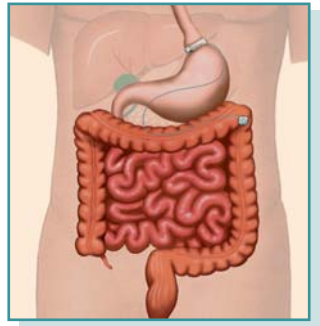


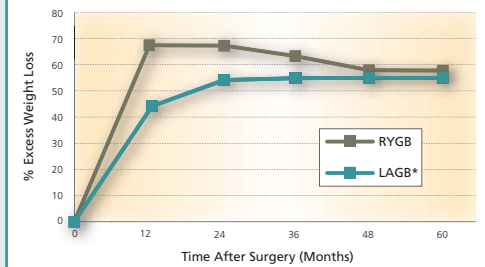
The LAP-BAND® System offers long-term excess weight loss comparable to Roux-en-Y gastric bypass, with lower risks of complications and mortality



| | Laparoscopic Adjustable Gastric Banding (LAGB) | Roux-en-Y Gastric Bypass (RYGB) |
|---|--|--|
| Procedure | <ul style="list-style-type: none"> No change in the anatomy is required Regular follow-ups allow for optimal results | <ul style="list-style-type: none"> Requires cutting and stapling of stomach and bowel |
| Short-term (1 year) excess weight loss | <ul style="list-style-type: none"> 42% average excess weight loss 1 year after surgery¹ | <ul style="list-style-type: none"> 67% average excess weight loss 1 year after surgery¹ |
| Long-term (>5 years) excess weight loss | <ul style="list-style-type: none"> 55% average excess weight loss 5 years after surgery¹ | <ul style="list-style-type: none"> 58% average excess weight loss 5 years after surgery¹ |

| | | |
|---|--|---|
| Postsurgical mortality (short-term) | <ul style="list-style-type: none"> 0.05%² | <ul style="list-style-type: none"> 0.50%² |
| Early complications | <ul style="list-style-type: none"> 1.5%³ | <ul style="list-style-type: none"> Up to 25.5% reported⁴ |
| Postsurgical complications (long-term) | <ul style="list-style-type: none"> Band slippage⁵ Stoma obstruction⁵ Gastroesophageal reflux⁵ Nausea and vomiting⁵ | <ul style="list-style-type: none"> Hernia⁴ Marginal ulcer⁴ Bowel obstruction⁴ Iron, vitamin B₁₂, folic acid, and calcium deficiencies⁵ Dumping syndrome² |
| Adjustability | <ul style="list-style-type: none"> Adjustable Reversible | <ul style="list-style-type: none"> Nonadjustable Permanent |

% EXCESS WEIGHT LOSS: LAGB vs RYGB¹



*LAGB using the LAP-BAND® System and another adjustable gastric band. Comparison is based on pooled data from 43 peer-reviewed reports involving at least 100 patients at entry and providing at least 3 years of postoperative data.¹

NOTE: Excess weight loss with LAGB is comparable to gastric bypass over time.

There is no significant difference between weight loss with LAGB and weight loss with gastric bypass at 36 months and beyond.¹

REFERENCES

- O'Brien PE, McPhail T, Chaston TB, Dixon JB. Systematic review of medium-term weight loss after bariatric operations. *Obes Surg.* 2006;16:1032-1040.
- Chapman A, Game P, O'Brien P. Laparoscopic adjustable gastric banding for the treatment of obesity: update and re-appraisal. ASERNIP-S Report No. 31, Second Edition. Adelaide, South Australia. ASERNIP-S, June 2002.
- O'Brien PE, Dixon JB. Weight loss and early and late complications—the international experience. *Am J Surg.* 2002;184:425-455.
- Fisher B, Schauer P. Medical and surgical options in the treatment of severe obesity. *Am J Surg.* 2002;184:95-165.
- LAP-BAND® Adjustable Gastric Banding System. Directions for use. Allergan, Inc. Irvine, CA.
- Ferraro DR. Management of the bariatric surgery patient. *Clin Rev.* 2004;14:73-79.



SEPARATING FACT FROM FICTION

1

“LAP-BAND® SYSTEM IS NOT FOR SWEET-EATERS”

FALSE

There is no data to suggest that the LAP-BAND® System does not work for sweet-eaters. Studies confirm that sweet-eating behavior is not a contraindication for the LAP-BAND® System.

1. Stephen M. Hudson, John B. Dixon, Paul E. O'Brien, "Sweet Eating is not a Predictor of Outcome after LAP-BAND® Placement. Can we Finally Bury the Myth?" *Obesity Surgery*, 12, 789-794, 2002

A BRIEF DESCRIPTION OF RELEVANT INDICATIONS FOR USE, CONTRAINDICATIONS, WARNINGS, AND ADVERSE EVENTS OF THE LAP-BAND® SYSTEM.

Indications: The LAP-BAND® System is indicated for use in weight reduction for severely obese patients with a Body Mass Index (BMI) of at least 40 or a BMI of at least 35 with one or more severe comorbid conditions, or those who are 100 lbs. or more over their estimated ideal weight.

Contraindications: The LAP-BAND® System is not recommended for non-adult patients, patients with conditions that may make them poor surgical candidates or increase the risk of poor results, who are unwilling or unable to comply with the required dietary restrictions, or who currently are or may become pregnant.

2

“FOLLOW-UP IS NOT NEEDED WITH GASTRIC BYPASS”

FALSE

Gastric Bypass patients require regular follow-up due to the potential risk of malabsorption. It is known that nutritional deficiencies increase with time for gastric bypass patients.

1. Robert E. Brolin, "Results of Survey of Deficiencies; 73% of patients, 6 year follow-up." *Obesity Surgery*, April, 1999
2. Skroubis G, "Comparison of nutritional deficiencies after Roux-en-Y gastric bypass and after biliopancreatic diversion for morbid obesity." *Obesity Surgery*, April 1999

Warnings: The LAP-BAND® System is a long-term implant. Explant and replacement surgery may be required at some time. Patients who become pregnant or severely ill, or who require more extensive nutrition may require deflation of their bands. Patients should not expect to lose weight as fast as gastric bypass patients, and band inflation should proceed in small increments. Anti-inflammatory agents, such as aspirin, should be used with caution and may contribute to an increased risk of band erosion.

Adverse Events: Placement of the LAP-BAND® System is major surgery and, as with any surgery, death can occur. Possible complications include the risks associated with the medications and methods used during surgery, the risks associated with any surgical procedure, and the patient's ability to tolerate a foreign object implanted in the body.

3

“LAP-BAND® SYSTEM PROVIDES LESS RESOLUTION OF COMORBIDITIES”

FALSE

The LAP-BAND® System improves or resolves major obesity-related comorbidities including asthma, diabetes, hypertension, gastroesophageal reflux, and sleep apnea.

1. Dixon, Chapman, O'Brien, "Marked Improvement in Asthma after Lap-Band Surgery for Morbid Obesity." *Obesity Surgery*, 9, 385-389, 1999
2. Dixon, O'Brien, "Health Outcomes of Severely Obese Type 2 Diabetic Subjects 1 Year After Laparoscopic Adjustable Gastric Banding (n=50)." *Diabetes Care*, 25, 358-363, 2002
3. Dixon, O'Brien, "Gastroesophageal Reflux in Obesity: The Effect of Lap-Band Placement (n= 48)." *Obesity Surgery*, 9, 527-531, 1999
4. Dixon, Schachter, O'Brien, "Sleep Disturbance and Obesity (n=33)." *Arch Intern Med*, 161, 2002, 102-106

Band slippage, erosion and deflation, obstruction of the stomach, dilation of the esophagus, infection, or nausea and vomiting may occur. Reoperation may be required.

Rapid weight loss may result in complications that may require additional surgery. Deflation of the band may alleviate excessively rapid weight loss or esophageal dilation.

Not all contraindications, warnings, or adverse events are included in this brief description. More detailed risk information is available at www.lapbandcentral.com or 1-800-624-4261.

4

“LAP-BAND® SYSTEM IS NOT FOR THE SUPER OBESE”

FALSE

Super obese (BMI >50) patients experience significant weight loss and comorbidity resolution with the LAP-BAND® System. Weight loss with the LAP-BAND® System is comparable to other bariatric procedures after the first year of follow-up.

1. Jerome Dargent, "Super-Obese Treated by Adjustable Gastric Banding: Is It Worthwhile? A 7 Years Experience." *Abstract from the International Federation for the Surgery of Obesity (IFSO) Congress 2002*
2. John B. Dixon, Paul E. O'Brien, "Selecting the optimal patient for LAP-BAND placement." *The American Journal of Surgery*, 184, 2002
3. G.A. Fielding. "Laparoscopic adjustable gastric banding for massive superobesity." *Surgical Endoscopy*, 2003; 17: 1541-1545.

5

“LAP-BAND® SYSTEM LIMITS QUALITY OF LIFE COMPARED TO GASTRIC BYPASS”

FALSE

Studies show that the LAP-BAND® System provides a dramatic and sustained improvement in quality of life by reducing comorbidities, improving body image, and achieving overall better health associated with weight loss.

1. John B. Dixon, Paul E. O'Brien, "Changes in comorbidities and improvements in quality of life after LAP-BAND placement." *The American Journal of Surgery*, 184, 51S-54S, 2002
2. John B. Dixon, Maureen E. Dixon, and Paul E. O'Brien, "Quality of Life after LAP-BAND Placement: Influence of Time, Weight Loss, and Comorbidities." *Obesity Research*, November 2001
3. John B. Dixon, Maureen E. Dixon, and Paul E. O'Brien, "Body Image: Appearance Orientation and Evaluation in the Severely Obese. Changes with Weight Loss." *Obesity Surgery*, 12, 2002