The LAP-BAND® System
SURGICAL AID IN THE TREATMENT OF OBESITY
A decision guide for adults

Caution: Federal law restricts this device to sale by or on the order of a licensed healthcare practitioner
The LAP-BAND® System is a medical device made of soft silicone that is placed around the upper part of your stomach by a qualified surgeon in order to treat obesity and the health problems related to obesity. Because it restricts how much solid food you can eat at once, it helps reduce feelings of hunger and make you feel full more quickly and for a longer time.

If you are a person with obesity, your extra weight is affecting your health, and you are ready to make a serious commitment to change, the LAP-BAND® Adjustable Gastric Banding System could be the right choice for you. It’s not a miracle cure—to succeed with it you have got to make a lifetime commitment to drastically change your lifestyle. Your surgeon will explain to you how truly challenging making that change will be, as well as the chances for success. But if you do your part, the LAP-BAND® System can help you control your hunger and lose weight. Before you make your decision, it’s important to understand what the LAP-BAND® System involves and what it requires you to do. That’s what this booklet is about.

Apollo Endosurgery, Inc. (the maker of the LAP-BAND® System) has prepared this information to help you understand the LAP-BAND® and help you to make an informed decision. This booklet may help you answer some of the questions you have about the LAP-BAND® and about surgery in general. It will also provide you with specific information about the risk and benefits of the LAP-BAND® System.

This information cannot and should not replace discussions with your surgeon. Your decision about whether or not to get the LAP-BAND® should be based on realistic expectations of the outcome. There is no guarantee that your results will match other individuals’. Your results will depend on many factors that are specific to you such as your overall health, age, specific illnesses you may have, as well as your commitment to a new lifestyle. Speak to your surgeon about your expectations for surgery and afterwards, and about any risks and potential complications.
What’s in this booklet

Here’s what this booklet can tell you before you make your decision about the LAP-BAND® System:

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1. Are You Eligible?

The LAP-BAND® System is not right for everyone. Achieving success with the LAP-BAND® requires a lifetime commitment to changing your eating habits, a commitment which is very hard to make and at which not everyone succeeds. Here are the guidelines your surgeon will use to determine if you are eligible for it.

Indications (things that make you a good candidate for the LAP-BAND® System):

These are the factors your surgeon will consider when deciding if you are a good candidate for the LAP-BAND® System. Even if you meet all of these criteria, your surgeon may still recommend a different treatment option.

- ✓ You are at least 18 years old.
- ✓ Your body mass index (BMI) is 30 or higher and you have a health problem related to your weight. Or your BMI is 40 or higher. (See the explanation of BMI on page 7).
- ✓ You have tried hard to lose weight but have only had short-term success.
- ✓ You do not have a disease that may have caused you to be overweight.
- ✓ You are prepared to set a lifetime goal to make drastic, challenging, permanent changes to your eating habits and lifestyle.
- ✓ You are willing and able to return to your doctor for follow-up visits and band adjustments.
- ✓ You understand the information in this booklet and other information shared by your surgeon.

You must talk to your surgeon about all of these factors, especially if there are any that you do not understand fully.

Contraindications (factors that make you a poor candidate for the LAP-BAND®):

Many factors can make you a poor candidate for the LAP-BAND® System, and your surgeon will know how to assess them. Your surgeon may decide the LAP-BAND® System is not right for you if:

**Warning** You have a disease or condition, such as severe heart or lung disease, that your surgeon decides makes you a poor candidate for surgery. Any surgery involves some amount of risk. Risks can be from the surgery itself and from the medicines used during the procedure. Surgery risks are greater when the patient is obese or has other serious health conditions. Your risks will vary depending on your weight, age, and medical history. Your surgeon will assess if you are healthy enough for surgery.

**Warning** Your throat (esophagus), stomach, or intestine is not normal. For instance, you might have a narrowed opening. Because the LAP-BAND® works by controlling the amount of food that can move from the throat into the stomach, an abnormal or narrowed opening could cause a blockage of your throat. This could cause stretching (dilatation) of the esophagus. Very rarely, this can cause damage to the throat that would require the LAP-BAND® to be removed. Your surgeon can assess your specific risks and determine if the LAP-BAND® is right for you.

**Warning** You are pregnant. For now, you should focus on being healthy during your pregnancy. Healthy eating, not weight loss, should be your main concern. Any abdominal surgery involves some amount of risk, and LAP-BAND® surgery is not recommended while you are pregnant.

If you have a LAP-BAND®, it will not interfere with you becoming pregnant or with your pregnancy if you become pregnant. In fact, becoming pregnant may be easier as you lose weight because your period 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 tightened again, and then you can go back to losing weight. The band will not harm you or the baby.

**Warning** You are addicted to alcohol or drugs. If you are addicted to alcohol or drugs, it may be hard for you to make major, lifelong changes to your eating habits. The LAP-BAND® will not work without these changes and you should not have this procedure. Not following the strict food rules can cause side effects and risks that can be serious, even deadly.

Also, any surgery involves some amount of risk. Risks can be from the surgery itself and from the medicines used during the procedure. Surgery risks are greater when the patient is obese or has other serious health conditions, including drug or alcohol addiction. Your risks will vary depending on your
weight, age, and medical history. Your surgeon will assess if you are healthy enough for surgery.

**Warning** You are under 18 years of age. The LAP-BAND® is currently not approved for use in people under the age of 18 years old by the US Food and Drug Administration (FDA).

**Warning** You don’t understand how the LAP-BAND® System works. If you don’t understand how the LAP-BAND® works, it may be hard for you to make major, lifelong changes to your eating habits. The LAP-BAND® will not work without these changes and you should not have this procedure until you understand how the LAP-BAND® works. Not following the strict food rules can cause side effects and risks that can be serious, even deadly.

**Warning** You are not prepared to set a lifetime weight goal and make major, lifelong changes to your eating habits required to meet that goal. You must be willing and able to make major, lifelong changes to your eating habits. The LAP-BAND® will not work without these changes, and you should not have this procedure if you are not prepared to make these changes. Not following the strict food rules can cause side effects and risks that can be serious, even deadly.

**Caution** You have an inflammatory disease or problem of the digestive tract, such as stomach ulcers or Crohn’s disease. If you have these problems, or take certain medicines to treat these problems, you may bleed during surgery or have trouble healing. Tell your doctor about your health problems and any medicines you are taking. Your surgeon can assess your specific risks and determine if the LAP-BAND® is right for you.

**Caution** You have a medical problem that could cause bleeding in the throat (esophagus) or stomach. These could be problems developed over time that cause veins and/or blood vessels to get bigger, such as esophageal or gastric varices (a dilated vein). This could also include conditions you may have been born with, such as congenital or acquired intestinal telangiectasia (dilation of a small blood vessel). These problems are rare but can cause bleeding during surgery. You may not know if you have a problem before you have surgery. Your surgeon will decide if he or she can continue with surgery if he or she finds you have any of these problems.

**Caution** You have portal hypertension (high blood pressure in your veins). Any surgery involves some amount of risk. Risks can be from the surgery itself and from the medicines used during the procedure. Surgery risks are greater when the patient is obese or has other serious health conditions. Your risks will vary depending on your weight, age, and medical history. Your surgeon will assess if you are healthy enough for surgery.

**Caution** You have experienced an injury, such as a tear, at or near the location of the intended band placement. Any damage to where the LAP-BAND® will be placed should be fully healed before surgery. Do not get a LAP-BAND® if you have any damage because it could slow healing and increase bleeding. It could also cause the LAP-BAND® to eat into the stomach and you would need an additional surgery to remove the LAP-BAND®. Your surgeon can assess your specific risks and determine if the LAP-BAND® is right for you.

**Caution** You have cirrhosis, other types of liver disease, or chronic pancreatitis (a swollen or inflamed pancreas that lasts for a long time). These problems may indicate that you are not healthy enough for surgery, or could cause bleeding. These problems are rare but can cause bleeding during surgery. You may not know if you have a problem before you have surgery. Your surgeon will decide if he or she can continue with surgery if he or she finds you have any of these problems.

**Caution** You have an infection anywhere in your body or one that could affect the surgical area. An infection could increase the risk of surgery and potentially lead to problems with the LAP-BAND®.

**Caution** You are on constant, long-term steroid treatment. If you have used steroid medicines for a
long time, it may be harder to heal after the LAP-BAND® surgery. This could cause an increased risk of problems. Tell your doctor about any medicines you are taking. Your surgeon can assess your specific risks and determine if the LAP-BAND® is right for you.

**Caution**

You are allergic to materials in the device. Allergies to the materials in the LAP-BAND® device are rare. Tell your surgeon if you have an allergy to silicone, nickel, or titanium. Your surgeon can assess your specific risks and determine if the LAP-BAND® is right for you.

**Caution**

You think you will not be able to stand the postoperative pain or have a history of not being able to stand pain in general. Pain from LAP-BAND® surgery is usually felt in the areas around the cuts (incisions) made during surgery. Most people find the pain to be mild to medium. Pain is often treated with over-the-counter medicines such as nonsteroidal anti-inflammatory drugs (like Advil®) or acetaminophen (like Tylenol®). Tell your surgeon if you have concerns about pain. Your surgeon can assess your specific risks and determine if the LAP-BAND® is right for you.

**Caution**

You have 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. If you have these problems, or take certain medicines to treat these problems, you may bleed during surgery or have trouble healing. Tell your doctor about your health problems and any medicines you are taking. Your surgeon can assess your specific risks and determine if the LAP-BAND® is right for you. You must talk to your surgeon about all of these factors, especially if there are some you do not understand fully.

**What are the risks?**

Before you decide on surgery to treat obesity, you should know what the risks of the surgery are. Talk with your surgeon in detail about all the possible risks and complications. This information will help you make an informed decision.

**Risks and Warnings:**

**Warning:** Any type of surgery involves some degree of risk, including abdominal surgery and bariatric surgery. Surgical risks are even greater when the patient is obese or has other underlying medical conditions. Specific risks will vary depending on a person’s weight, age, and medical history.

The LAP-BAND® System placement includes the same risks as all major surgeries. Risks of general surgery can include:

- Damage to major blood vessels
- Lung problems
- Blood clots (thrombosis)
- Tearing or infection of the wound
- Tearing of the stomach or esophagus during surgery

Death is one of the risks of surgery. It can occur any time during the operation or as a result of complications from the operation, despite all the precautions that are taken by your surgeon. In over 15 years of use of the LAP-BAND®, deaths have occurred in 0.006% of patients (about one in 17,000).
In addition to the risks of general surgery, the following risks and complications are possible following surgery to place the LAP-BAND® System:

<table>
<thead>
<tr>
<th>What adverse events could happen if I get a LAP-BAND® System?</th>
<th>How likely is it that this adverse event would happen to me?</th>
<th>What could happen if I experience this adverse event?</th>
<th>What should I do if I experience this adverse event?</th>
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</thead>
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<tr>
<td>You may throw up (vomit) or cough up food that you just ate (regurgitation)</td>
<td>51% of patients with a BMI of 40 or greater experienced vomiting and/or nausea in the clinical trial. 29% of patients with a BMI between 30 and 40 experienced vomiting or regurgitation in the clinical trial.</td>
<td>Throwing up is unpleasant and may cause dehydration.</td>
<td>After your surgery, 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 very important to follow your eating and drinking instructions after the operation. To help prevent adverse events, you must choose the right foods, eat small meals, eat slowly, and chew food thoroughly. If you cannot eat or drink for more than 12 hours, you should call your doctor.</td>
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<td>You may have difficulty swallowing (dysphagia)</td>
<td>9% of patients with a BMI 40 or greater had difficulty swallowing in the clinical trial. 22% of patients with a BMI between 30 and 40 had difficulty swallowing in the clinical trial.</td>
<td>If you have difficulty swallowing, it may be hard for you to take in enough food and fluids to get enough nutrients.</td>
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<td>You could experience gastroesophageal reflux disease (GERD)</td>
<td>34% of patients with a BMI of 40 or greater reported GERD in the clinical trial. 15% of patients with a BMI between 30 and 40 reported GERD in the clinical trial.</td>
<td>GERD can damage the throat (esophagus) from stomach acid backing up (refluxing). This can make swallowing difficult.</td>
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<td>You may feel nausea</td>
<td>51% of patients with a BMI of 40 or greater experienced nausea and/or vomiting in the clinical trial. 5% of patients with a BMI between 30 and 40 experienced nausea in the clinical trial.</td>
<td>Nausea is unpleasant and can make it difficult to eat or drink. If this happens over a long time, you could become dehydrated.</td>
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<td>You may experience indigestion or upset stomach (dyspepsia)</td>
<td>0.7% of patients with a BMI of 40 or greater experienced indigestion or upset stomach in the clinical trial. 5% of patients with a BMI between 30 and 40 experienced indigestion or upset stomach in the clinical trial.</td>
<td>Indigestion and upset stomach can be unpleasant. This can make it difficult to eat or drink. If this happens over a long time, you could become dehydrated.</td>
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<tr>
<td>You feel pain in your abdomen</td>
<td>27% of patients with a BMI of 40 or greater reported pain in their abdomen in the clinical trial. 5% of patients with a BMI between 30 and 40 reported pain in their abdomen in the clinical trial.</td>
<td>Pain from LAP-BAND® surgery is usually felt in the area around the cut (incision). Most people find the pain to be mild to medium.</td>
<td>Pain is often treated with over-the-counter medicines such as nonsteroidal anti-inflammatory drugs or acetaminophen. Tell your surgeon if you have concerns about pain.</td>
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<tr>
<td>You experience pain following the surgical procedure to implant the LAP-BAND®</td>
<td>5% of patients with a BMI of 40 or greater reported pain following the surgical procedure to place the LAP-BAND® System in the clinical trial. 19% of patients with a BMI between 30 and 40 reported pain following the surgical procedure to place the LAP-BAND® System in the clinical trial.</td>
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<tr>
<td>You have pain at the site where the LAP-BAND® was implanted</td>
<td>5% of patients with a BMI of 40 or greater reported pain at the incision site following the surgical procedure to place the LAP-BAND® System in the clinical trial. 5% of patients with a BMI between 30 and 40 reported pain following the surgical procedure to place the LAP-BAND® System in the clinical trial.</td>
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<td>You have a leak in the LAP-BAND® device</td>
<td>In over 15 years of use of the LAP-BAND®, leaks have occurred in 0.850% of patients.</td>
<td>A leak in the LAP-BAND® will not allow the device to work properly and will need to be corrected surgically.</td>
<td>A leak in your LAP-BAND® will need to be fixed with a surgical procedure. Your doctor may also choose to remove the LAP-BAND® device.</td>
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<td>Your new stomach pouch stretches (pouch dilatation) after surgery</td>
<td>24% of patients with a BMI of 40 or greater experienced a pouch dilatation and/or band slip in the clinical trial. 1% of patients with a BMI between 30 and 40 experienced a pouch dilatation in the clinical trial. In over 15 years of use of the LAP-BAND®, pouch dilatations have occurred in 0.03% of patients.</td>
<td>A slip in the placement of the LAP-BAND® will not allow the device to work properly and will need to be corrected.</td>
<td>A slip in your LAP-BAND® will need to be fixed with a surgical procedure. Your doctor may also choose to remove the LAP-BAND® device.</td>
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<tr>
<td>Your LAP-BAND® slips (moves from its original position) after surgery</td>
<td>24% of patients with a BMI of 40 or greater experienced a LAP-BAND® slip and/or pouch dilatation in the clinical trial. 1% of patients with a BMI between 30 and 40 experienced a LAP-BAND® slip in the clinical trial. In over 15 years of use of the LAP-BAND®, slips have occurred in 0.13% of patients.</td>
<td>A slip in the placement of the LAP-BAND® will not allow the device to work properly and will need to be corrected.</td>
<td>A slip in your LAP-BAND® will need to be fixed with a surgical procedure. Your doctor may also choose to remove the LAP-BAND® device.</td>
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<tr>
<td>Your LAP-BAND® erodes into the lining of the stomach</td>
<td>1% of patients with a BMI of 40 or greater experienced a LAP-BAND® erosion in the clinical trial. 0.7% of patients with a BMI between 30 and 40 experienced a LAP-BAND® erosion in the clinical trial. In over 15 years of use of the LAP-BAND®, erosion has occurred in 0.046% of patients.</td>
<td>Erosion of the LAP-BAND® may cause pain and will not allow the device to work properly. This will need to be corrected surgically.</td>
<td>If your LAP-BAND® erodes into the stomach, it will need to be fixed with a surgical procedure. Your doctor may also choose to remove the LAP-BAND® device.</td>
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<tr>
<td>You experience stretching of the esophagus (esophageal dilatation)</td>
<td>2% of patients with a BMI of 40 or greater experienced esophageal dilatation in the clinical trial. 1% of patients with a BMI between 30 and 40 experienced esophageal dilatation in the clinical trial. In over 15 years of use of the LAP-BAND®, stretching of the esophagus has occurred in 0.021% of patients.</td>
<td>Stretching of the esophagus may cause pain and will not allow the LAP-BAND® to work properly. This will need to be corrected.</td>
<td>If your LAP-BAND® causes stretching of the esophagus, the band will need to be deflated. An additional surgical procedure may be necessary to reposition or remove the band. To help prevent esophageal dilatation eat small meals, eat slowly, and chew food thoroughly.</td>
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</table>

Other adverse events that were considered to be related to the LAP-BAND® System, and which occurred in less than 1% of the patients with a BMI of 40 or greater during the first 3 years, included: esophagitis (inflammation of the esophagus), gastritis (inflammation of the stomach), hiatal hernia (stomach protruding into the chest), pancreatitis (inflammation of the pancreas), abdominal pain, hernia, incisional infection, infection, redundant skin, dehydration, gastrointestinal perforation (tear of the stomach), diarrhea, abnormal stools, constipation, flatulence (gas), dyspepsia (upset stomach), eructation (belching), cardiospasm (disorder of the muscles used in swallowing), hematemesis (vomiting blood), asthenia (fatigue), fever, chest pain, incision pain, contact dermatitis (inflammation of the skin due to contact with a substance), abnormal healing, edema (accumulation of fluid in the skin), paresthesia (numbness, tingling...
or tingling), dysmenorrhea (abnormal periods), hypochromic anemia, band leak, cholecystitis (inflammation of the gallbladder), esophageal dysmotility (disorder of the muscles used to transport food to the stomach), esophageal ulcer (sore), port displacement, port-site pain, spleen injury, and wound infection.

Other adverse events that were considered to be related to the LAP-BAND® System, and which occurred in less than 5% of the patients with a BMI between 30 and 40 during the first year, included: medical device complication (band too tight, tubing migrated into a hernia), device malfunction (flipped port), dehydration, diarrhea, gastritis (inflammation of the stomach), syncope (fainting), seroma (pocket of clear fluid), abdominal discomfort, flatulence (gas), gastrointestinal motility disorder (disorder of the muscles used to transport food to the stomach), esophageal obstruction, esophageal spasm, bronchitis, implant-site infection, nail infection, postoperative infection, urinary tract infection, chills, implant-site hemorrhage (bleeding), implant-site irritation, pyrexia (fever), alopecia (hair loss), hypotrichosis (abnormal hair growth), night sweats, skin irritation, arthralgia (joint pain), back pain, muscle spasms, headache, anemia, blood folate decrease, depression, and hypertension (high blood pressure).

The importance of your body mass index

Knowing your body mass index (BMI) can help you understand whether you might qualify for the LAP-BAND® System.

Your body mass index is the number you get if you divide your weight in kilograms by your height (in meters) squared. It is essentially a way to combine your height and weight into a single measure. It helps determine how much excess weight you carry.

To find out your BMI, see What’s your BMI? at right.

If your BMI is 30 or more, you are said to be obese. Although it depends on height, usually people who are obese (BMI of 30) are at least 30 pounds overweight. That means you are at risk for health problems. If your BMI is 40 or more, you are said to be morbidly obese, with a high risk of health problems. Surgery is a good approach for people with a BMI of 30 or more whose weight is impacting their health.

Removing the LAP-BAND® System

The LAP-BAND® System is an implanted device intended for long-term use, but it may need to be removed, repositioned, or replaced to manage complications or adverse events or if you aren’t losing as much weight as your surgeon feels you should be losing.

If the LAP-BAND® System has been placed laparoscopically, it may be possible to remove it the same way. However, an open procedure may be necessary to remove it. In the US clinical study of morbidly obese adults (BMI of 40 or greater), the majority of the LAP-BAND® Systems that were removed were done laparoscopically. In the US clinical study of obese adults, all were removed laparoscopically. After the LAP-BAND® System is removed, the stomach normally returns to the size it was before surgery. It is common for people to regain weight after having their LAP-BAND® System removed.

The LAP-BAND® System is intended to stay in place for the rest of your life. If your LAP-BAND® System is removed, readjusted, or replaced, the surgery will have the same risks as with any other surgery. The risk of some problems increases with any added procedure. Your surgeon will be able to explain this to you fully. You may also find out more about surgery and its risks at http://www.nlm.nih.gov/medlineplus/surgery.html, a site of the National Institutes of Health.

Benefits

The benefit of this device is weight loss, which in turn can lead to improvements in other health conditions. The device will not work or will not work well if you are not willing to make a major, lifelong change to your eating habits. If you do not make the major, lifelong changes required, you will have endured the risks of surgery and of having an implanted LAP-BAND® for the rest of your life without getting the benefits of the device.

Your first step is committing to a goal.

Continue reading to determine if the LAP-BAND® System is the right choice for you.
I am willing to set a goal of making major, lifelong changes to my eating habits.

These changes will be very challenging and not all patients succeed.

My long-term weight loss goal is ____________________________

Signed ____________________________________

Date ______________________________________
**What’s your BMI?**

Here’s how to find out. On the left, find the row that’s closest to your weight. Then, find the column that’s closest to your height. In the square where your row and column cross, you’ll see your BMI. See what color that square is. Then, look below the table to see what the color means.

*Ideal weight to overweight:* You are not eligible for the LAP-BAND® System.

*Obesity:* You may be eligible for the LAP-BAND® System.

### BMI Chart (lbs/in)

**BMI Chart (lbs/in)**

\[
\text{BMI} = \frac{\text{lbs}}{\text{inches}^2} \times 703.08
\]

### Body Mass Index Classification

<table>
<thead>
<tr>
<th>Underweight</th>
<th>Ideal BMI</th>
<th>Overweight</th>
<th>Obesity</th>
<th>Severe Obesity</th>
<th>Morbid Obesity</th>
<th>Super Obesity</th>
</tr>
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<tbody>
<tr>
<td>&lt; 19</td>
<td>19-24.9</td>
<td>25-29.9</td>
<td>30-34.9</td>
<td>35-39.9</td>
<td>40-49.9</td>
<td>50 or more</td>
</tr>
</tbody>
</table>

**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.**
An important decision
Should you have surgery for weight loss? That’s a decision you’ll have to make after a careful discussion with your doctor and a surgeon who is certified to perform the LAP-BAND® System surgery.

In the end, your surgeon is the best person to decide if you are eligible for the LAP-BAND® System, and if the system is appropriate for you. It may also be worthwhile for you to read the rest of this booklet and learn more about what’s involved.

Forms you might have to sign
Your surgeon can play an important part in helping you to decide whether to get the LAP-BAND® System. If your surgeon gave you this booklet, he or she may ask you to sign these forms in the back.

- **My Surgeon Gave Me This Booklet** shows that you received this booklet from your surgeon.
- **I Read and Understood What’s in This Booklet** shows that you have read the booklet, understood its contents, and received counseling from your surgeon.

What is the LAP-BAND® System?
The LAP-BAND® System is an implanted soft adjustable band made of silicone that your surgeon places around the upper part of your stomach. The band creates a small stomach pouch above where it sits, with the rest of your stomach below. With the band, you need less food to feel full and you feel full for a longer time. This, combined with a major, lifelong change to your eating habits, helps you lose weight.

The band is hollow, almost like an inner tube, and is filled with a saline solution. The band is connected by a thin tube to a “port” that sits under your skin, to one side of your belly button.

To make the band tighter or looser, a trained health professional uses a fine needle to inject or remove saline solution through the port. This can be done during a routine office visit.

The LAP-BAND® System creates a small upper-stomach pouch.
2. Understanding Obesity

What is obesity?
The LAP-BAND® System is designed to treat obesity. But what exactly is obesity, anyway?

Obesity is a medical condition in which a person has much more body fat than is healthy. In fact, there may be enough extra fat to hurt a person’s health, and even reduce the number of years he or she is expected to live.

Obesity is measured by the body mass index (BMI). The body mass index is a number that compares your weight to your height. This number tells how much excess weight you have. A healthy BMI is no more than 25. A person who is considered obese may have a BMI of 30, or even higher. To find out what your BMI is, look at page 7.

You may hear doctors talk about different degrees of obesity. Obesity starts when a person has a BMI of 30. A BMI of 40 or more is considered morbid obesity. “Morbid” might sound like an odd word to describe someone’s weight. It means that the excess weight can cause diseases—which doctors sometimes call “morbidities.”

What causes obesity?
If you are a person with obesity you may wonder, “What caused me to be obese? Is it my fault?” First, read about the 5 main causes of obesity below—and then we’ll ask these questions again.

Cause 1 • Energy imbalance
To work properly, your body needs the energy that comes from food.

When your food gives you the same amount of energy your body needs, your weight stays the same. If your food gives you more energy than you need, some energy is left over. Your body stores that leftover energy as fat. If your body does not burn that extra fat, you gain weight.

The amount of energy you need from food depends on how fast your body uses energy. Some people use energy faster than others. We say they have a high metabolism. Other people use energy slower than others. We say they have a low metabolism.

A low metabolism makes it harder to keep weight at a healthy level and can contribute to obesity.

Cause 2 • Metabolic disorders
Some people have metabolic disorders—medical conditions that keep certain body organs from functioning normally and which affect metabolism. One common example of a metabolic disorder is diabetes. Trouble with the thyroid gland can also affect metabolism.

People with metabolic disorders often have extra difficulty controlling their weight and may struggle with obesity.

Cause 3 • Heredity
Your heredity is the traits you inherit from your parents. If your parents are tall, blue-eyed, or dark-haired, chances are greater that you will be, too. Obesity works the same way. If members of your family are obese—like your parents or brothers and sisters, for example—then chances are greater that you will be.

People cannot control their heredity, but choosing to do something about their obesity is a decision every person can make.

A study done in Canada showed that this is true. The study looked at 12 pairs of identical twins—people with identical heredity. In the study, all of the twins ate more calories than their bodies needed, and gained different amounts of weight. But within each pair, both twins gained the same amount of weight. That suggests their heredity has a lot to do with weight gain. Everyone inherits a certain chance of having obesity, and everyone’s chance is different.

In addition, research shows that some weight-related body processes don’t work as well in people with obesity as in others. These processes include how the body burns fat, how much energy it needs (metabolism), and how hunger and fullness are felt.

What does all this mean? It means that if someone inherits a tendency to gain weight, or inherits weight-related body processes that don’t work well, this heredity may help cause him or her to become obese.

Cause 4 • Eating and activity habits
We all have habits. For example, you might be in the habit of watching TV after work. Often, we form our habits without thinking much about them. Once they are formed, habits can become strong.

Some habits have to do with eating, and some eating habits can lead to obesity if they become too frequent. Here are some examples:

- Eating fast food
- Eating high-calorie snacks
- Eating large portions
- Eating food that’s full of fat or sugar
- Drinking high-calorie soft drinks or coffee drinks
How much physical activity you get can become a habit, too. If you get in the habit of always taking a car instead of walking, or always using an elevator instead of stairs, your body burns fewer calories and turns more of your food into fat. That can contribute to obesity. In short, if you take in more calories than you burn, you will gain weight.

**Cause 5 • Psychological factors**

Sometimes we eat because we are hungry. But sometimes we eat because of thoughts and feelings—psychological factors.

For example, we may eat to ease stress, such as before a presentation or a big family event. We may eat for comfort when we are sad. Sometimes we eat to be social, like at a party where snacks are served. For some people, the smell or color of food triggers them to eat. For others, certain situations trigger them to eat, like being out with friends or watching TV.

These psychological factors can be very powerful. By leading us to eat when our bodies don’t really need the extra food, they can contribute to obesity.

So, now let’s ask our questions again. What causes someone to be obese? Is it his or her fault?

As you’ve seen, many powerful causes of obesity are out of our control.

People cannot control their heredity, their metabolism, or the medical conditions that may affect how their bodies use food energy. But they can work on their habits, thoughts, and feelings. It is not easy, and it won’t happen overnight, but choosing to do something about obesity is a decision every person can make.

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**Why is obesity a problem worth solving?**

Why is obesity considered to be such a problem? Why is it so important to do something about it? What are the benefits of losing the weight?

**Risks to your health**

If you are a person with obesity, you probably already know that weighing more than you should is bad for your health. There’s no way to sugarcoat it: people who are obese are much more likely to get serious illnesses. Once you have an illness, obesity can make it much worse. The more weight you gain, the more risks you face. As a result of all this, your life expectancy is shorter.

There is a long list of illnesses associated with obesity. Here are some important ones:

- High blood pressure
- Heart disease
- High cholesterol
- Coronary artery disease
- Gallbladder problems
- Type 2 diabetes (a disease in which the body doesn’t produce enough insulin)
- Breathing problems such as asthma
- Certain types of cancer
- Sleep apnea (a sleeping disorder that causes pauses in breathing during sleep)
- Osteoarthritis
- Gastroesophageal reflux disease (acid reflux)
- Joint problems

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As if all that wasn’t enough, if you are a woman, obesity can also affect your ability to get pregnant and raise your risk of health problems during pregnancy and childbirth. It even makes it harder for you to get the exercise that could help your health improve.

You are at a crossroads. If you are obese now, the odds are high that, without effective action, you’ll be obese for the rest of your life—facing all of the health risks we’ve discussed. But if you do take action, you can change the course of your health for the better.

Weight loss can help improve asthma, sleep apnea, diabetes and other weight-related conditions. And it can reduce the chance that many serious illnesses will strike you later in life. Losing your excess weight makes it easier for you to maintain a healthy, active lifestyle.

**Risks to your mental and social well-being**

All of us deserve to have fun and friends. But for some adults, obesity affects the way they feel about themselves and hurts their social life.

There can be many reasons for this. Some obese people are excluded from social groups. Some find it harder to make friends or to date. Some feel uncomfortable participating in sports or wearing swimsuits. If these kinds of experiences go on long enough, some people may find themselves isolated from other people and feeling depressed.
Not everybody with obesity faces all of these difficulties. Even so, if you are obese you might know what it’s like to feel that you’re treated differently than people of average weight, or that people don’t see you for who you really are.

**Inconveniences of everyday life**

If you are a person with obesity, it can be harder to do many of the normal, day-to-day things that many people take for granted.

For example, if you have to walk a few blocks or climb stairs, you may get tired quickly or have breathing problems. You may have to spend extra time shopping to find clothes that you feel comfortable in and look good in. Bus or plane seats, restaurant booths, and cars may be too small and uncomfortable to sit in. It may be hard to tie your shoes or scratch an itch.

All in all, obesity can be a hassle.

**What are your options for dealing with obesity?**

There are several options to treat obesity. Some treatments do not involve surgery and some do.

**Nonsurgical treatments for obesity**

The most common approach for losing weight is to exercise more, eat less, and eat healthier food. When you do these things, you burn more calories than you eat, which is the key to losing weight. But if you are a person with obesity, this approach may not be enough. Sticking to a diet and maintaining an appropriate activity level is hard to do.

Some people work with a doctor or a dietician to help them change their lifestyle. A program focused on better eating habits and greater activity levels can help you lose weight. Some people use prescription or over-the-counter drugs to try to lose weight. People who use drugs to lose weight often regain the weight over time and sometimes end up weighing even more.

Some people replace meals with special drinks/shakes. Many people who lose weight this way quickly gain it back when the diet ends. This yo-yo effect can lead to additional weight gain and make it harder to lose weight in the future.

Some people use other options such as going under hypnosis or seeking behavior therapy or counseling.

However, studies show that diets, drugs, weight loss aids, and other temporary measures usually don’t help people with obesity to maintain permanent weight loss and a healthy lifestyle over the long run.

**Surgical treatments for obesity**

If you have tried diet and exercise and other methods, but they have not helped you to lose weight and keep it off, surgery may be another option to consider. Weight loss surgeries are meant for people who are suffering from obesity.

If you have tried diet and exercise and other methods, but they have not helped you to lose weight and keep it off, surgery may be another option to consider.

Comparing surgical treatment options

Surgery to treat obesity works in one or more ways. Restrictive surgery reduces how much food the stomach can hold. Malabsorptive surgery shortens the digestive tract. In both cases, your body doesn’t get as many food calories as before.

Below is a short overview of the 2 most common types of surgery for obesity. For more information, visit [http://www.nlm.nih.gov/medlineplus/weightlosssurgery.html](http://www.nlm.nih.gov/medlineplus/weightlosssurgery.html), a website of the National Institutes of Health, or visit the Obesity Action Coalition website (obesityaction.org). Both surgeries carry risks. Only your surgeon will be able to tell you which surgery, if any, makes sense for you.
1. Gastric Bypass
In this procedure, the surgeon makes the stomach smaller, usually by stapling off a part of it from the rest, and then attaches a part of the intestines to it. Because the stomach is smaller, patients cannot eat as much food as before. Since the bypassed section of their intestines no longer digests food, patients absorb fewer nutrients and calories from food. Gastric bypass surgery is a restrictive and malabsorptive type of surgery. This surgery can be reversed, if necessary.

2. The LAP-BAND® System
During LAP-BAND® System surgery, the surgeon makes the stomach smaller by placing an adjustable silicone band around the upper part of the stomach. This reduces how much food the stomach can hold and makes patients feel fuller sooner so they eat less. LAP-BAND® surgery is a restrictive type of surgery.
The LAP-BAND® System requires no cutting or stapling of your stomach. The LAP-BAND® System can be tightened or loosened to fit the needs of your changing body in the months and years following surgery. The LAP-BAND® System can also be removed, if necessary.

To find a LAP-BAND® System certified surgeon in your area, use the surgeon locator at lapband.com.

Two common types of surgery for obesity
Gastric bypass and the LAP-BAND® System are 2 surgical ways to treat obesity.
Gastric bypass: The stomach is made smaller, usually with staples, and attached to a lower part of the intestines, shortening the digestive tract.
The LAP-BAND® System: The stomach is wrapped with an adjustable silicone band that creates a small upper pouch. The band can be tightened or loosened without surgery.
3. Understanding the LAP-BAND® System

What is the LAP-BAND® System?
The LAP-BAND® System includes a special device (the band) that restricts the capacity of your stomach. The device is a silicone band that’s placed around your stomach and divides it into 2 sections—a small upper pouch and a larger lower pouch. The band is about the size of a small napkin ring. It opens up to go around your stomach, then fastens shut.

The band is adjustable. The inside part of the band is hollow, almost like an inner tube, and it holds a saline solution (salty water). This inside part is connected by a thin, flexible tube to an access port that sits under your skin on one side of your belly button. To make the band tighter or looser, your surgeon can use a fine needle to inject or remove saline solution through the access port.

The system is not visible from the outside. The gastric band itself is not visible anywhere on your body. You may be able to feel the access port under your skin, but usually no one will be able to see it.

How is the band placed?
Your surgeon places the band around the upper part of your stomach through a surgical procedure. The procedure is done under general anesthesia, meaning that you are put to sleep. It’s usually done as laparoscopic surgery, meaning that it is done through several small incisions (cuts.) This is different from an open procedure, which is done through one large cut.

What happens in the surgery?
Here is what will happen during a typical surgery using the laparoscopic procedure:

The surgeon makes a few small cuts between one-half inch and one inch long on your torso and inserts narrow tubes to guide the surgical tools. A special camera in one tube shows the surgeon what is happening.

Using long, thin tools, the surgeon places the band around the top part of your stomach, creating a small upper-stomach pouch.

The surgeon then sutures (sews) part of the lower stomach over the band to hold it in place. The rest of the lower stomach stays in its normal position.

The surgeon places the access port under your skin and connects it to the band’s tubing. The port is sutured to part of your abdominal muscle.

Why is it called LAP-BAND®?
The name “LAP-BAND®” combines the surgical technique (laparoscopic) with the product name (gastric band).
Benefits of laparoscopic procedures

Because surgery can usually be completed through a laparoscopic procedure, most people who receive the LAP-BAND® System can enjoy the benefits of this less-invasive method. These benefits include:
- Fewer complications: Studies show laparoscopic surgery is less risky than open surgery.
- Less pain: After a laparoscopic surgery, most people feel much less pain compared to open surgery.

If you need an open procedure

Sometimes laparoscopic surgery can’t be done, or the surgeon may need to change to an open surgery during the operation. There could be a number of reasons for this. For instance, bleeding or problems placing the LAP-BAND® System could make an open procedure necessary.

If the surgeon needs to switch to an open procedure during surgery, you will not be aware of it because you are already under anesthesia. In an open procedure, the surgeon will make a larger incision (cut) in the abdomen to perform the operation.

In the US clinical study of adults with a BMI of 40 or greater, about 5% of the patients were switched to an open procedure after laparoscopic surgery started. In the second US clinical study of obese adults with BMI between 30 and 40, none of the patients were switched to an open procedure after laparoscopic surgery started.

How does the LAP-BAND® System work?

Once the LAP-BAND® System is in place, how does it work to help you lose weight?

With the band in place, the small pouch above the band can hold only a small amount of food. In order to be digested, the food has to pass through the opening between the upper pouch and lower pouch. The band controls the size of the opening, called the stoma, which controls how quickly food can pass from the upper to the lower pouch. The smaller the stoma, the longer it takes for food to pass from the upper to lower pouch.

With the band in place, you are less hungry, it takes less food for you to feel full, and you feel full for a longer time. You eat less food, which means your body draws on its fat reserves to get the energy it needs, and you lose weight.

How does the LAP-BAND® System help you lose weight?

The LAP-BAND® System helps you lose weight in 3 ways:
- Reducing your hunger
- Reducing how much your stomach can hold
- Increasing the amount of time that you feel full

Band adjusts as your needs change

With the LAP-BAND® System, your band can be adjusted by adding or removing saline solution. Your surgeon can tighten it to help you keep losing weight, or loosen it for a better fit. It can also be loosened in case of illness.

Day of surgery:
The band is at its widest opening, with very little saline inside.

Four to 6 weeks after surgery:
Saline may be added to tighten the band and help you lose weight.

Adjustments as needed:
Saline is added to or removed from the band to fit your needs.
As a result, your body absorbs fewer calories from food and burns fat to replace the missing calories. You lose weight.

Your role

Being successful with the LAP-BAND® System depends on you making a major, lifelong change to your eating habits, a change which is very hard to make. You have to set a goal and stick to it. If you don’t, you may lose no weight or very little. In addition, you will have undergone the risks of surgery and of living with an implanted LAP-BAND® System without taking full advantage of the benefits. The LAP-BAND® System has the potential to change your life, but the change has to start with you.

Adjustable based on your progress

One of the benefits of the LAP-BAND® System is that it can be adjusted to give you and your surgeon control of your progress. If the band is too loose and you are not losing weight (or not losing enough), your surgeon can add more saline to your band to make the opening smaller. If the band is too tight, the surgeon can remove some saline.

Follow-up visits for adjustments are a critical step for a successful LAP-BAND® System patient. Adjusting the size of the opening controls the amount of food it takes for you to feel full, which is an important feature as you begin to lose weight. Adjustments are a part of the follow-up for the procedure and are usually done during a routine office visit. You will not have to stay overnight or have another surgery. Adjustments may be performed in the X-ray department so that the access port can be clearly seen. Local anesthesia may be needed to numb the skin around the access port. A fine needle is passed through the skin into the access port to add or remove saline. This process usually takes only a few minutes. Most patients say it is nearly painless.

If for any reason you need to loosen the band’s restriction—for example, if you become pregnant or ill—your surgeon can deflate the band partially or completely.

Except in an emergency, only a surgeon or clinician trained and authorized by Apollo Endosurgery, Inc. (the company that makes the LAP-BAND® System) should adjust your band. In an emergency, someone familiar with the handling of ports and Huber needles can deflate the band then call a LAP-BAND® surgeon. Never try to adjust your own band. You could injure yourself and damage the LAP-BAND® System. If you need to be removed, but if a problem occurs or you do not lose weight, your surgeon may reposition, remove, or replace it.

The LAP-BAND® System was placed laparoscopically, it may be possible to reposition, remove, or replace it in the same way. This is an advantage of the LAP-BAND® System. Rarely, an open procedure is needed to remove it.

If you are considering having your LAP-BAND® System removed, you should discuss your concerns with your surgeon. Removing the band will allow your stomach to return to the size it was before your surgery and your digestive tract to the way it normally functions, which means your weight will likely increase.

The LAP-BAND® System has the potential to change your life, but the change has to start with you.

If for any reason you need to loosen the band’s restriction—your surgeon can deflate the band partially or completely.
Benefits of the LAP-BAND® System

There is no way to predict how much weight you will lose with the LAP-BAND® System. Some people lose more weight with the LAP-BAND® System than others. Getting the LAP-BAND® System doesn’t guarantee that you will reach your goal weight or even lose weight.

The LAP-BAND® System will not solve your weight problem by itself—you have to set a goal to make major, lifelong changes to your eating habits. That means eating less food and eating healthier food, changes which are very challenging. How much weight you lose depends on how committed you are to doing your part. It is possible to lose 2 to 3 pounds a week in the first year after the operation, but 1 pound a week is more likely. It is also possible to lose less or none at all. Individual results vary. Twelve to 18 months after the operation, weekly weight loss usually slows or stops.

How much weight have other people lost?

In a clinical study of morbidly obese adult patients (BMI 40 or greater) from 1995 to 2001, the average patient lost approximately 36% of his or her excess weight 3 years after surgery. In a different clinical study of obese adult patients (BMI between 30 and 40) from 2007 to 2009, the average patient lost approximately 65% of his or her excess weight 1 year after surgery.

Excess weight means the extra pounds you carry above your ideal weight. For example, if your ideal weight is 155 pounds and you weigh 255 pounds, then you are 100 pounds overweight. This is your excess weight. If you lose 33% of your excess weight, then you lose 33 pounds.

The table below shows how much excess weight different adult patients lost in the 2 studies.

Results with the LAP-BAND® System

In the first study (from 1995 to 2001) of morbidly obese adults using the LAP-BAND® System, here are the results after 3 years.

<table>
<thead>
<tr>
<th>In these patient groups:</th>
<th>Here's how many got these results:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gained more than 5% of excess weight</td>
</tr>
<tr>
<td>All 178 patients</td>
<td>2% 4 patients</td>
</tr>
<tr>
<td>The 24 diabetic patients</td>
<td>4% 1 patient</td>
</tr>
<tr>
<td>The 55 superobese patients (BMI 50+)</td>
<td>0% 0 patients</td>
</tr>
</tbody>
</table>

In the second study (from 2007 to 2009) that looked at obese adults with BMI between 30 and 40 using the LAP-BAND® System, here are the results after 1 year.

<table>
<thead>
<tr>
<th>In these patient groups:</th>
<th>Here's how many got these results:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gained more than 5% of excess weight</td>
</tr>
<tr>
<td>All 143 patients</td>
<td>0% 0 patients</td>
</tr>
</tbody>
</table>
The average weight loss over the first year of the study is shown below.

In the clinical studies, patients who weren’t considered good candidates for surgery were excluded as were patients who weren’t healthy, had the presence of infection, had an underlying condition, had undergone a previous surgery in their stomach area, or for whom surgery was to be their first attempt at weight loss.

Success factors
Many factors contribute to the success or the failure of a LAP-BAND® patient, and individual results vary. Patients who have had the LAP-BAND® placed well are more likely to experience success than those who don’t. In the clinical study, 1 out of 10 patients needed to have their LAP-BAND® fixed or readjusted. Patients who are committed to making major, lifelong changes to their eating habits are likely to do better with the LAP-BAND® System than those who don’t. Patients who attend at least 6 follow-up sessions with their surgeon have significantly better results than those who attend fewer.

What are the advantages of the LAP-BAND® System?
The LAP-BAND® System is adjustable, and it is easier to remove the LAP-BAND® than it is to reverse other weight-loss surgeries. Also, the surgery for a LAP-BAND® is less invasive. Here are its 5 biggest advantages.

The LAP-BAND® System process is less invasive
Compared to other surgeries used to treat obesity, LAP-BAND® System placement causes the least amount of trauma to the body. There is no need for cutting or stapling the stomach. Also, the LAP-BAND® System can usually be placed laparoscopically. A completed laparoscopic procedure results in fewer complications, less pain, faster recovery, and smaller scars.

The LAP-BAND® System is adjustable
Adjusting the size of the opening controls the amount of food it takes for you to feel full, which is an important feature as you begin to lose weight. Adjustments are a part of the follow-up for the procedure and are usually done in a routine office visit. You will not have to stay overnight or have another surgery. Adjustments may be carried out in the X-ray department so that the access port can be clearly seen. Local anesthesia may be needed to numb the skin around the access port. A fine needle is passed through the skin into the access port to add or remove saline. This process usually takes only a few minutes. Most patients say it is nearly painless.

The LAP-BAND® System can be removed
If the LAP-BAND® System is removed, the stomach generally returns to the size it was before the LAP-BAND® was implanted. It’s easier to remove the LAP-BAND® System than it is to reverse other weight loss procedures. Reversing other procedures typically leaves your stomach with staples and more traumatized tissue.

The LAP-BAND® System may require less hospital time
After the LAP-BAND® System is placed laparoscopically, patients normally leave the hospital or surgical center within a day. If a large incision is required or if there are complications, more time in the hospital or surgical center may be needed.

Any surgery poses risks.
It is important for you to consider these as you make your decision.
Recovery with the LAP-BAND® System may be quicker
After the procedure, patients usually get back to their normal activities in a week or two. It may take longer if there are complications.

Who is eligible for the LAP-BAND® System?
As mentioned at the beginning of this booklet, the decision to have surgery for weight loss is a decision you’ll want to make together with your doctor and your certified LAP-BAND® System surgeon. In the end, your surgeon is the best person to decide if you’re eligible for and will benefit from the LAP-BAND® System.

4. Understanding the Process
The more you know about getting a LAP-BAND® System, the better prepared you’ll be. This section will take you through a general overview of what happens and what you can expect. Your experience might be different, and your surgeon is the only person who will be able to fully describe the process you’ll follow.

Here’s what happens
Here is an overview of the steps you’ll follow with the LAP-BAND® System. For more details, see pages 18-24.

Find a surgeon
Find a LAP-BAND® System certified surgeon you’re comfortable with. Your surgeon is your guide throughout the process.

Meet with the experts
Meet with your surgeon and other experts to help you understand the procedure and how to plan for it.

Get ready for surgery
You’ll have some medical tests to make sure you are ready. Your surgeon may have you exercise and start a special diet.

Have the surgery
The surgery usually takes less than an hour and many patients are able to return home the same day. Some patients stay in the hospital or surgical center for a day or more afterward.

Recover from surgery
You’ll need to take it easy for a while after surgery. Most patients get back to normal activities within a week or two.

Get used to the LAP-BAND® System
For 6 weeks, you’ll follow a special diet, moving gradually from liquids to soft foods.

Get adjusted
Your LAP-BAND® System is loose when you first get it. The surgeon will tighten it, usually within 4 to 6 weeks. More adjustments will likely be needed.

Work on your new habits
To succeed with the LAP-BAND® System, you must stick to your goal of making major, lifelong changes to your eating habits.
Before your surgery

Initial meetings with surgeon and other experts

Before your surgery, you should talk about the procedure in detail with your surgeon. Your surgeon 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 dietician (someone who specializes in diet and nutrition)
- A physical therapist (someone who specializes in helping the body move and function well)
- A psychologist (someone who specializes in evaluating and improving emotional well-being)
- Other specialists

Presurgical meeting with surgeon and anesthetist

You will discuss your entire medical history with your surgeon and anesthetist. This includes current and past medical conditions, illnesses or injuries, as well as allergies to medications. You will also have the chance to get answers to all of your specific questions regarding the LAP-BAND® System and your surgery. It is important for you to disclose all of your health conditions and to answer all the surgeon’s questions thoroughly and to the best of your ability. Your surgeon can make the best decisions for you when he or she knows your complete health profile.

Getting ready for your surgery

Medical tests

You will need to have many tests before your surgery. These are to make sure you are healthy enough for the surgery. These tests may include a chest X-ray, blood pressure, and blood and other tests.

Get the things you’ll need

As your surgery date gets near, you’ll want to collect some of the things you’ll need after the surgery. Your surgeon will provide you with a complete list. Some things you’ll want with you include:

- Comfortable, loose-fitting clothes such as a sweat suit, slip-on shoes, pajamas/nightgown, robe, slippers, and toiletries if staying overnight in the hospital or surgical center
- A small, soft pillow to cushion your lap from the car seatbelt on the ride home
- A complete list of your current medications and 2 days’ supply of each one
- Some magazines and books
- Your insurance and other key information together in an envelope

Things you’ll want at home include:

- Supply of ice chips for sipping
- Consommé (beef, chicken, or vegetable broth with no added vegetables or meat)
- Skim milk
- Sugar-free popsicles and fruit juice

Having the surgery

The day before your surgery

Your surgeon will provide a complete list of instructions to help you get ready. For example, he or she might tell you that you shouldn’t eat or drink anything starting at midnight before the morning of your surgery.

Arriving at the hospital or surgical center

You’ll go to the hospital or surgical center either the day before your surgery or the morning of your surgery. Most surgeons ask you to arrive well in advance of the time of your procedure. The surgeon or someone from the surgeon’s team will meet with you, and nurses will help you to get ready.

You should also bring an adult who will stay with you until the surgery is completed.

Having the surgery

When it is time for the surgery, you will receive general anesthesia. This will relax your muscles and make you become unconscious so that you will not feel any pain during your surgery. You may be in the operating room for 2 or 3 hours, but the actual procedure typically takes about half an hour to an hour.

Most surgeries are completed using the laparoscopic procedure explained on page 0. Sometimes, however, the surgeon may need to change to an open procedure during the surgery. In an open procedure, the surgeon will make a larger incision in the abdomen to perform the operation.

If you have an open procedure, you will need to stay in the hospital or surgical center longer because there could be more problems. It will also take more time for you to get back to your normal routine.

In the US clinical study of morbidly obese adults in 1998 to 2001, about 5% of the patients were switched to an open procedure after laparoscopic surgery started. No patients in the US clinical study of obese adults in 2007 to 2009 were switched to an open procedure.
After your surgery

When you wake up

Once the anesthesia has worn off and you are awake, you may feel some pain around where the surgeon made cuts. Many patients report a dull ache around the larger cut on their torso where the access port is. This pain can usually be relieved with normal painkillers such as acetaminophen (like Tylenol®) and usually goes away in a day or two.

The staff will also help you get out of bed and start moving as soon as possible. This will help prevent blood clots, breathing problems, and bedsores.

The next day (or before leaving the same day)

On the day after the surgery, your health team may check to make sure your LAP-BAND® System is in the right place and that the new stomach outlet is open. They may use a fluoroscope (X-ray) to see inside you. You may be asked to swallow a liquid that can be seen on the X-ray.

How long you’ll stay

After a laparoscopic surgery, you will normally leave the hospital or surgical center within one day. The hospital or surgical stay may be longer after an open procedure or if there are problems. If there are no problems, you should be able to get back to normal activities within a week or 2 after the surgery.

Recovering from the surgery

Follow your surgeon’s guidelines

After your surgery, your surgeon and his or her team of experts will give you specific instructions designed just for you. Be sure you know and understand these instructions. Discuss your diet with your surgeon and dietician, and follow their advice. They can help you learn and get used to the changes in lifestyle and eating habits you need to make.

The following information is based on the instructions patients generally follow. The time periods are true for most patients. And the time you spend in each phase may be different.

### Eating during recovery

To allow your stomach to heal correctly, you’ll ease your way back to solid foods. Here’s a general overview on how it will be done. Your surgeon or dietician will provide you with a detailed eating plan designed just for you that may differ from this plan.

**First 2 days after surgery**

Drink water or clear liquids and suck on ice chips.

**Day 3 through day 7**

Keep a liquid diet of chicken, beef, or vegetable broth (none with cream), skim milk, no-sugar-added fruit juice, sugar-free frozen fruit juice on a stick, and water.

**Day 8 through day 21**

Eat smooth pureed protein such as fish or chicken, pureed vegetables, fruit smoothies, hummus, egg salad, cottage cheese, pureed soup, gelatin, baby food, mashed potatoes, apple sauce, and low-fat yogurt or pudding. Drink liquids, but not with meals.

**Day 22 through day 42**

Add soft foods like fish or ground turkey. Your surgeon or dietician will provide a complete list of the foods that will be appropriate. Drink liquids, but not with meals.

Once you begin to add foods that require chewing, your surgeon or dietician will explain to you how to cut your food into small pieces and chew foods well enough for your new stomach opening to accommodate.

If you don’t follow this advice, you may experience stomach irritation and vomiting. These can cause the stomach pouch to expand, increase the chance of stomach tissue slipping up through the band, or increase the chance of the band slipping out of place. You could also get blockage of the stoma.

If solid foods cause nausea and vomiting, your surgeon may advise you to go back to the liquid diet you had earlier and stay with that for a longer time.

While you’re recovering, it’s important to eat and drink the right way

It will take a month or more for your new stomach structure to heal completely. It is very important to follow your eating and drinking instructions after the operation.

Your surgeon or dietician will provide you with a detailed eating plan that includes portion sizes and explains what foods to choose and how to chew them, but, in
general, eating or drinking too much or too fast, not chewing foods properly, or eating the wrong foods can cause you to vomit. It is important to avoid vomiting because vomiting can stretch the small stomach pouch above the band. Vomiting can also increase the chance of stomach tissue slipping up through the band or lead to other problems.

**Having your LAP-BAND® System adjusted**

The LAP-BAND® System can be adjusted to meet your specific needs. That is one of the benefits of the system. This feature allows you and your surgeon to find the level of tightness that’s right for you.

**Getting used to the band**

When your surgeon first places the band, it is usually empty or partially filled. This lets you get used to it during the first few weeks after surgery. It also allows for healing to occur around the new band site.

**Having your first adjustment**

Usually, the first adjustment is 4 to 6 weeks after surgery, but the timing and amount of adjustments will be different for each person. The first adjustment typically makes the band a little tighter to help you lose weight.

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

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

**Don’t rush it**

Don’t be in a hurry to have this adjustment before you are ready. Your surgeon’s goal is for you to experience steady, safe weight loss, not weight loss in a hurry. Your surgeon will know the best time for an adjustment.

**Second adjustment**

After the first adjustment and living with the band for a while, most people need another adjustment. If you have no weight loss for more than 3 weeks, have an increased appetite or feel hungry again less than 4 hours after a meal, it could be a sign that your band is too loose. If you regurgitate food, experience discomfort while eating, or have a night cough, it could be a sign that your band is too tight. Let your surgeon know so that he or she can decide.

**Maintenance**

After the second adjustment, your surgeon will monitor your weight loss progress and adjust the band when needed. Everyone requires a different restriction level and adjustment schedule for optimal results. In the first year, you may need anywhere from 1 to 10 adjustments. After the first year, it could be months or years until your next adjustment. If you are several years post-op, you may still require an adjustment. Long-term follow-up is the key to success.

**Will I need plastic surgery for removal of the extra skin from weight loss?**

Your surgeon will talk to you about what makes sense for you. In general, you should not consider plastic surgery for at least a year or 2 after the LAP-BAND® System operation. Sometimes the skin will mold itself around your new, smaller body shape. You should give your skin time to adjust before you consider having more surgery.

**Troubleshooting**

If any of the following conditions occur, please contact your surgeon immediately. It could be the sign of band slippage, a serious condition:

- Nausea or vomiting that continues
- Night cough or night reflux (bringing up stomach juices)
- Asthma or worsening of asthma
- Being able to eat less
- Being suddenly able to eat more, then vomiting a few hours later
- Severe pain
- Difficulty swallowing or inability to swallow

In an emergency, contact your surgeon. Your surgeon may temporarily deflate your band to fix the slippage. If necessary, your surgeon will reposition or replace the band through surgery. If you can’t reach your surgeon, you should proceed to the nearest hospital emergency room. Any clinician trained in the handling of ports and Huber needles will be able to deflate your band if necessary. Your surgeon should be notified as soon as possible.

**Other reasons to talk to your surgeon**

- Becoming pregnant
- Being diagnosed with a serious illness
- Feelings of hunger return less than 4 hours after a meal
- Discomfort

Your surgeon or dietician will create an eating and drinking plan that is specific to your needs.
Your new habits

Once you and your body have gotten used to the LAP-BAND® System, you will embark on a new life. You have set a goal to make a major lifelong change to your eating habits, and this change is a critical part of you succeeding in your weight loss.

A healthy, balanced diet

An important part of these new habits is your diet. From now on, you’ll eat less food than you were used to before surgery and eat a healthier, more balanced diet. Because the band limits how much you can eat, it helps you to follow this plan.

Making good choices

To succeed with the LAP-BAND® System, you’ll need to make good food choices every day. Here’s an example of what one day’s worth of good choices might look like. Your surgeon or dietician will work with you to design a meal plan that’s right for you.

**Breakfast**
- Plain tea or coffee • Small bowl of hot cereal • Cup of low-fat yogurt

**Lunch**
- Iced tea • Wheat toast with cheese • Fresh pear

**Dinner**
- Fruit smoothie • Grilled chicken • Salad, low-fat dressing

But in the end, your commitment to your new eating habits will determine how much weight you lose.

Your surgeon or dietician will work with you to create an eating and activity plan that meets your needs. Here are some guidelines for the diets you follow beginning in week 4 after surgery, as you add soft foods and then foods that require chewing.

**Ten important guidelines and how to make them work**

**Rule 1: Eat smaller meals**

Your surgeon or dietician will talk to you about portion size and how to chew your food thoroughly. The LAP-BAND® System creates a small stomach pouch that can hold only about a quarter cup of food at a time. If you try to eat more than this at one time, you may feel nauseated or vomit. If you routinely eat too much, the small stomach pouch may stretch. That will cancel the effect of the LAP-BAND® System.

Frequent vomiting can also cause certain problems such as stomach slippage. Work with your surgeon or dietician to understand how much your stomach pouch can hold comfortably and don’t exceed that amount.

**Rule 2: Eat only when you’re hungry**

Eating when you’re not hungry is a big reason that many people fail to lose weight. Your surgeon or dietician will work with you to create a diet that will include enough food to give you the nutrients you need and may include smaller meals scheduled at shorter intervals in order to keep you from feeling hungry.

With the LAP-BAND® System, you shouldn’t feel hungry again less than 4 hours after a meal. If you do, let your surgeon know as your band may need to be adjusted.

**Rule 3: Eat good-quality foods**

With the LAP-BAND® System in place, you can eat only a small amount at one time, so the food you eat should be as healthy as possible. Your surgeon or dietician will work with you to create a diet that includes healthy foods and avoids junk food, which is food with high calories or fat and low nutritional value. Your meals will include many fresh vegetables, fruit, meats, proteins, and cereals. Foods high in fat and sugar will not be included. Your surgeon or dietician may ask you to take a vitamin supplement as well.

**Rule 4: Approach problem foods carefully**

Some foods have difficulty passing through the new stomach and may cause blockage. That is because you can’t chew this food well enough to break it up into small pieces, and your saliva can’t break it down. Remember: your new stomach opening is about the diameter of a pencil eraser. Your surgeon or dietician will give you a complete list of foods which may give you trouble and teach you how to prepare them for the greatest chances of success if you still want to attempt them.
Foods that may cause problems include:
- Dry meat
- Shrimp
- Untoasted or doughy bread
- Pasta
- Rice
- Peanut butter
- Dried fruit
- Nuts
- Coconut
- Popcorn
- Greasy or fried food
- Seeds and skins of fruits and vegetables
- Membrane of citrus fruits such as oranges, lemons, and grapefruit

**Rule 5: Follow your surgeon or dietician’s advice regarding chewing and swallowing**

Remember: your new stomach opening is about the diameter of a pencil eraser, so you need to chew your food until it is smaller than that in order for it to go down after swallowing. Your surgeon or dietician will work with you so that you understand how to gauge that while you’re eating. Cut your food into appropriate sizes, chew until the food is the right size to be swallowed, and put down your silverware between bites. You will find yourself eating more slowly and you may enjoy it more.

**A convenient reminder**

Cut out this reminder card, write your surgeon’s phone number on the other side, and keep it in your wallet.

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**Rule 6: Try to learn to recognize when you start to 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, and if you have a history of overeating, you may not have learned to recognize it. If you hurry your meal, you may eat more than you need, which can lead to nausea and vomiting. Eat slowly and try to pay attention to the feelings of fullness.

**Rule 7: Drink plenty of water or other liquids 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 rid your body of these waste products. If you don’t, you may become dehydrated. Your surgeon or dietician will let you know the amount of water you should drink each day, but in general, patients should drink six to eight 8-oz glasses of liquid.

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**10 important guidelines and how to make them work**

Here are 10 guidelines that will help you get the best results from the LAP-BAND® System. Your motivation to follow a healthier new lifestyle is key to success.

1. **Eat smaller meals**—about a quarter cup of food at a time, about the size of a small egg.
2. **Eat only when you’re hungry**—and don’t eat when you’re not.
3. **Eat good-quality foods.** Follow the plan your surgeon or dietician created for you.
4. **Avoid food with tough or stringy fibers.** Asparagus, corn, oranges, and celery can be hard to digest. Follow the food plan created for you.
5. **Follow your surgeon or dietician’s advice regarding chewing and swallowing.** Remember: your new stomach opening is the diameter of a pencil eraser.
6. **Try to learn to recognize when you start to feel full.** Pay closer attention and try to feel for this signal. Stop eating when you feel it.
7. **Drink plenty of water and other liquids during the day** to help rid your body of waste products.
8. **Do not drink while you are eating or following a meal.** This helps you keep the feeling of fullness.
9. **Drink only water, tea, and coffee (no milk, cream, or sugar).** Liquids do not make you feel full, so high-calorie liquids like sugared soda or fruit juice reduce your weight loss.
10. **Be more physically active.** Follow the plan laid out for you by your surgeon or dietician.

Telephone numbers for your surgeon and medical team:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Take the attached card, fold it in half, and keep it in your wallet.
10 important guidelines and how to make them work

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____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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Rule 8: Do not drink while you are eating or following a meal
If you drink with your meal, the food you have eaten passes through your stomach more quickly, so you no longer feel full. This greatly reduces the effectiveness of the LAP-BAND® System. You should not drink anything for 1 to 2 hours after a meal. That way, you feel full for as long as possible. Your surgeon or dietician will work with you to create a drinking plan that is right for you.

Rule 9: Drink only water, tea, or coffee (no milk, cream, or sugar)
You will reduce your ability to lose weight if you drink liquids containing calories, like sugared soda, fruit juice, or coffee drinks. Liquids pass through the stomach outlet very quickly and do not make you feel full.

Rule 10: Be more physically active
Your surgeon or dietician will talk to you about an activity plan and provide instructions on how to follow it. Physical activity helps increase weight loss because it burns calories. Exercise can also help improve your general health. Your size may make it hard for you to be active, but get started, even if it is a little at first. The more weight you lose, the easier it should get.

Follow the exercise plan your surgeon or dietician provides you.

Questions to ask surgeons
You can use the attached checklist to help you remember the things you want to discuss with the surgeons you consider. Once you’ve filled it out, just tear it out and take it with you to your appointment.

The surgeon’s experience
- What procedures do you offer?
- How many weight-loss surgeries have you done?
- How many LAP-BAND® System procedures have you done?

Other questions
- May I see a sample of the LAP-BAND® System?
- What is the average excess weight loss experienced by your LAP-BAND® System patients? How about for other options?
- What are the most common complications you see with the LAP-BAND® System procedure? How does that compare to other options?
- Will I experience improvement with my weight-related health conditions? What have your patients experienced?
- How will I know if I’m a good candidate for surgery?

Cost, support and follow-up care
- What is the cost of this procedure? Do you accept my insurance?
- Can your office help me with insurance approval or financing?
- How do adjustments work, and how often will I need adjustments during the first year? Ongoing?
- How will you work with my primary care/family physician or other doctors I’m currently seeing for treatment?
- Do you have a team to address weight-related health conditions, dietary instruction, exercise training, nursing care, and psychological counseling if I need it?
- Do you offer support groups for postsurgery patients?
- What help can you give me to help educate my family and friends so that they can help me with this process?

Other concerns
- Write your own questions in the space below.

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Follow the exercise plan your surgeon or dietician provides you.
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Other concerns
- Write your own questions in the space below.

______________________________________________________________________________
______________________________________________________________________________
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Customized support program

Setting a goal to make a major, lifelong change to your eating habits is a big commitment, and the LAP-BAND® System offers a special support program to help you called My LAP-BAND® Journey. Your customized My LAP-BAND® Journey program lets you track your goals and monitor your changing body measurements, activities, and even your moods as often as you like. With My LAP-BAND® Journey, you choose how to track your progress and achievements.

For example, My LAP-BAND® Journey features checklists and reminders so you can mark all the steps you’ve taken on your journey. Use the Preparation Checklist to get ready for surgery, manage important milestones with the Appointment and Weight Trackers, keep yourself motivated by writing a Letter to Yourself, and eat healthy with the LAP-BAND® System recipe library. You will also receive timely tips and reminders to help you stay on track.

The My LAP-BAND® Journey program will also provide access to a Personalized LAP-BAND® System Patient ID Card—a card to keep with you at all times and use when you’re dining out, traveling, or visiting the surgeon. It can also be helpful in case of a medical emergency or situations where others should know that you have been implanted with a surgical device.

5. Making Your Decision

A life change

Congratulations. Deciding to tackle your obesity is a big decision and one that can have positive impact on your future. We hope reading this booklet has helped you understand how the LAP-BAND® System works as well as the journey you’ll take if you end up getting the LAP-BAND® System. Your surgeon is the only person who can fully answer all the questions you may have.

As you’ve learned, the LAP-BAND® System is not a miracle cure. Not everyone will lose weight or keep it off. Individual results vary. To achieve long-lasting weight loss, you will need to commit to making a major, lifelong change to your eating habits.

Finding a surgeon

Your first step towards successful surgical weight loss involves finding a surgeon qualified to perform LAP-BAND® System surgery. An experienced LAP-BAND® System surgeon will not just determine if this procedure is right for you and perform your surgery, but will also help you with your payment options and presurgical and postsurgical education. You can find a list of qualified LAP-BAND® System surgeons near you at www.lapband.com/get_informed/consult/find/.

A careful decision

A decision to get the LAP-BAND® System should be made carefully after talking to your surgeon. We hope this booklet has helped you determine the questions and issues you want to discuss with him. It’s very important that you and your surgeon have an in-depth discussion about the potential risks and rewards of choosing the LAP-BAND® System before you make your decision.

Good luck to you!
6. Frequently Asked Questions

Q: How much weight will I lose?
A: There is no way to predict how much weight you will lose with the LAP-BAND® System. Some people lose more weight with the LAP-BAND® System than others. Getting the LAP-BAND® System doesn’t guarantee that you will reach your goal weight or even lose weight.

The LAP-BAND® System will not solve your weight problem by itself. You have to set a goal to make major, lifelong changes to your eating habits. That means eating less food and eating healthier food, changes which are very challenging. How much weight you lose depends on how committed you are to doing your part. It’s possible to lose 2 to 3 pounds a week in the first year after the operation, but 1 pound a week is more likely. It’s also possible to lose less or none at all. Individual results vary. Twelve to 18 months after the operation, weekly weight loss usually slows or stops.

Q: How much weight have other people lost?
A: In a clinical study of morbidly obese adult patients (BMI 40 or greater) from 1995 to 2001, the average patient lost approximately 36% of his or her excess weight 3 years after surgery. In a different clinical study of obese adult patients (BMI between 30 and 40) from 2007 to 2009, the average patient lost approximately 65% of his or her excess weight 1 year after surgery.

Excess weight means the extra pounds you carry above your ideal weight. For example, if your ideal weight is 155 pounds and you weigh 255 pounds, then you are 100 pounds overweight. This is your excess weight. If you lose 33% of your excess weight, then you lose 33 pounds.

The table below shows how much excess weight different adult patients lost in the 2 studies.

Results with the LAP-BAND® System

In the first study (from 1995 to 2001) of morbidly obese adults using the LAPIV-BAND® System, here are the results after 3 years.

<table>
<thead>
<tr>
<th>In these patient groups:</th>
<th>Here's how many got these results:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gained more than 5% of excess weight</td>
</tr>
<tr>
<td>All 178 patients</td>
<td>2% 4 patients</td>
</tr>
<tr>
<td>The 24 diabetic patients</td>
<td>4% 1 patient</td>
</tr>
<tr>
<td>The 55 superobese patients (BMI 50+)</td>
<td>0% 0 patients</td>
</tr>
</tbody>
</table>

In the second study (from 2007 to 2009) that looked at obese adults with BMI between 30 and 40 using the LAP-BAND® System, here are the results after 1 year.

<table>
<thead>
<tr>
<th>In these patient groups:</th>
<th>Here's how many got these results:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gained more than 5% of excess weight</td>
</tr>
<tr>
<td>All 143 patients</td>
<td>0% 0 patients</td>
</tr>
</tbody>
</table>
The average weight loss over the first year of the study is shown below.

<table>
<thead>
<tr>
<th>Months Following Surgery</th>
<th>Average %EWL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>90</td>
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<tr>
<td>4</td>
<td>80</td>
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<td>70</td>
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<td>8</td>
<td>60</td>
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<tr>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>12</td>
<td>40</td>
</tr>
</tbody>
</table>

Don’t be in a hurry to have this adjustment before you are ready. Your surgeon’s goal is for you to experience steady, safe weight loss, not weight loss in a hurry. Your surgeon will know the best time for an adjustment.

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

A: Follow-up visits for adjustments are a critical step for a successful LAP-BAND System patient. Adjusting the size of the opening controls the amount of food it takes for you to feel full, which is an important feature as you begin to lose weight. Adjustments are a part of the follow-up for the procedure and are usually done during a routine office visit. You will not have to stay overnight or have another surgery. Adjustments may be carried out in the X-ray department so that the access port can be clearly seen. Local anesthesia may be needed to numb the skin around the access port. A fine needle is passed through the skin into the access port to add or remove saline. This process usually takes only a few minutes. Most patients say it is nearly painless.

If for any reason you need to loosen the band’s restriction—for example, if you become pregnant or ill—your surgeon can deflate the band partially or completely.

**Q: What factors contribute to success?**

A: Many factors contribute to the success or the failure of a patient who has had the LAP-BAND system implanted, and individual results vary. Patients who have had the LAP-BAND placed well are more likely to experience success than those who don’t. In the clinical study of morbidly obese adults, 1 out of 10 patients needed to have their LAP-BAND fixed or readjusted. Patients who are committed to making major, lifelong changes to their eating habits are likely to do better with the LAP-BAND System than those who don’t. Follow-up visits for adjustments are a critical step for a successful LAP-BAND System patient. Patients who attend at least 6 follow-up sessions with their surgeon have significantly better results than those who attend fewer.

**Q: When will I need an adjustment?**

A: Usually, the first adjustment is 4 to 6 weeks after surgery, but the timing and amount of adjustments will be different for each person. The first adjustment typically makes the band a little tighter to help you lose weight.

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

- Your hunger
- Your weight loss
- The amount of food you can comfortably eat
- Your exercise routine
- How much fluid is already in your band
Q: What will happen if I become pregnant?

A: The LAP-BAND® System will not interfere with you becoming pregnant or with your pregnancy if you become pregnant. In fact, becoming pregnant may be easier as you lose weight because 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 tightened again, and then you can go back to losing weight. The band will not harm you or the baby.

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

A: The LAP-BAND® System is designed to stay in your body long-term. It does not need to be removed, but if a problem occurs or you do not lose weight, your surgeon may reposition, remove, or replace it.

If the LAP-BAND® System was placed laparoscopically, it may be possible to reposition, remove, or replace it in the same way. This is an advantage of the LAP-BAND® System. Rarely, an open procedure is needed to remove it.

If you’re considering having your LAP-BAND® System removed, you should discuss your concerns with your surgeon. Removing the band will allow your stomach to return to the size it was before your surgery and your digestive tract to the way it normally functions, which means your weight will likely increase.

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

A: Your surgeon will talk to you about what makes sense for you. In general, you should not consider plastic surgery for at least a year or 2 after the LAP-BAND® System operation. Sometimes the skin will mold itself around your new smaller body shape. You should give your skin time to adjust before you consider having more surgery.

Resources/to find out more

National Institutes of Health Medline Site—

Obesity Action Coalition—
www.obesityaction.org

LAP-BAND® System website—
www.lapband.com

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 part or all of it may break or fail at any time after implantation. Some causes of partial or complete failure of the System may include expected or unexpected bodily reactions to the presence and position of the implanted device, rare or uncommon medical complications, failure of one of the parts of the LAP-BAND® System, and normal wear and tear. In addition, the LAP-BAND® System may be easily damaged by improper handling or use of the device. Please refer to the risk section at the beginning of the booklet for a presentation of the general and specific risks and possible complications associated with the use of the LAP-BAND® System.
MY SURGEON GAVE ME THIS BOOKLET

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

My surgeon has given me the booklet “The LAP-BAND® System, Surgical Aid in the Treatment of Obesity, A decision guide for adults” for my use before my surgery.

Patient Signature

Date

Patient Name Printed

Surgeon Signature

Date

Surgeon Name Printed
I READ AND UNDERSTOOD WHAT’S IN THIS BOOKLET

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

I have read the booklet, “The LAP-BAND® System, Surgical Aid in the Treatment of Obesity, A decision guide for adults” and understand the risks that it describes. I understand the potential problems described and the symptoms and conditions that may not make the LAP-BAND® System right for me. I have discussed the risks with my surgeon, and I know and understand 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 problems 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 the LAP-BAND® System surgery.

Patient Signature ____________________________ Date ______________

Patient Name Printed ____________________________

Surgeon Signature ____________________________ Date ______________

Surgeon Name Printed ____________________________
FOR MORE INFORMATION ABOUT OBESITY AND THE LAP-BAND® SYSTEM, PLEASE VISIT

www.lapband.com

OR CALL

1-800-LAP-BAND
527-2263

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

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