



A SURGICAL AID IN THE TREATMENT OF MORBID OBESITY

LAP-BAND® System Information for Patients



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Morbid Obesity and the LAP-BAND® System

In America, obesity is a leading cause of preventable death. As such, it is a major public health challenge. Millions of adults are overweight or obese. Because they are, they have a greater risk for health problems, such as

- High blood pressure
- Heart disease
- Type 2 diabetes
- Sleep apnea
- Respiratory problems

The LAP-BAND® System can help you achieve your goal of sustained weight loss. Combined with diet and a behavior modification program, it offers a chance to reduce your weight and the health risks associated with obesity.

The LAP-BAND® System is not a miracle cure. It is a tool to lose weight. Not everyone will lose weight or keep it off. To get the long-lasting weight loss results you want, you will need to work at it.

The purpose of this booklet is to give you the following information about the LAP-BAND® System:

- How it works
- What its benefits are
- What its potential risks and complications might be

This booklet also covers topics such as

- Obesity
- Related health risks
- Surgical and non-surgical options to treat obesity
- Eating habits
- Frequently asked questions about the LAP-BAND® System

RECORD OF RECEIPT

(TO BE SIGNED BY PATIENT UPON RECEIPT OF THIS BOOKLET AND STORED IN THE PATIENT FILE)

My surgeon has provided me with the brochure “A Surgical Aid in the Treatment of Morbid Obesity, LAP-BAND® System Information for Patients” for my use prior to surgery.

Patient Signature

Date

Patient Name Printed

Surgeon Signature

Date

Surgeon Name Printed



INTRODUCTION

Almost every day, you see reports in the media about an amazing new diet or some new pill for weight loss. Even so, the number of people with a serious weight problem keeps going up. If you are one of those people, you probably already know that weighing more than you should is bad for your health.

If you are severely obese, you have a higher risk for problems such as heart disease and diabetes. Plus, weighing more than you should can affect the way you feel about yourself. It can give you a negative self-image. It also can cause you to become socially isolated.

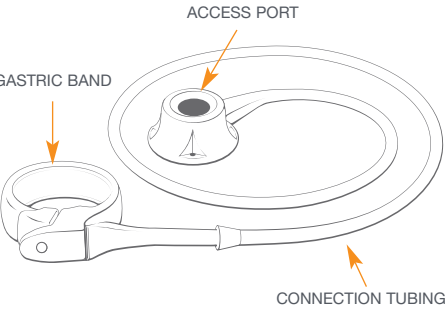
The best remedy for being overweight is to exercise more while you eat less and eat sensibly. With this approach, you can use up more energy than you take in and lose weight. A diet can help people lose weight, and some people can have success with drugs that make them feel less hungry. But over the long term, these methods don't work for everyone. Some people quickly regain the weight they lose on a diet. Some even end up weighing more. Drugs that make you feel less hungry do not usually produce weight loss that lasts.

If you've tried these methods and still have a problem with excess weight, you may want to consider surgery. Surgery can help some people lose weight and keep it off. This booklet gives you important information about one type of surgery used to treat severe obesity with the aid of the LAP-BAND® System (also referred to as the LAP-BAND® Adjustable Gastric Banding System).

The LAP-BAND® System overview

The LAP-BAND® System is an adjustable silicone elastomer band that is surgically placed around the stomach. (This will be explained in more detail later in this booklet.) The LAP-BAND® System is designed to limit food intake. When you

eat less food, your body draws on its own fat reserves to get the energy it needs. The result is you lose weight.



THE LAP-BAND® SYSTEM

Besides telling you about the LAP-BAND® Adjustable Gastric Banding System, this booklet looks at obesity and the health risks it brings. It explains some treatment options, and gives you information you need to decide what is best for you. But please be sure you talk to your doctor about all your options. The LAP-BAND® System is an aid to weight loss. It is not a miracle cure. Not everyone will lose weight or keep it off. You will still need to work to have long-lasting weight loss results.

THE CONCEPT OF OBESITY

Not everyone who has a weight problem should consider surgery. It depends on whether or not you are overweight, obese, or morbidly obese. One way to tell is by your Body Mass Index (BMI). Your BMI depends on both your weight and your height. There is a chart on page 15 to help you find your own BMI.

Surgical candidates

An ideal BMI is 19 to 25.¹ If your BMI is between 25 and 30, you are thought to be overweight. If it is higher than 30, you are obese. That means you are at risk for health problems. If your BMI is 40 or more, you are said to have “morbid” obesity. A BMI higher than 40 suggests surgery might

be a proper approach. For some people with a BMI between 35 and 40 (“severe” obesity), surgery might also be a good choice. These are people who have other conditions. For instance, if your BMI is 37 and you have severe sleep apnea, diabetes mellitus, or heart problems, your doctor might suggest surgery to help you lose weight.^{2,3}

In the following pages, you will find out more about the causes of obesity and morbid obesity. You will also find out about problems connected with excess weight and learn about methods for treating it.

OBESITY CAUSES

Many things can lead to obesity and morbid obesity. The five main causes are discussed as follows:

Energy balance

To work right, your body needs the energy that comes from food. When you eat the same amount of food your body needs, your weight stays the same. If you get more energy from your food than you need, some is left over. Your body stores that extra energy as fatty tissue. If your body never uses the extra fat, you will gain weight. How much food you need depends on how fast your body uses energy. Some people with higher metabolism use energy faster than others. Some need more energy because they are more active.

Heredity

If others in your family are obese, then you have a higher risk for obesity. A study in Canada looked at 12 sets of identical twins. Each twin consumed 1000 extra calories a day for three weeks. All of the subjects in the study gained weight. But not all subjects gained the same amount of weight. The interesting thing, though, was that in each set of twins, one twin gained the same amount as the other.⁴

In 1994, scientists found a gene in mice that was linked to obesity. This gene produces the protein leptin, which contributes to feeling full. Mice with a defective gene eat large amounts of food. But when humans were studied, the results were not the same. So it seems unlikely that a single gene can explain severe obesity.

Genetic research does show that a number of processes don't work as well in obese people as they do in others. These include how fat is burned, metabolism, and feelings of hunger and fullness.

Metabolic disorders

Metabolism refers to how your body gets energy from food. Lots of things can affect metabolism. For instance, trouble with your thyroid gland can change your metabolism and lead to obesity or morbid obesity.

Eating and social habits

Your eating habits can affect your weight. Things like not eating a balanced diet or eating fast-food and fatty snacks between meals can all cause obesity. Another habit that can cause obesity is eating portions that are too large or too rich. Drinking too many high-calorie soft drinks can also cause it. Not getting enough exercise can make the effect of these habits worse.

Psychological factors

Most people's eating habits are affected by their surroundings. For some people, smell and color will cause them to eat more. Some will eat to be social. For instance, someone might say to you, "Don't be such a snob. Have a piece of cake."

Some people eat for comfort. They may eat in times of grief or stress. The "blow-out" is a common response after a diet fails. Then a person might say, "It never works." Thinking that way can lead to a vicious cycle of eating and dieting that will only make the person gain more weight.

THE RISKS OF SEVERE OBESITY

If you are morbidly obese, you have major risks to your

- Health
- Psychological and social well-being
- Day-to-day living

Health risks

Obese people have more risk for

- Diabetes
- Joint problems
- High blood pressure
- High cholesterol
- Cancer
- Gallbladder problems
- Breathing difficulties
- Coronary artery disease

If you already have some diseases, such as diabetes or heart disease, they can get worse. Plus, the more weight you gain, the more risk you have. As a result, your life expectancy is shorter. You also may be less able to do things to help your health improve. Exercise is important to good health. But severe obesity makes you less mobile. It is hard to exercise or take part in sports. Severe obesity can also affect fertility. That means you are less likely to become pregnant. On the other hand, if you do become pregnant, you have more risk of problems during pregnancy and childbirth.

Psychological and social well-being risks

People with a weight problem often have a negative self-image. Their environment can make this worse. Obese children, for instance, may be teased at school and have few friends. You may find it hard to buy clothes that look good. Bus or train seats, telephone booths, and cars may be too small. You are also likely to be left out of social functions that require exercise.

People with severe obesity often find themselves socially isolated.

Day-to-day living risks

Even normal tasks become harder when you are severely obese. You tend to tire more quickly. You may also have breathing problems. Not being able to move as well makes it hard for some people to maintain personal hygiene.

TREATMENTS FOR SEVERE OBESITY

There are several options for treating severe obesity. Some treatments do not involve surgery and some do.

Non-surgical treatments

The most common approach for losing weight is to eat less, eat more sensibly, and exercise more. But if you are severely obese, this approach may not be enough. Sticking to a diet and exercise plan is hard and sometimes painful. Many who lose weight quickly gain it back when the diet ends. That leads to more diets, or taking special drinks that replace a meal, or using a so-called "wonder pill." The cycle of losing weight and gaining it back is called the yo-yo effect. While temporary weight loss can help, the yo-yo effect can also make it harder to lose weight in the future.

Asking professionals can help. A physician or a dietitian can help you change your lifestyle. A program of improved eating habits and exercise will be important over time. A doctor may even prescribe drugs to reduce your appetite for a while. But studies show that diets and weight loss aids rarely work in helping severely obese people reach the goal of long-lasting weight loss. Nor do other options that don't use surgery. Those options include jaw wiring, hypnosis, or counseling, for example.

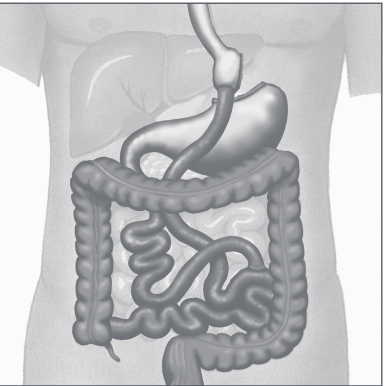
Surgical options

If non-surgical methods have not helped you lose weight and keep it off, you still have another option. Surgery to reduce how much your stomach holds may work for you. But keep in mind that a positive attitude is key to the success of the surgery. Surgery can help you achieve your long-term goal only if you are ready for and committed to losing weight and keeping it off.

There are two types of surgery for obesity. One is called malabsorptive. This surgery shortens the digestive tract. The other kind is called restrictive. This surgery reduces how much food the stomach can hold. Some surgeries are combinations of the two types. The two most common obesity surgeries in the United States are Gastric Bypass and Vertical Banded Gastroplasty.

Gastric Bypass

Gastric Bypass is both a restrictive and a malabsorptive procedure. With this surgery, most of the stomach and part of the intestines are bypassed. With Gastric Bypass, the stomach is stapled to make a smaller pouch. Then a part of the intestines is attached (usually stapled) to the small stomach pouch. The result is that you cannot eat as much and you absorb fewer nutrients and calories from your food.

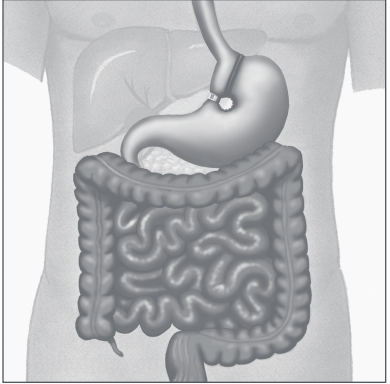


GASTRIC BYPASS

Vertical Banded Gastroplasty (VBG)

VBG is a restrictive surgery. The surgeon uses staples to make a small stomach pouch. This reduces how much food your stomach can hold. When the amount of food the stomach can hold is reduced, you feel full sooner. But at the same time, the stomach digests nutrients and calories in a normal way.

There is more than one way to reduce how much food the stomach can hold. VBG is one. Another is to use the LAP-BAND® Adjustable Gastric Banding System.



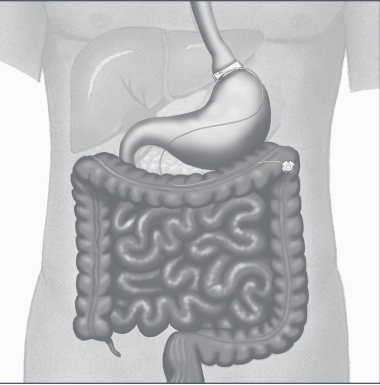
STOMACH STAPLING/VBG

The LAP-BAND® Adjustable Gastric Banding System

This option restricts how much the stomach can hold by placing an adjustable band around the upper part of the stomach. There is no cutting or stapling needed to divide the upper stomach pouch from the lower stomach. The result is you take in less food. But unlike stomach stapling, the LAP-BAND® System can be adjusted to suit your situation and can be removed if necessary.

The LAP-BAND® System uses new surgical technology to help you lose weight by reducing how much your stomach can hold and lengthening the feeling of being full. The success of this process, however, also

depends on how motivated you are and how committed you are to your goal of long-lasting weight loss.



THE LAP-BAND® SYSTEM

THE LAP-BAND® SYSTEM

The LAP-BAND® System was designed to help you lose excess body weight. It uses a process called laparoscopic banding. This process is the least invasive way to use surgery to reduce the amount of food your stomach can hold. The name "LAP-BAND" comes from the surgical technique used (laparoscopic) and the name of the product used (gastric band).

One big advantage of the LAP-BAND® System is that the band's size can be changed to meet your needs. This is not possible with other techniques.

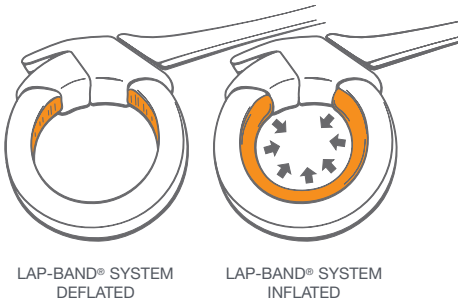
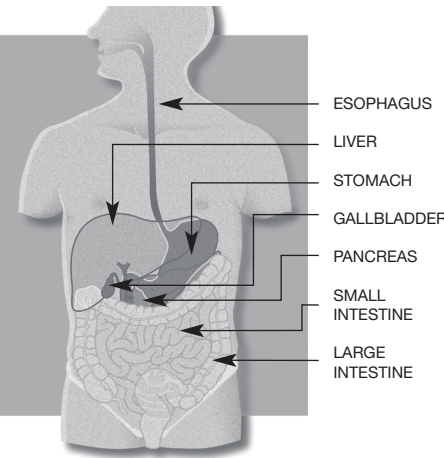
How does the LAP-BAND® System work?

Your body gets energy from food while it passes through the alimentary canal. This consists of the mouth, the esophagus, the stomach, and the small and large intestines. Digestion starts in the mouth with chewing and the addition of saliva. After the food passes through the esophagus, this process continues in the stomach. The stomach then provides temporary storage

for food. Gastric juices, which contain enzymes, break down the food. This way, energy can be carried through the body by the blood.

The adjustable band of the LAP-BAND® System is a silicone elastomer hollow ring filled with saline and placed around the upper part of the stomach. This creates a new small stomach pouch, with the larger part of the stomach below the band. This way, the food storage area in the stomach is reduced. The pouch above the band can hold only a small amount of food. The LAP-BAND® System also controls the stoma (stomach outlet) between the two parts of the stomach. The size of the opening between the two parts of the stomach controls the flow rate of the food from the upper to the lower part of the stomach. This lets you feel full sooner. The feeling also lasts longer.

To change the size of the stoma, the inner surface of the band can be adjusted by adding or removing saline. This process is called inflating or deflating. Saline is a salty solution like other fluids in your body.



The band is connected by a tube to an access port placed beneath the skin during surgery. Later, the surgeon can control the amount of saline in the band by piercing the access port through the skin with a fine needle. If the band is too loose and weight loss too small, adding more saline can reduce the size of the stoma. If the band is too tight, the surgeon will remove some saline. This too can be done without more surgery. Being able to adjust the band is a unique feature of the LAP-BAND® System and is a normal part of the follow-up. If adjusting the band does not help you lose weight the way you and your doctor want it to, or if the band is still too tight, another surgery may be needed. Band position on the stomach can be changed or the size of the upper stomach pouch can be reduced.

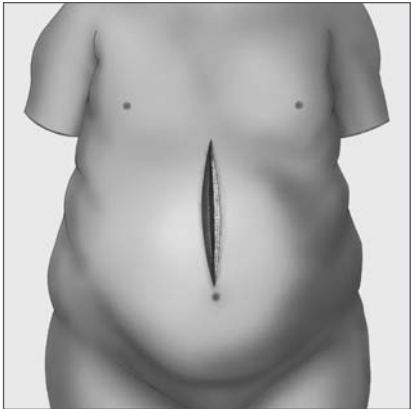
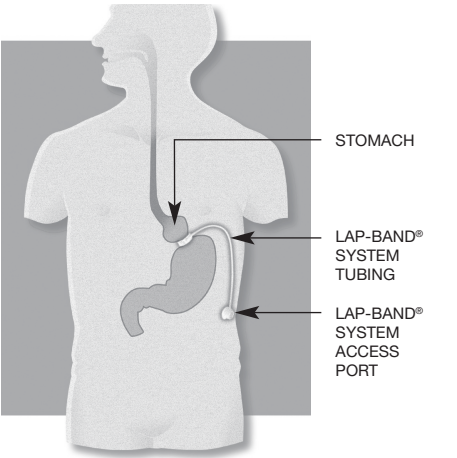
How is the LAP-BAND® System placed around the stomach?

The LAP-BAND® System is usually placed laparoscopically. Laparoscopic surgery requires general anesthesia. First the surgeon makes a few small incisions in the abdominal wall and inserts narrow, hollow tubes. Thin surgical instruments are then passed through the tubes. The surgeon can see inside the abdomen by using a small camera that also goes through the tubes.

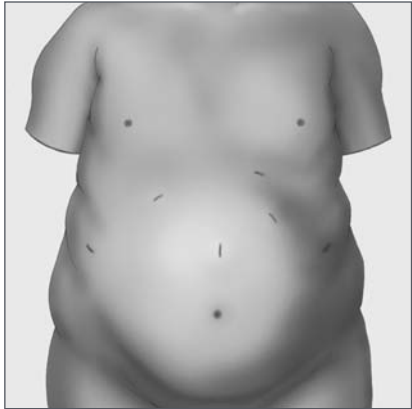
The picture the camera takes is shown on a monitor that is like a TV screen. This technique is called “laparoscopy” and is considered “minimally invasive.” A small tunnel is made behind the top of the stomach. Then the LAP-BAND® System is pulled around the stomach to form a ring. The LAP-BAND® System has a locking part which securely holds the band in a circle around the stomach.

There are clear advantages to this kind of surgery. In an “open” surgery, a larger incision is made. After a laparoscopic surgery, most people feel much less pain. There are fewer wound complications. Patients also recover faster and are able to resume normal activities sooner.

Sometimes, for a variety of reasons, the surgeon may need to make a larger incision to place the LAP-BAND® System. The surgeon may need to decide this during the operation. Both techniques are discussed in this booklet. You and your surgeon should decide together what plan is best for you.



OPEN PROCEDURE



LAPAROSCOPIC PROCEDURE

How is the LAP-BAND® System used?

The LAP-BAND® System is an aid to help you achieve longer-lasting weight loss. It does this by limiting how much you can eat, reducing your appetite, and slowing digestion. You should still remember, though, that the LAP-BAND® System by itself will not solve your problem of severe obesity. Nor will it ensure that you reach your goal weight or even lose weight. The amount of weight you lose depends both on the LAP-BAND® System and on your motivation and commitment to a new lifestyle and eating habits.

How much weight will you lose with the LAP-BAND® System?

The average weight loss in a United States clinical study was approximately 36% to 38% of excess weight, 2 and 3 years after surgery. A few people lost up to 100% of their excess weight, some did not lose any weight, and a few got heavier. The table at the bottom of this page includes information about how much weight patients lost in the U.S. study. Weight loss is described in terms of the percent of the excess weight a person lost (EWL = Weight Loss/Excess Weight X 100).

Assume that you weigh 330 pounds. Also assume that for your height your ideal weight is 155 pounds. That means you weigh 175 pounds more than your ideal weight—38% of 175 pounds is 66.5 pounds.

Some people lose more than others. You may never reach your ideal weight. At the same time, chances are good that your health will improve, along with your self-image.

What if the LAP-BAND® System needs to be removed?

If there is a problem with the LAP-BAND® System, or if you can't lose enough weight or adjust to the new eating habits, your surgeon may decide to remove it. That decision will come after your

surgeon consults with you. Removing the LAP-BAND® System will most likely restore your stomach to its original form. Also, the digestive tract will again function normally. Please keep in mind, though, that when the LAP-BAND® System is removed, your weight will likely increase.

The LAP-BAND® System advantages

The LAP-BAND® System has the following advantages:

- It is less invasive than other surgical techniques
- It can be adjusted
- The process can be reversed
- It may require less hospital time than other surgical techniques
- Recovery may be quicker

The process is less invasive

Of the surgeries used to treat obesity, the one used to place the LAP-BAND® System causes the least trauma. There is no need for cutting or stapling the stomach. Also, the LAP-BAND® System can usually be placed laparoscopically. The main benefits of that kind of surgery are:

- Fewer operative complications
- Less pain
- Faster recovery

With this surgery, it's possible to avoid large incisions and scars.

EXCESS WEIGHT LOSS AT 3 YEARS	ALL PATIENTS		DIABETIC PATIENTS		SUPER OBESE PATIENTS (BMI OF AT LEAST 50)	
	%	# OF PATIENTS	%	# OF PATIENTS	%	# OF PATIENTS
Gained over 5% EWL	2%	4	4%	1	0%	0
No Change ± 5% EWL	5%	9	0%	0	9%	5
Lost at least 25% EWL	62%	110	50%	12	58%	32
Lost at least 33% EWL	52%	93	46%	11	53%	29
Lost at least 50% EWL	22%	39	13%	3	15%	8
Lost at least 75% EWL	10%	18	8%	2	4%	2
Total # of patients		178		24		55

The LAP-BAND® System is adjustable

Normally, you don't need more surgery to adjust the size of the stoma. LAP-BAND® System adjustment is a regular part of follow-up for this procedure. It's also a feature that may become more important as you lose weight. There are reasons you might need to change how much food you can eat. These can include your weight loss progress, pregnancy, and illness. With the LAP-BAND® System, the amount of food you can eat at one time can often be changed without more surgery. This can be done simply by inflating or deflating the band.

Changes can be reversed

If it needs to be, the LAP-BAND® System can be removed. When it is, the stomach generally returns to its original form. In general, it's easier to remove the LAP-BAND® System than it is to reverse other procedures. Reversing other procedures typically leaves staples and more traumatized tissue.

You need less hospital time

Patients normally leave the hospital one to three days after laparoscopic surgery. If a large incision is required or if there are complications, more days in the hospital may be needed.

You may recover more quickly

After the procedure, patients usually get back to their normal activities in a week or two. It may take four weeks or more if the procedure is not done laparoscopically or if there are complications.

THE LAP-BAND® SYSTEM INDICATIONS⁵

The LAP-BAND® System is not right for everyone. You and your surgeon should work together to decide if this is the right treatment for you. Here are some of the things your surgeon will consider.

The LAP-BAND® System may be right for you if

- You are an adult (at least 18 years old)
- Your BMI is 40 or higher or you weigh at least twice your ideal weight or you weigh at least 100 pounds more than your ideal weight
- You have been overweight for more than 5 years
- Your serious attempts to lose weight have had only short-term success
- You do not have any other disease that may have caused you to be overweight
- You are prepared to make major changes in your eating habits and lifestyle
- You are willing to continue working with the specialist who is treating you
- You do not drink alcohol in excess

If your BMI is less than 40, the LAP-BAND® System may not be right for you. On the other hand, your surgeon may consider it if you have health problems that are related to obesity. Your surgeon may also have other criteria he or she uses. Ask him or her to discuss the criteria with you.

CONTRAINDICATIONS

The LAP-BAND® System is not right for you if

- You have an inflammatory disease or condition of the gastrointestinal tract, such as ulcers, severe esophagitis, or Crohn's disease
- You have severe heart or lung disease that makes you a poor candidate for surgery
- You have some other disease that makes you a poor candidate for surgery
- You have a problem that could cause bleeding in the esophagus or stomach, which might include esophageal or gastric varices (a dilated vein). It might also be something such as congenital

- or acquired intestinal telangiectasia (dilation of a small blood vessel)
- You have portal hypertension
- Your esophagus, stomach, or intestine is not normal (congenital or acquired)—for instance, you might have a narrowed opening
- You have or have experienced an intra-operative gastric injury, such as a gastric perforation at or near the location of the intended band placement
- You have cirrhosis
- You have chronic pancreatitis
- You are pregnant (If you become pregnant after the LAP-BAND® System has been placed, it may need to be deflated. The same is true if you need more nutrition for any other reason, such as becoming seriously ill. In rare cases, removal may be needed.)
- You are addicted to alcohol or drugs
- You are under 18 years of age
- You have an infection anywhere in your body or one that could contaminate the surgical area
- You are on chronic, long-term steroid treatment
- You cannot or do not want to follow the dietary rules that come with this procedure
- You might be allergic to materials in the device
- You cannot tolerate pain from an implanted device
- You or someone in your family has an autoimmune connective tissue disease, which might be a disease such as systemic lupus erythematosus or scleroderma. The same is true if you have symptoms of one of these diseases

Some surgeons say patients with a “sweet tooth” will not do well with the LAP-BAND® System. If you eat a lot of sweet foods, your surgeon may decide not to do the procedure. The same is true if you often drink milkshakes or other high-calorie liquids.

Your motivation is key

Your surgeon will not do the operation unless he or she knows you understand the problems your excess weight is causing. Also, your surgeon will make sure you know you have responsibilities. These include new eating patterns and a new lifestyle. If you are ready to take an active part in reducing your weight, your surgeon will consider the treatment. First, though, your surgeon will want to make sure you know about the advantages, disadvantages, and risks involved.

RISKS, COMPLICATIONS, AND ADVERSE EVENTS YOU NEED TO KNOW ABOUT

All surgical procedures have risks. When you decide on a procedure, you should know what the risks are. Talk with your surgeon in detail about all the risks and complications that might arise. Then you will have the information you need to make a decision.

What are the general risks?

Using the LAP-BAND® System includes the same risks that come with all major surgeries. There are also added risks in any operation for patients who are seriously overweight. You should know that death is one of the risks. It can occur any time during the operation. It can also occur as a result of the operation. Death can occur despite all the precautions that are taken. There is a risk of gastric perforation (a tear

in the stomach wall) during or after the procedure that might lead to the need for another surgery—in the U.S. clinical study this happened in 1% of the patients. There were no deaths during or immediately after surgery in the U.S. study. Your age can increase your risk from surgery. So can excess weight. Certain diseases, whether they were caused by obesity or not, can increase your risk from surgery. There are also risks that come with the medications and the methods used in the surgical procedure. You also have risks that come from how your body responds to any foreign object implanted in it. Published results from past surgeries, however, do show that LAP-BAND® System surgery may have fewer risks than other surgical treatments for obesity.

Patients can experience complications after surgery. Most complications are not serious, but some may require hospitalization and/or re-operation. In the U.S. clinical study, with 3-year follow-up reported, 88% of the 299 patients had one or more adverse events, ranging from mild, moderate to severe. Nausea and vomiting (51%), gastroesophageal reflux (regurgitation) (34%), band slippage/pouch dilatation (24%), and stoma obstruction (stomach-band outlet blockage) (14%) were the most common post-operative complications. In the study, 25% of the patients had their LAP-BAND® System removed, two-thirds of which were following adverse events. Esophageal dilatation or dysmotility (poor esophageal function) occurred in 11% of patients, the long-term effects of which are currently unknown. Constipation, diarrhea, and dysphagia (difficulty swallowing) occurred in 9% of the patients. In 9% of the patients, a second surgery was needed to fix a problem with the band or initial surgery. In 9% of the patients, there was an additional procedure to fix a leaking or twisted access port. The access port

design has been improved. Four out of 299 patients (1.3%) had their LAP-BAND® System erode into their stomachs and these needed to be removed in a second operation. Surgical techniques have evolved to reduce slippage. Surgeons with more laparoscopic experience and more experience with these procedures report fewer complications.

Adverse events that were considered to be non-serious, and which occurred in less than 1% of the patients, included: esophagitis (inflammation of the esophagus), gastritis (inflammation of the stomach), hiatal hernia (some stomach above the diaphragm), pancreatitis (inflammation of the pancreas), abdominal pain, hernia, incisional hernia, infection, redundant skin, dehydration, diarrhea (frequent semi-solid bowel movements), abnormal stools, constipation, flatulence (gas), dyspepsia (upset stomach), eructation (belching), cardiospasm (an obstruction of passage of food through the bottom of the esophagus), hematemesis (vomiting of blood), asthenia (fatigue), fever, chest pain, incision pain, contact dermatitis (rash), abnormal healing, edema (swelling), paresthesia (abnormal sensation of burning, prickly, or tingling), dysmenorrhea (difficult periods), hypochromic anemia (low oxygen carrying part of blood), band system leak, cholecystitis (gallstones), esophageal ulcer (sore), port displacement, port site pain, spleen injury, and wound infection. Be sure to ask your surgeon about these possible complications and any of these medical terms that you don't understand.

Is there a chance the device will need to be removed?

The LAP-BAND® System is a long-term implant, but it may have to be removed or replaced at any time. For instance, the device may need to be removed to manage any adverse reactions you might have.

The device may also need to be removed, repositioned, or replaced if you aren't losing as much weight as you and your doctor feel you should be losing.

What are the specific risks and possible complications?

Talk to your doctor about all of the following risks and complications:

- Ulceration
- Gastritis (irritated stomach tissue)
- Gastroesophageal reflux (regurgitation)
- Heartburn
- Gas bloat
- Dysphagia (difficulty swallowing)
- Dehydration
- Constipation
- Weight regain
- Death

Laparoscopic surgery has its own set of possible problems. They include

- Spleen or liver damage (sometimes requiring spleen removal)
- Damage to major blood vessels
- Lung problems
- Thrombosis (blood clots)
- Rupture of the wound
- Perforation of the stomach or esophagus during surgery

Laparoscopic surgery is not always possible. The surgeon may need to switch to an “open” method due to some of the reasons mentioned here. This happened in about 5% of the cases in the U.S. clinical study.

There are also problems that can occur that are directly related to the LAP-BAND® System. They include

- The band can spontaneously deflate because of leakage. That leakage can come from the band, the access port, or the tubing that connects them

- The band can slip
- There can be stomach slippage
- The stomach pouch can enlarge
- The stoma (stomach outlet) can be blocked
- The band can erode into the stomach

Obstruction of the stoma can be caused by

- Food
- Swelling
- Improper placement of the band
- The band being over-inflated
- Band or stomach slippage
- Stomach pouch twisting
- Stomach pouch enlargement

There have been some reports that the esophagus has stretched or dilated in some patients. This could be caused by

- Improper placement of the band
- The band being tightened too much
- Stoma obstruction
- Binge eating
- Excessive vomiting

Patients who have a weaker esophagus may be more likely to have this problem. A weaker esophagus is one that is not good at pushing food through. Tell your surgeon if you have difficulty swallowing. Then your surgeon can evaluate this.

Weight loss with the LAP-BAND® System is typically slower and more gradual than with some other weight loss surgeries. Tightening the band too fast or too much to try to speed up weight loss should be avoided. The stomach pouch and/or esophagus can become enlarged as a result. You need to learn how to use your LAP-BAND® System as a tool that can help you reduce the amount you eat.

Infection is possible. Also, the band can erode into the stomach, which can happen right after surgery or years later, although this rarely happens.

Complications can cause reduced weight loss. They can also cause weight gain. Other complications can result that require more surgery to remove, reposition, or replace the LAP-BAND® System.

Some patients have more nausea and vomiting than others. You should see your physician at once if vomiting persists. Rapid weight loss may lead to symptoms of

- Malnutrition
- Anemia
- Related complications

It is possible you may not lose much weight or any weight at all. You could also have complications related to obesity.

If any complications occur, you may need to stay in the hospital longer. You may also need to return to the hospital later. A number of less serious complications can also occur. These may have little effect on how long it takes you to recover from surgery.

If you have existing problems, such as diabetes, a large hiatal hernia (part of the stomach in the chest cavity), Barrett's esophagus (severe, chronic inflammation of the lower esophagus), or emotional or psychological problems, you may have more complications. Your surgeon will consider how bad your symptoms are, and if you are a good candidate for the LAP-BAND® System surgery. You also have more risk of complications if you've had surgery before in the same area. If the procedure is not done laparoscopically by an experienced surgeon, you may have more risk of complications.

Anti-inflammatory drugs that may irritate the stomach, such as aspirin and NSAIDs, should be used with caution.

Some people need folate and vitamin B12 supplements to maintain normal homocysteine levels. Elevated homocysteine levels can increase risks to your heart and the risk of spinal birth defects.

You can develop gallstones after a rapid weight loss. This can make it necessary to remove your gallbladder.

Although there have been no reports of autoimmune disease with the use of the LAP-BAND® System, autoimmune diseases/connective tissue disorders (i.e., systemic lupus erythematosus and scleroderma) have been reported following long-term implantation of other silicone implants. However, there is no conclusive evidence to substantiate a relationship between connective-tissue disorders and silicone implants.

Removing the LAP-BAND® System

If the LAP-BAND® System has been placed laparoscopically, it may be possible to remove it the same way. This is an advantage of the LAP-BAND® System. However, an “open” procedure may be necessary to remove it. In the U.S. clinical study, 60% of the LAP-BAND® Systems that were removed were done laparoscopically. Surgeons report that after the LAP-BAND® System is removed, the stomach returns to essentially a normal state.

At this time, there are no known reasons to suggest that the LAP-BAND® System should be replaced or removed at some point unless a complication occurs or you do not lose weight. It is difficult, though, to say whether the LAP-BAND® System will stay in place for the rest of your life. It may need to be removed or replaced at some point. Removing the LAP-BAND® System requires a surgical procedure. That procedure will have all the related risks and possible complications that come with surgery. The risk of some complications, such as erosions and infection, increase with any added procedure.

THE LAP-BAND® SYSTEM OPERATION

The more you know about the LAP-BAND® System procedure, the easier the process should be for you.

Getting ready for surgery

Before your surgery, you should talk about the procedure in detail with your surgeon. Your doctor may also want you to meet with other experts. They can help you understand what will happen during and after the operation. These experts might include

- A dietitian
- A physiotherapist
- A psychologist
- Other specialists

You will also need to have a number of tests before your surgery. These are to evaluate your health. When it is time for the surgery, you will be admitted to the hospital either the day before or on the morning of your surgery.

The surgery

When it is time for the operation, you will receive general anesthesia. If your case is typical, the operation will be done laparoscopically. During the operation, the band part of the LAP-BAND® System will be fastened around the upper part of your stomach. This will create a small stomach pouch. Part of the lower stomach will then be sutured over the band. The rest of the lower stomach will stay in its normal position. The access port for adjusting the band will be placed under your skin. To do this, the surgeon will slightly enlarge one of the incisions that he or she made for the laparoscopic tubes.

Open operation

Sometimes laparoscopic surgery can't be done. Or sometimes, even after the laparoscopic surgery has started, the surgeon may switch to the “open” method. There could be a number of reasons for this. For instance, bleeding or problems placing the LAP-BAND® System could make the open method with the larger incision necessary. If this is the case, you will not be aware of it while you are under anesthesia. The surgeon will make a larger incision in the abdomen to perform the operation. After this “open” surgery, you will most likely need to stay in the hospital longer. That's because there could be more complications. It also may take more time for you to get back to your normal routine. In the U.S. clinical study, about 5% of the patients were converted to open procedures.

AFTER LAP-BAND® SYSTEM SURGERY

Once the anesthesia has worn off, you may feel some pain. This pain can usually be relieved with ordinary painkillers. The hospital staff will help you get out of bed and start moving as soon as possible. This will help prevent blood clots, respiratory problems, and bedsores.

On the day after the surgery, you will likely be given an X-ray. This is so your health team can see that the LAP-BAND® System is in the right place. It is also to see that the new stomach outlet is open. You may be asked to swallow a liquid that can be seen on X-ray.

After a laparoscopic surgery, you will normally stay in the hospital for 1 to 3 days. The hospital stay may be longer after the open procedure or if there are complications. If there are no complications, you should be able to resume normal activities within a week or two after the surgery.

Eating and drinking after the operation

After your surgery, you will need a new diet. You should discuss this in detail with your surgeon and/or dietitian. They can help you learn and get used to the changes in lifestyle and eating habits you need to make.

Note: The following information is meant to be an overview. Your surgeon may give you specific instructions just for you. Be sure you know the instructions your doctor wants you to follow.

It is very important to follow the eating and drinking instructions right from the start after the operation. That’s because you must allow the new stomach structure to heal completely and in the right position. It may take a month or more for this to happen. It is important, especially in the early weeks, not to stretch the small stomach pouch above the band. Vomiting can do this, so it is important not to vomit. Vomiting can increase the chance of stomach tissue slipping up through the band.

The first few days post-surgery

Right after the operation, you can take an occasional sip of water or suck on an ice cube. You shouldn’t drink more than this. The day after the operation, you can take a little more fluid but only a small amount at a time. Besides water, you should also choose clear liquids that have an adequate number of calories. To prevent nausea and vomiting, do not drink too much.

Liquid Diet (1-2 weeks post-op)

The goal during this early post-operative period is to protect the small stomach pouch. Only thin liquids can be tolerated at this time. It is also important to keep hydrated with lots of water. Other liquids recommended during this phase include:

- Clear broth or soup (with no vegetables or meat and not creamy)
- Skim milk
- Fruit juice
- No-sugar-added popsicles

Pureed foods (3-4 weeks post-op)

During this phase you may start having slightly textured foods. Aim for the consistency of baby foods. This will help you transition to more solid foods later. Because protein is so important to help you maintain muscle while you are losing weight, eat protein-rich foods first, and then move on to fruits and vegetables. Foods in this stage may include

- Pureed skinless chicken or fish
- Mashed potatoes
- Peas
- Low-fat yogurt or pudding

In the first few weeks, you may be able to eat foods that might not be allowed in your diet later, as these foods may contain too many calories. It is more important in the first few weeks to let your stomach adjust to the LAP-BAND® System than it is to lose weight. Your timing and progression into each dietary phase may vary. In general, you should follow the advice of your surgeon and/or dietitian about nutrition.

Soft foods (5 weeks post-op)

Your meals can now include tender cooked foods like fish and ground turkey. Now that you can chew, make it a habit to chew foods well. If you have dentures, be sure to cut your food into small pieces and chew it thoroughly. If you don’t follow these precautions, you may experience vomiting, stomach irritation, and swelling. You could also have stoma obstruction.

If solid foods cause nausea and vomiting, go back to the liquid diet you had earlier. Then you can slowly add soft foods and eventually transition to solid foods. Always ask for advice from your doctor or dietitian that is specific to your situation. Vomiting may increase the incidence of band slippage, stomach slippage, or stretching of the small stomach pouch above the band.

LAP-BAND® SYSTEM ADJUSTMENTS

The LAP-BAND® System, can be adjusted to meet your specific needs. That is one of its more attractive aspects. This feature allows you and your surgeon to find the right level of restriction just for you!

When first placing it, your surgeon usually leaves the band empty or only partially inflated. This lets you get acquainted with it during the first few weeks after surgery. It also lets healing occur around the new band site.

These first few weeks are a critical time. You need to avoid vomiting. You also need to avoid putting pressure on your new small stomach above the band. The first time it is adjusted is usually 4 to 6 weeks after your surgery. The exact time will vary. You and your surgeon will decide when the right time is for your band adjustment.

To determine how ready you are for an adjustment, your surgeon will consider

- Your weight loss
- The amount of food you can comfortably eat
- Your exercise routine
- How much fluid is already in your band

Being able to adjust the LAP-BAND® System gives you and your surgeon control. If it is too tight, your surgeon can “loosen” it by taking out some of the fluid. If the band is too loose, your surgeon can tighten it. Your surgeon does this by injecting fluid. Only a clinician trained and authorized by Allergan, Inc. can adjust it. Never let an untrained clinician do it. Never let a non-medical person do it. And never try to adjust your own band. You could cause yourself adverse reactions. You could also damage it.

To adjust your band, the clinician injects saline into the self-sealing access port. This port is located just under your skin. It can also be adjusted by removing saline from the port. This is done with a special fine needle. You may feel a pricking sensation when this is done. The feeling is similar to when you give blood.

Adjustments are done either in the hospital or in a doctor’s office that has X-ray equipment (fluoroscopy). The clinician may use fluoroscopy to assist in locating the access port. The surgeon may also use it to guide the needle into the port and to view inserting the needle. It is also used after the band has been adjusted to evaluate your pouch size and stoma size.

To get the best results, you may need more than one adjustment. During each adjustment, only a very small amount of saline will be added to or removed from the band. The exact amount of fluid required to make the stoma the right size is unique for each person. An ideal “fill” should be just tight enough to let you *gradually* lose weight. That means you should still be able to eat enough to get the nutrients you need while still reducing the overall amount you can eat.

The LAP-BAND® System is meant to offer you a way to obtain steady and safe weight loss. Don’t be in a hurry to have an adjustment before you’re ready. To work, the LAP-BAND® System needs your participation. Your success will depend on you and on the partnership between you and your clinicians.

YOUR NEW NUTRITION PLAN

When you can eat solid foods without problems you will need to pay close attention to your diet. Liquids will pass through the reduced stomach pouch quickly and will not make you feel full. The LAP-BAND® System was designed to restrict solids, not liquids. Drinking liquids during or immediately after meals tends to flush food through the pouch, and you will not get the prolonged feeling of satiety needed to help you eat less.

Many patients have a difficult time with solid foods during the morning hours. If this is the case for you, you can open up your LAP-BAND® System by starting with a couple of glasses of liquids before your first meal.

Too much food or big chunks of food can block the stomach pouch outlet. You can avoid this problem by chewing food well and eating small bits at a time. It is important to remember that your new stoma opening is approximately the size of a dime. Chew your food adequately so that it can easily fit through the opening.

Eat only three small meals a day and make sure that these meals contain adequate nutrients. Your stomach can only hold about 1/4 cup of food or 2 oz. at a time. Stop eating when your hunger is gone or when you feel comfortable.

A general guide on page 12 of this booklet can help you create good and healthy meals that contain adequate nutrients but little sugar and fat. Also, ask your surgeon and/or dietitian about your food choices.

10 important rules

Here are 10 rules for eating, drinking, and exercise that will help you get the best results you can with the LAP-BAND® System. How willing you are to follow a new way of eating is key to making the operation a success.

1. Eat only three small meals a day.
 2. Eat slowly and chew thoroughly.
 3. Stop eating as soon as you feel full.
 4. Do not drink while you are eating.
 5. Do not eat between meals.
 6. Eat only good quality foods.
 7. Avoid fibrous food.
 8. Drink enough fluids during the day.
 9. Drink only low-calorie liquids.
 10. Exercise at least 30 minutes a day.

Why the rules are important, and how to make them work

Rule 1: Eat only three small meals a day

The LAP-BAND® System creates a small stomach pouch that can hold only about 1/4 cup or 2 oz. of food. If you try to eat more than this at one time, you may become nauseated. You may also vomit. If you routinely eat too much, the small stomach pouch may stretch. That will cancel the effect of the operation. Frequent vomiting can also cause certain complications, such as stomach slippage. You need to learn how much your stomach pouch can hold comfortably and then not exceed this amount.

Rule 2: Eat slowly and chew thoroughly

Food can pass through the new stoma only if it has been “chopped” into very small pieces. **Always remember to take more time for your meals and chew your food very well.**

Rule 3: Stop eating as soon as you feel full

Once your stomach is full, your body receives a signal that you have eaten enough. It takes time, though, for you to become aware of this signal. **If you hurry your meal, you may eat more than you need.** This can lead to nausea and vomiting. Take time over your meal. Try to recognize the feeling of fullness. **Then stop eating at once.**

Rule 4: Do not drink while you are eating

This operation can work only if you eat solid food. If you drink at mealtimes, the food you have eaten becomes liquid. Then the effectiveness of the LAP-BAND® System is greatly reduced. **You should not drink anything for one to two hours after a meal.** That way you can keep the feeling of fullness as long as possible.

Rule 5: Do not eat between meals

After a meal, do not eat anything else until the next meal. Eating snacks between meals is one of the major reasons for weight loss failure. It is very important to break this habit.

Rule 6: Eat only good quality foods

With the LAP-BAND® System in place, you should be able to eat only a small amount. So the food you eat should be as **healthy as possible. Do not fill your small stomach pouch with “junk” food that lacks vitamins and other important nutrients.** Your meals should be high in protein and vitamins. Fresh vegetables, fruit, meat, and cereals are good foods to choose. Foods high in fat and sugar

are not. You may eat apples and oranges, but try to avoid orange juice and apple juice. **Ask your doctor or dietitian before you take any vitamin supplements.**

Note: Solid food is more important than liquid food. The LAP-BAND® System will have little or no effect if you eat only liquid food. Liquid food passes through the stomach outlet very quickly and does not make you feel full.

Rule 7: Avoid fibrous food

Food such as asparagus that contains many fibers can block the stoma. That’s because you can’t chew this food well enough to break it up into small pieces and your saliva can’t break it down. **Fibrous food should be avoided.** If you would like to eat asparagus or other fibrous foods once in a while, then you must be sure to cook them well, cut them into very small pieces first, and then chew thoroughly.

Rule 8: Drink enough fluids during the day

If you lose weight, your fat content will drop. This results in waste products. You will need to drink large amounts of liquid every day in order to urinate more and excrete these waste products from your body. Individual needs will vary, but you should drink at least 6-8 glasses of water a day. **Remember: you should only drink water, tea, or coffee (without milk or cream and sugar).** Also, keep your food and drinks completely separate during the day.

Rule 9: Drink only low-calorie liquids

Drinks, including those containing calories, simply run through the narrow outlet created by the band. If you drink liquids high in calories, you will lose little weight, even if you otherwise follow your diet.

Rule 10: Exercise at least 30 minutes a day

This rule is just as important as the other nine rules. Since physical exercise consumes energy and burns calories, it is very important to successful weight loss.

Exercise can help improve your general health. Your size may make it hard for you to exercise as much as you should. But get started, even if it is a little at first. The more weight you lose, the easier it should get. **Start with simple exercises,** such as walking and swimming. **Gradually expand your program** to include more vigorous forms of exercise such as cycling, jogging, and aerobics. Increase your activity level in the course of daily living. For example, stand rather than sit, walk rather than stand, be outside rather than inside, walk rather than drive, climb the stairs rather than use the elevator, etc.

Important: Always check with your doctor about the amount and type of exercise that is best for you.

Note: Although these rules restrict your food intake and the types of food you are able to eat, make sure to keep your diet as varied and balanced as possible.

The rules described above are based on recommendations from Prof. P. O’Brien, Melbourne, Australia; Dr. R. Weiner, Frankfurt, Germany; and J. Gabrielle Rabner, MS RD, New York, United States.

Good food choices

Use this section to help you plan what you eat. You may choose what you would like from each of these food groups each day:

Fruits and vegetables

- 1 to 2 servings of fresh fruit daily
- 2 to 3 servings of fresh vegetables daily

Breads and cereals

- 1 small portion of low-sugar cold or hot cereal
- 1/2 to 1 slice of toasted whole wheat or rye bread each day—**Note: some patients have difficulty eating bread**

Meat, fish, poultry, and eggs

1 oz. to 2 oz. of meat, fish, or poultry or one egg each day. (Remove all visible fat from the meat. Remove the skin from the poultry. Prepare the meat in ways that need very little fat. Grilling, steaming, microwaving, or boiling are all good ways to do this.) **Note: some patients have difficulty eating meat.**

Dairy products

Milk and yogurt are calories in liquid form. However, these types of food have calcium, which makes them an important part of a healthy daily diet, so choose a maximum of 2 cups of skimmed milk or low-fat yogurt and 1 oz. of cheese a day.

Fats

Restrict the use of fat to 3 to 4 teaspoons of margarine, butter, or oil per day. You can have low-fat salad dressings and mayonnaise in moderation.

Drinks

Drink as many calorie-free liquids per day as you wish (though not with meals).

Suitable drinks are

- Tea or coffee (black) with low-calorie sweetener
- Water
- Non-carbonated beverages containing few or no calories

Some doctors have reported that carbonated beverages may contribute to enlargement of the small pouch and recommend they be avoided.

Foods to avoid

Some foods have a concentrated supply of calories with little nutritional value and should be avoided as much as possible. They include foods such as

- | | |
|------------|------------|
| ◦ Syrups | ◦ Cakes |
| ◦ Biscuits | ◦ Jam |
| ◦ Honey | ◦ Pies |
| ◦ Chips | ◦ Pastries |

Alcoholic drinks should also be consumed in moderation, for example a glass of wine per day.

Common problem foods

Some foods have difficulty passing through the opening of the stoma and may cause blockage. These include foods such as

- Dry meat
- Shrimp
- Untoasted or doughy bread
- Pasta
- Rice
- Peanut butter
- Dried fruit
- Fibrous vegetables like corn, asparagus, and celery
- Nuts
- Coconut
- Popcorn
- Greasy or fried food
- Seeds and skins of fruits and vegetables
- Membrane of citrus fruits

Introduce these foods slowly and individually to see if they are tolerated. Always be careful, chew well, and follow your surgeon’s or dietitian’s advice.

FREQUENTLY ASKED QUESTIONS

Q: Will I be sick a lot after the operation?

A: The LAP-BAND® System limits food intake. If you feel nauseated or sick on a regular basis, it may mean you are not

chewing your food well. It could also mean you are not following the diet rules properly. Another reason you would feel sick may be that there is a problem with the placement of the band. So you should contact your doctor. Vomiting should be avoided as much as possible. It can cause the small stomach pouch to stretch. It can also lead to slippage of part of the stomach through the band. That would reduce the success of the operation. In some cases, it would also require another operation.

Q: Will I suffer from constipation?

A: There may be some reduction in the volume of your stools. That’s normal after a decrease in food intake, because you eat less fiber. This should not cause severe problems. If difficulties do arise, check with your doctor. He or she may suggest you take a mild laxative and drink plenty of water for a while. Drinking plenty of water is a good idea, anyway. Your needs will vary, but you should drink at least 6-8 glasses of water a day.

Q: Will I need to take vitamin supplements?

A: You may. It’s possible you may not get enough vitamins from three small meals a day. At your regular check-ups, your specialist will evaluate whether you are getting enough vitamin B12, folic acid, and iron. Your surgeon may advise you to take supplements.

Q: What about other medication?

A: You should be able to take prescribed medication. You may need to use capsules or break big tablets in half or dissolve them in water so they do not get stuck in the stoma and make you sick. You should always ask the doctor who prescribes the drugs about this. Your surgeon may tell you to avoid taking aspirin or other non-steroidal anti-inflammatory pain relievers. That’s because they may irritate the stomach.

The problems these drugs may cause could mean the LAP-BAND® System would need to be removed.

Q: What about pregnancy?

A: Becoming pregnant can be easier as you lose weight. Your menstrual cycle may become more regular. If you need to eat more while you are pregnant, the band can be loosened. After the pregnancy, it may be made tighter again. Then you can go back to losing weight.

Q: Can the LAP-BAND® System be removed?

A: Although the LAP-BAND® System is not meant to be removed, it can be. In some cases this can be done laparoscopically. Surgeons report that the stomach generally returns to its original shape once the LAP-BAND® System is removed. After the removal, though, you may soon go back up to your original weight. You may also gain more.

Q: What if I go out to eat?

A: Order only a small amount of food, such as an appetizer. Eat slowly. Finish at the same time as your table companions. You might want to let your host or hostess know in advance that you cannot eat very much.

Q: What about alcohol?

A: Alcohol has a high number of calories. It also breaks down vitamins. An occasional glass of wine or other alcoholic beverage, though, is not considered harmful to weight loss.

Q: Will I need plastic surgery for removal of the surplus skin from weight loss?

A: That is not always the case. As a rule, plastic surgery will not be considered for at least a year or two after the operation. Sometimes the skin will mold itself around the new body tissue. You should give the skin the time it needs to adjust before you decide to have more surgery.

Q: What will happen if I become ill?

A: One of the major advantages of the LAP-BAND® System is that it can be adjusted. If your illness requires you to eat more, it can be loosened. This can be done by removing saline from it. When you have recovered from your illness and want to lose weight again, the band can be tightened. This can be done by increasing the amount of saline. If it cannot be loosened enough, it may have to be removed.

Q: How is the LAP-BAND® System adjusted?

A: Adjustments are often carried out in the X-ray department. They are done there so the access port can be clearly seen. When X-rays are used, your reproductive organs should be shielded. Sometimes adjustments can be done in an outpatient clinic or office. Local anesthesia may or may not be needed. A fine needle is passed through the skin into the access port to add or subtract saline. This process most often takes only a few minutes. Most patients say it is nearly painless.

Q: When do I need an adjustment?

A: Everyone requires a different restriction level and adjustment schedule for optimal results. There are several indicators that may alert you to schedule an appointment. Some of these include no weight loss for more than three weeks, increased appetite, feeling hungry less than four hours after eating a meal, ability to eat more food during a meal than usual, increased snacking, and ability to eat foods that you were unable to eat before (i.e. white breads, fibrous vegetables).

If you are several years post-op, you may still require an adjustment. Long-term follow-up is the key to success!

Q: Can I be over-adjusted? If so, how will I know if I am?

A: Yes, you can have too much saline in your band. Tighter is not always better! Indicators that you may be over-adjusted include difficulty swallowing food or saliva, regurgitation, waking up at night coughing or vomiting, and frequent reflux/heartburn.

If you experience any of these symptoms, you should contact your surgeon’s office immediately.

Q: How much weight will I lose?

A: The amount of weight you may lose depends on several things. The band needs to be in the right position. And you need to be committed to your new lifestyle and eating habits. In the U.S. clinical study, 2% of patients gained some weight; 5% neither gained, nor lost weight (±5%); 61% of the patients lost at least 25% of their excess weight; 52% of the patients lost at least 33% of their excess weight; 22% lost at least 50% of their excess weight; and 10% lost at least 75% of their excess weight.

You should lose weight gradually. Losing weight too fast creates a health risk and can lead to a number of problems. Nausea and vomiting are only the most minor examples. A weight loss of 2 to 3 pounds a week in the first year after the operation is possible, but one pound a week is more likely. Twelve to 18 months after the operation, weekly weight loss is usually less. Remember that your main goal is to have a weight loss that prevents, improves, or resolves health problems connected with severe obesity.

One final point:

It is important that you ask your surgeon all the questions you may have about obesity surgery and the LAP-BAND® Adjustable Gastric Banding System. It is also essential that you follow his or her advice.

BMI CHART (LBS/IN)

BMI = lbs./inches² x 704.5

		HEIGHT (FT)									
		4'9"	4'11"	5'1"	5'3"	5'5"	5'7"	5'9"	5'11"	6'1"	6'3"
WEIGHT (LBS)	154	33	31	29	27	26	24	23	22	20	19
	165	36	33	31	29	28	26	24	23	22	21
	176	38	36	33	31	29	28	26	25	23	22
	187	40	38	35	33	31	29	28	26	25	24
	198	43	40	37	35	33	31	29	28	26	25
	209	45	42	40	37	35	33	31	29	28	26
	220	48	44	42	39	37	35	33	31	29	28
	231	50	47	44	41	39	36	34	32	31	29
	243	52	49	46	43	40	38	36	34	32	30
	254	55	51	48	45	42	40	38	353	4	32
WEIGHT (LBS)	265	57	53	50	47	44	42	39	37	35	33
	276	59	56	52	49	46	43	41	39	37	35
	287	62	58	54	51	48	45	42	40	38	36
	298	64	60	56	53	50	47	44	42	39	37
	309	67	62	58	55	51	48	46	43	41	39
	320	69	64	60	57	53	50	47	45	42	40
	331	71	67	62	59	55	52	49	46	44	42
	342	74	69	65	61	57	54	51	48	45	43
	353	76	71	67	63	59	55	52	49	47	44
	364	78	73	69	64	61	57	54	51	48	46
WEIGHT (LBS)	375	81	76	71	66	62	59	56	52	50	47
	386	83	78	73	68	64	61	57	54	51	48
	397	86	80	75	70	66	62	59	56	53	50
	408	88	82	77	72	68	64	60	57	54	51
	419	90	84	79	74	70	66	62	59	56	53
	430	93	87	81	76	72	67	64	60	57	54
	441	95	89	83	78	73	69	65	62	58	55
	452	98	91	85	80	75	71	67	63	60	57
	463	100	93	87	82	77	73	69	65	61	58

BMI CHART (KG/M)

BMI = kg/m²

		HEIGHT (M)									
		1.45	1.5	1.55	1.6	1.65	1.7	1.75	1.8	1.85	1.9
WEIGHT (KG)	70	33	31	29	27	26	24	23	22	20	19
	75	36	33	31	29	28	26	24	23	22	21
	80	38	36	33	31	29	28	26	25	23	22
	85	40	38	35	33	31	29	28	26	25	24
	90	43	40	37	35	33	31	29	28	26	25
	95	45	42	40	37	35	33	31	29	28	26
	100	48	44	42	39	37	35	33	31	29	28
	105	50	47	44	41	39	36	34	32	31	29
	110	52	49	46	43	40	38	36	34	32	30
	115	55	51	48	45	42	40	38	353	4	32
WEIGHT (KG)	120	57	53	50	47	44	42	39	37	35	33
	125	59	56	52	49	46	43	41	39	37	35
	130	62	58	54	51	48	45	42	40	38	36
	135	64	60	56	53	50	47	44	42	39	37
	140	67	62	58	55	51	48	46	43	41	39
	145	69	64	60	57	53	50	47	45	42	40
	150	71	67	62	59	55	52	49	46	44	42
	155	74	69	65	61	57	54	51	48	45	43
	160	76	71	67	63	59	55	52	49	47	44
	165	78	73	69	64	61	57	54	51	48	46
WEIGHT (KG)	170	81	76	71	66	62	59	56	52	50	47
	175	83	78	73	68	64	61	57	54	51	48
	180	86	80	75	70	66	62	59	56	53	50
	185	88	82	77	72	68	64	60	57	54	51
	190	90	84	79	74	70	66	62	59	56	53
	195	93	87	81	76	72	67	64	60	57	54
	200	95	89	83	78	73	69	65	62	58	55
	205	98	91	85	80	75	71	67	63	60	57
	210	100	93	87	82	77	73	69	65	61	58

Body Mass Index Classification						
Underweight	Ideal BMI	Overweight	Obesity	Severe Obesity	Morbid Obesity	Super Obesity
<19	19-24.9	25-29.9	30-34.9	35-39.9	40-49.9	50 or more

PLEASE NOTE THAT THE BMI DOES NOT DISTINGUISH BETWEEN FAT AND MUSCLE.
IT IS POSSIBLE FOR A HEAVILY MUSCLED INDIVIDUAL TO HAVE A BMI IN EXCESS OF 25 WITHOUT INCREASED HEALTH RISKS.

**Informed consent: information
for patients considering
LAP-BAND® System surgery**

Before your surgery, you should know the risks connected with the LAP-BAND® System. You should also know what the possible complications are. To learn about these, talk with your surgeon. When you do, ask about all the risks. Ask about all possible complications. Also ask about symptoms and conditions that might suggest this surgery is not right for you. To help with that talk, Allergan, Inc. has prepared this booklet: “A Surgical Aid in the Treatment of Morbid Obesity, LAP-BAND® System Information for Patients.” Read it. Discuss what it says with your surgeon. Be sure you ask about terms you do not understand. You have to decide how willing you are to accept the risks and possible complications.

Additional information

You should also have other information. Talk with your surgeon about

- alternatives to the LAP-BAND® System surgery
- the information in the package inserts
- risks and benefits this procedure poses for you

Special notice

The manufacturer of the LAP-BAND® System has designed, tested, and manufactured it to be reasonably fit for its intended use. However, the LAP-BAND® System is not a lifetime product and it may break or fail, in whole or in part, at any time, after implantation and notwithstanding the absence of any defect. Causes of partial or complete failure include, without limitation, expected or unexpected bodily reactions to the

presence and position of the implanted device, rare or atypical medical complications, component failure, and normal wear and tear. In addition, the LAP-BAND® System may be easily damaged by improper handling or use. Please refer to the Risks, Complications, and Adverse Events section in this document for a presentation of the general and specific risks and possible complications associated with the use of the LAP-BAND® System.

REFERENCES

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- 5 American Society for Bariatric Surgery, National Institutes of Health, and the International Federation for the Surgery of Obesity Guidelines.

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PATIENT CONSENT

(TO BE SIGNED BY PATIENT AFTER HE OR SHE HAS READ THIS BOOKLET AND STORED IN THE PATIENT FILE)

I have read the booklet, “A Surgical Aid in the Treatment of Morbid Obesity, LAP-BAND® System Information for Patients” and understand the risks it describes. I understand the potential complications described, as well as the symptoms and conditions which may not make this procedure right for me. I have discussed the risks with my surgeon and know that not all risks connected with this product can be predicted. I acknowledge that there can be serious risks even with the best medical manufacturing, technology, and surgical care. I fully accept the risks and possible complications associated with the LAP-BAND® System procedure and believe that the benefits of the device and procedure outweigh the risks. I take full responsibility for my choice and choose to proceed with LAP-BAND® System surgery.

Patient Signature

Date

Patient Name Printed

Surgeon Signature

Date

Surgeon Name Printed





FOR MORE INFORMATION ABOUT MORBID OBESITY AND
THE LAP-BAND® SYSTEM PLEASE VISIT

www.lapband.com

OR CALL

1-877-LAP-BAND
527-2263

Please be certain to consult your physician
before starting any weight loss program.

CAUTION: THIS DEVICE IS RESTRICTED TO SALE
BY OR ON THE ORDER OF A PHYSICIAN.

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