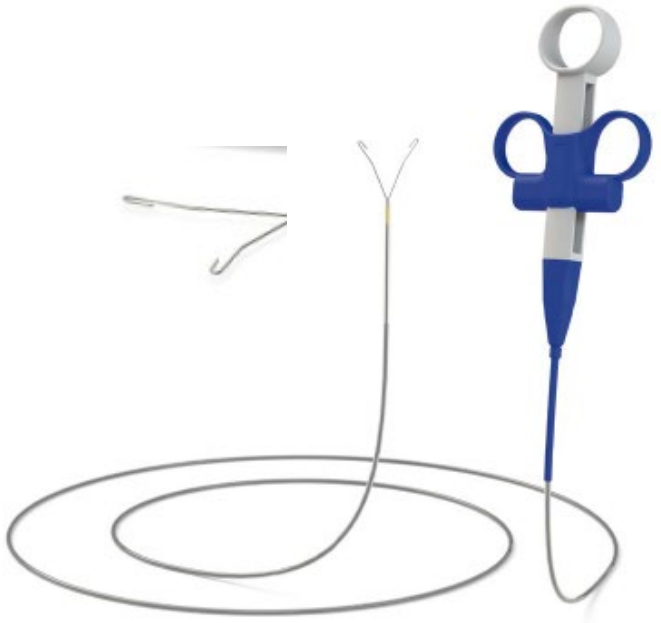
Marking the Endoscopic Aspiration Needle

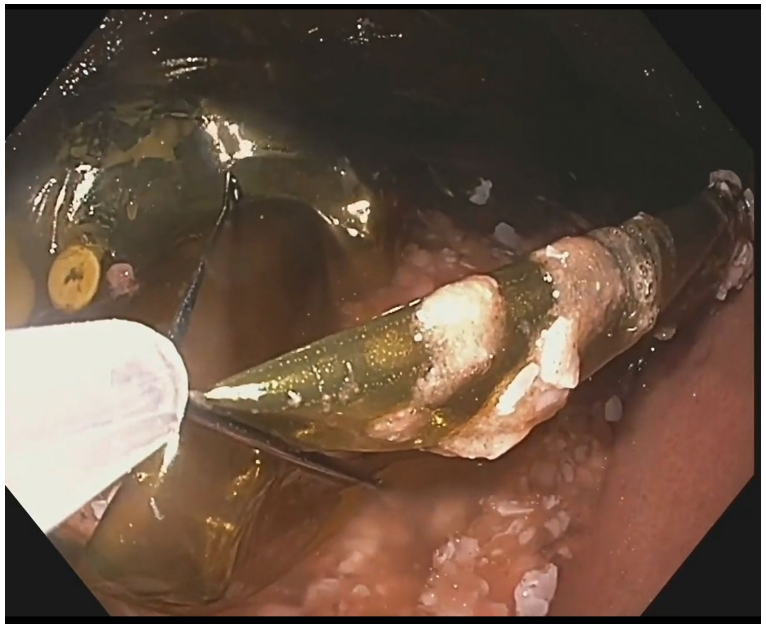
- Mark with a Sharpie at 4cm from distal end.
- Used to visualize depth of needle in the balloon (4 cm = in the middle of balloon).
- Aims to prevent needle from passing through the balloon and penetrating the stomach wall.
- Able to visually maintain depth of needle throughout aspiration of fluid.



Endoscopic Grasping Forceps

- Open grasping forceps once in stomach to avoid damaging adjacent tissue.
- Grasp balloon by maneuvering forceps around the edge of the balloon, placing balloon at crotch of forceps, and closing forceps.
- Firmly pull forceps and attached balloon to the head of the scope; maintain it at the head of the scope as the balloon is withdrawn.
- If the balloon is dropped in the esophagus during removal, pull the endoscopic grasping forceps back in the channel, push the balloon back into the stomach with the scope, then regrasp in the stomach.





Video 10: Endoscopic balloon removal

Percutaneous management in the Rare Event of a Small Bowel Obstruction from the Allurion Balloon

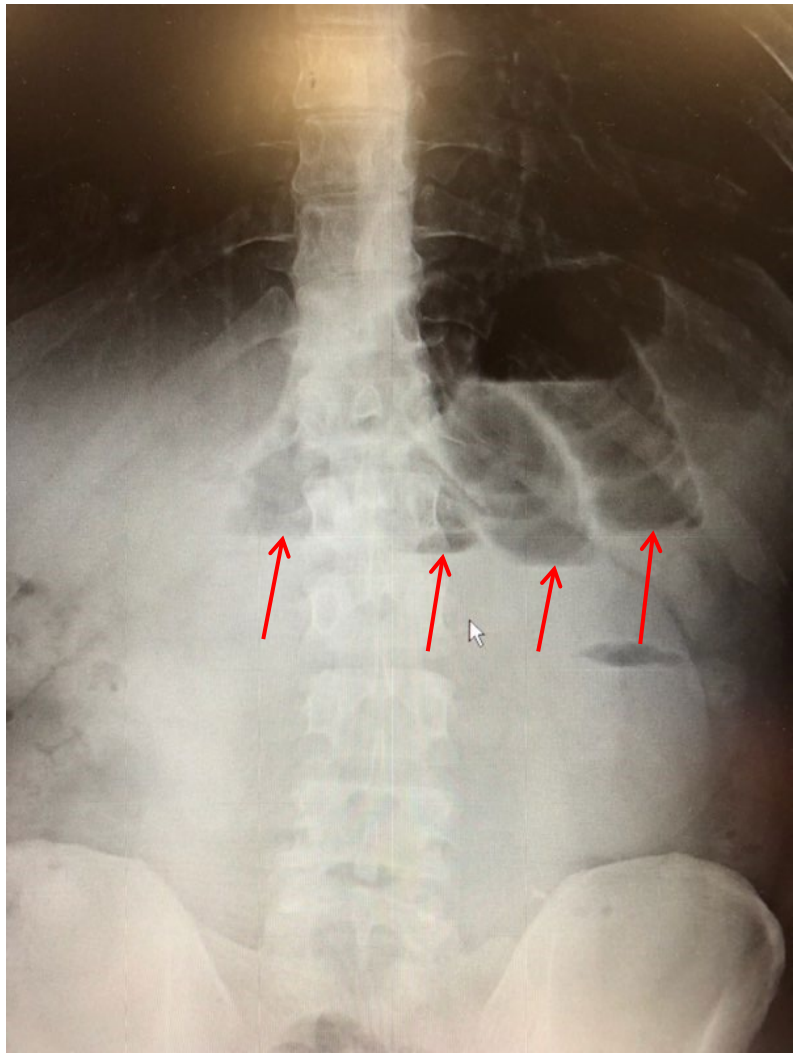
A

SBO may be relieved without surgery by using a long 22-gauge needle under CT or ultrasound guidance

Required Tools

- Long 22-gauge fine-needle aspiration needle.
- CT Scan or Ultrasound.
- Syringe with luer lock.

Typical Images of a Small Bowel Obstruction from an Allurion Balloon

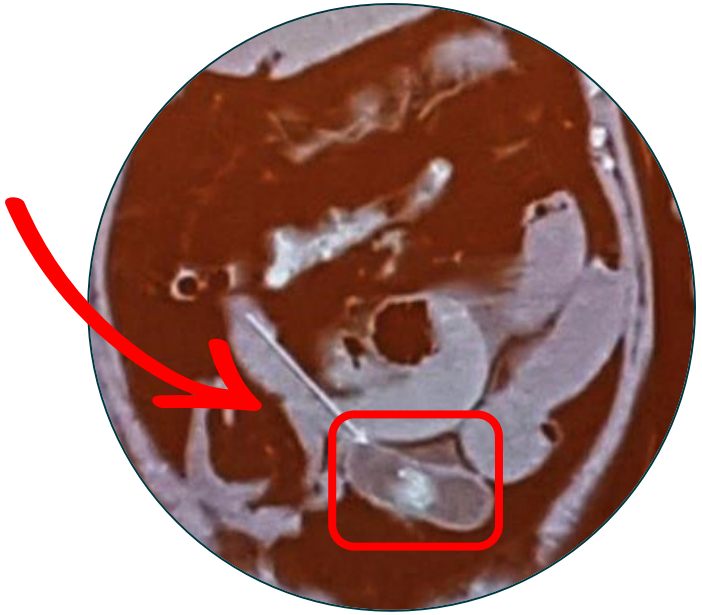


Air fluid levels

Obstructing balloon causing dilated bowel

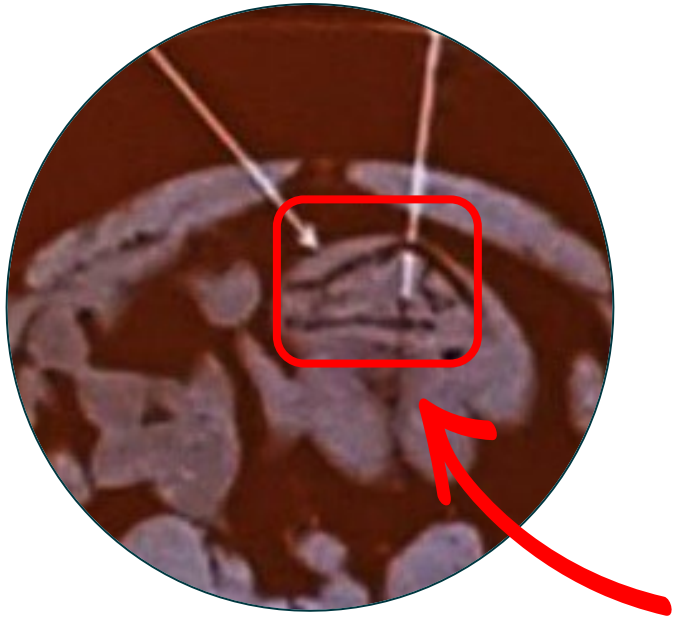
Example of CT guided long needle aspiration of the Allurion Balloon in the ileum with subsequent migration of the balloon into the colon

Obstructing balloon



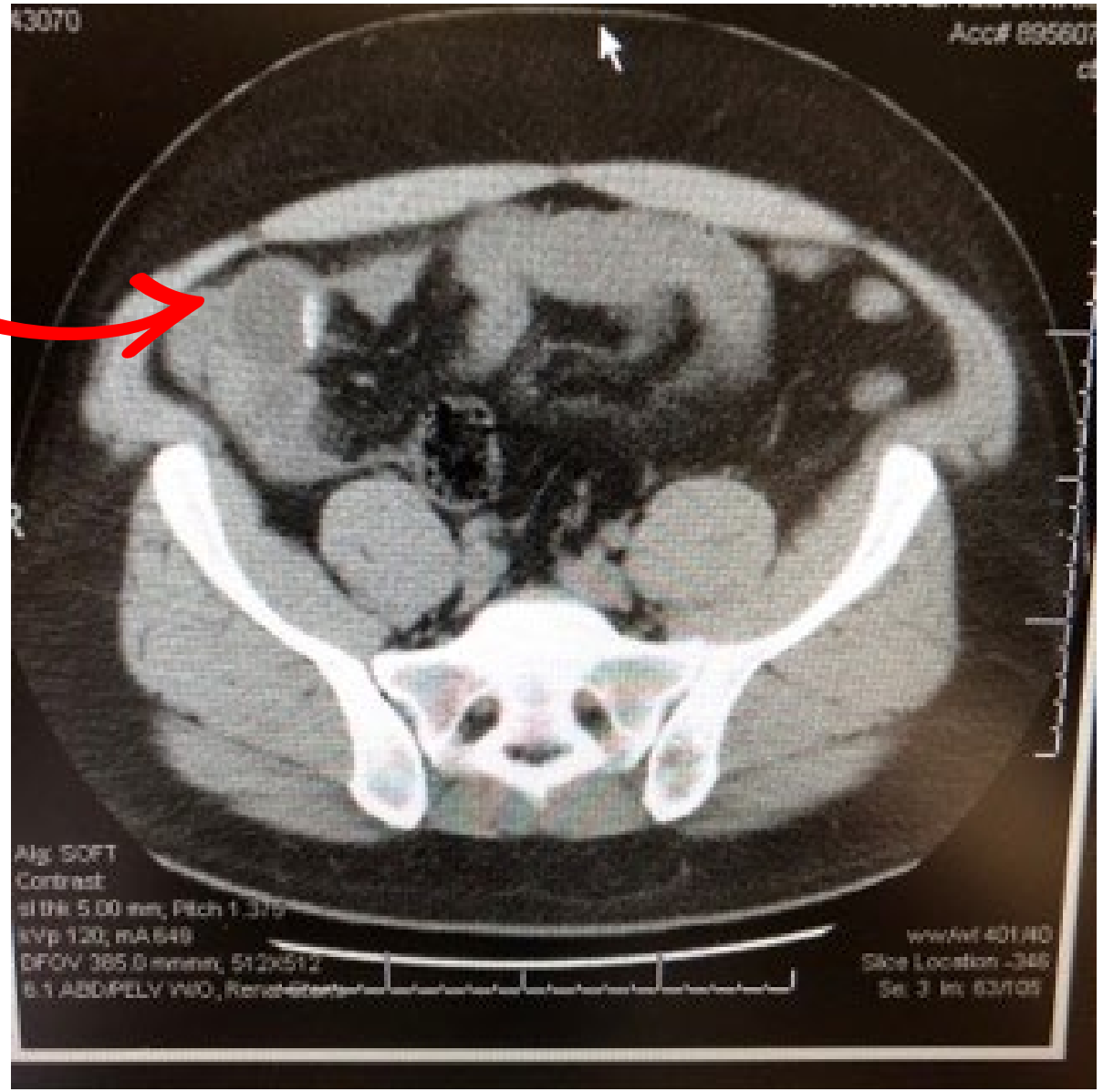
CT Guided Needle Aspiration

Decompressed balloon



SBO from an Allurion Balloon

CT scan followed by ultrasound guided needle aspiration.



SBO Symptoms Resolved

Decompressed balloon in the transverse colon can be allowed to pass naturally.