



Take  
control  
Start your  
transformation  
today!

Yes  
you  
can

**lap·band**<sup>®</sup> Weight-Loss Program  
By ReShape Lifesciences<sup>™</sup>





## What's in this brochure

Important information that can help you make a decision about the Lap-Band® System:

1. Are you a good candidate for the Lap-Band System?
2. Why the Lap-Band System is right for you  
What exactly does the Lap-Band System do, and how does it work?
3. Understanding the process  
If you decide to use the Lap-Band System, what happens and what will be expected of you?
4. Take Control
5. Frequently asked questions

# Introduction

The Lap-Band® System is a surgically implanted medical device made of soft silicone. The band is placed around the upper part of your stomach by a qualified surgeon in order to help bring your weight down and treat the health issues related to your weight. The Lap-Band works by helping you feel satisfied with less food for an extended amount of time.

If you have at least 30 lb to lose, your health is affected by your weight, and you are ready to make a serious commitment to change, the Lap-Band System may be the right choice for you.

It is not a miracle cure: to succeed, you have to make a commitment to drastically change your lifestyle. Your surgeon will explain how truly challenging making that change may be for you and your chances for success. If you do your part, the Lap-Band System can help you control your hunger and lose weight.

# Are you a good candidate for the Lap-Band® System?

## Before you make a decision,

it is important for you to understand what the Lap-Band System involves and what it requires you to do.

This brochure is designed to help answer some of the questions you may have about the Lap-Band System and weight-reduction surgery in general, so you can make an informed decision. It includes specific information about the benefits and the risks of the Lap-Band System.

This information cannot and should not replace discussions with your surgeon about your expectations and any risks and potential complications.

Your decision about whether the Lap-Band System can help you should be based on realistic expectations. Your results will depend on many factors that are specific to you, including your starting weight, age, the specific health issues you may have, and your commitment to a new lifestyle.

## What makes you a good candidate for the Lap-Band® System

- 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.
- 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 and motivated to set a lifetime goal to make 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 brochure and other information provided by your surgeon.

Even if you meet all of these criteria, your surgeon may still recommend a different treatment option. Your surgeon can assess your specific risks and determine if the Lap-Band System is right for you.



## The importance of your body mass index (BMI)

Knowing your body mass index (BMI) may help you understand if the Lap-Band® System is right for you. It is essentially a way to combine your height and weight into a single measure.

To find out your BMI, use the BMI calculator at [lap-band.com](http://lap-band.com).

Usually people who are obese (BMI over 30) are about 30 pounds overweight. If your BMI is 40 or more, you are said to be extremely 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.

## Benefits

The benefit of the Lap-Band System is weight loss, which in turn can lead to improvements in other health conditions.

There is no way to predict how much weight you will lose with the Lap-Band System. Some people lose more weight 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—the Lap-Band is a tool that you will need to work with for the best results. That means eating less food, chewing and eating slowly, and eating healthier food. How much weight you lose depends on how committed you are to doing your part. It is possible to lose 1 to 2 pounds a week in the first year after the operation. 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 study of obese adult patients (BMI between 30 and 40) from 2007 to 2009, the average patient lost approximately 65% of their excess weight 1 year after surgery.<sup>1</sup> On average, patients kept off 60% of their excess body weight after 5 years of having the Lap-Band.<sup>2</sup> Additional studies have shown similar results for up to 20 years.<sup>3</sup>

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 50% of your excess weight, then you lose 50 pounds.

## 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.

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. More information is available on [lapband.com](http://lapband.com).



Success for  
15 years  
**Renata  
Lost  
66 lbs.**  
Actual Patient\*

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The average patient lost  
approximately **65%** of  
their excess weight  
1 year after surgery.<sup>1</sup>

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1 "Robert Michaelson, Diane K. Murphy, Todd M. Gross, and Scott M. Whitcup. LAP-BAND® for Lower BMI: 2-Year Results from the Multicenter Pivotal Study. Obesity (2013) 21:1148–1158."

2 Ray James, Ray Shahla. Safety, efficacy, and durability of laparoscopic adjustable gastric banding in a single surgeon U.S. community practice. Surgery for Obesity and Related Diseases.

3 O'Brien, Annemarie Hindle, Leah Brennan, Stewart Skinner, Paul Burton, et al. "Long-Term Outcomes After Bariatric Surgery: a Systematic Review and Meta-Analysis of Weight Loss at 10 or More Years for All Bariatric Procedures and a Single-Centre Review of 20-Year Outcomes After Adjustable Gastric Banding." Obesity Surgery. The Journal of Metabolic Surgery and Allied Care. Published online: 06 October 2018. <https://doi.org/10.1007/s11695-018-3525-0>).

\* Patients' results and experience may vary. Actual Lap-Band Patient was provided remuneration

# Why the Lap-Band® System is **right** for you



Success for 9 years  
**Mary Lost 155 lbs.**  
Actual Patient\*

## What is the Lap-Band® System?

The Lap-Band System is an implanted surgical device. An inflatable ring (Band) is placed around the top of your stomach making 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). The band is connected by a thin, flexible tube to an access port that sits under your skin on one side of your belly. To adjust the size of the band, your specialist can use a fine needle to inject or remove saline solution through the access port.

The gastric band and access port are 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 a laparoscopic procedure, meaning that it is done through several small incisions (cuts.) This is different from an open procedure, which is done through one large cut.

## Anatomy sparing

The Lap-Band System is an implanted device that does not change your anatomy and is intended for long-term use. Unlike other, more drastic weight-loss surgeries, the Lap-Band procedure does not cut out the majority of your stomach or re-route your intestines and has the lowest risk for vitamin or mineral deficiencies. Typically, only a daily multivitamin is required. If for any reason your Lap-Band needs to be removed, it is easily reversible.

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.

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 the American Society for Metabolic and Bariatric Surgery site: <https://asmbs.org/patients/bariatric-surgery-procedures>

## Shortest recovery time

The Lap-Band System is often placed in a surgery center which can shorten the length of stay thus limiting costs associated with longer hospital stays. Even if your Lap-Band procedure is done in a hospital, you could usually return home the same day, with the shortest recovery time.

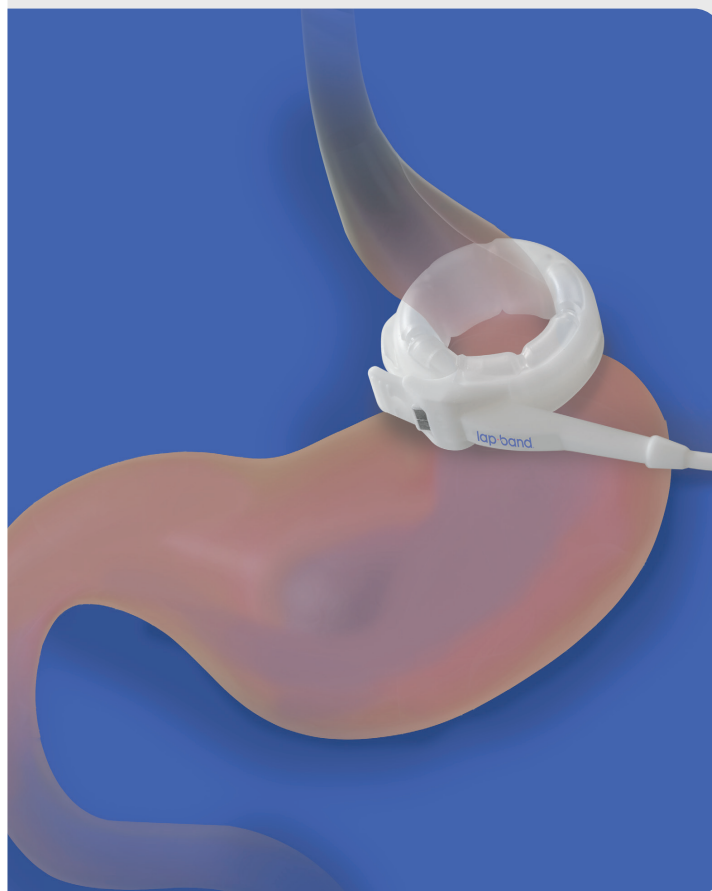
## Benefits of laparoscopic procedures

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.

- Laparoscopic surgery is less risky than open surgery.
- Less pain
- Faster recovery
- Smaller scars

## How does the Lap-Band System work?

With the band in place around the top of the stomach, and after the band has been adjusted appropriately for you, you will be less hungry, and it will take less food for you to feel full, and you will feel full for a longer time. Therefore, you eat less food, and you lose weight.





# What happens in the Surgery?

The surgeon makes a few small cuts on your belly and inserts narrow tubes to guide the surgical tools. A special camera in one tube allows the surgeon to see inside your belly.

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 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 sewn to part of your abdominal muscle.

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.

After the procedure, patients usually get back to their normal activities in a week or two. It may take longer if there are complications.



## Your role

Being successful with the Lap-Band System depends on you making a major, lifelong change to your eating habits, and returning for frequent follow-up visits with your band management program. If you don't, you may not lose weight. The chance for problems to arise with your band increase when you do not continue to return for regular follow-up. In addition, you will have undergone the risks of surgery without taking full advantage of the benefits of the Lap-Band.

The Lap-Band System has the potential to change your life, but the change has to start with you using the "tool" to its best advantage.

Success for 12 years

**Drew**  
**Lost 145 lbs.**

Actual Patient\*

*"I would personally recommend  
the Lap-Band Procedure.  
I would do it again in a heartbeat"*



## 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 you are hungry and you are not losing weight (or not losing enough), your surgeon can add more saline to your band. If the band is too tight, the surgeon can remove some saline. The band can be adjusted as your needs change.

Follow-up visits to learn how to use your tool and adjustments are critical for a successful Lap-Band patient.

## 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 band fill volume that's right for you.

## Having your first adjustment

Usually, the first adjustment is 4 to 6 weeks after surgery, but the timing and amount of adjustments may be different for each person. Every Lap-Band patient is unique and will need a unique amount of fluid in their band. 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 types and amount of food you can comfortably eat and foods that are difficult
- Any difficulties or complications: vomiting, regurgitation, etc.



Adjusting the band helps control the amount of food it takes for you to feel satisfied (no longer hungry). Adjustments are a part of the follow-up for the procedure and are usually done during a routine office visit. 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—for example, if you become pregnant or ill—your surgeon can deflate the band partially or completely.

## 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.

- Your activity level and exercise routine
- How much fluid is already in your band

Don't be in a hurry to have the first adjustment before you are ready. Your surgeon's goal is for you to experience steady, safe weight loss, not weight loss in a hurry.

## Future adjustments

After the first adjustment and living with the band for a while, most people need another adjustment. If your weight loss has slowed down significantly, or you have no weight loss, have an increased appetite, or feel hungry again less than 4 hours after a meal, it could be a sign that your band needs a small "fill". If you regurgitate food, experience discomfort while eating, or have a night cough, it could be a sign that your band is too tight. Too tight is not right! 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 “fill” level and adjustment schedule for optimal results. There is no ideal fill volume that everyone will need. This is a very individualized thing. 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 occasionally require an adjustment.

## Long-term follow-up is the key to success.

To get the best results, you may need several adjustments over time. During each adjustment, only a very small amount of saline will be added to or removed from the band. The exact amount of fluid required is different for each person. An ideal “fill” should be just enough to let you lose weight steadily over time. That means you should still be able to eat enough “normal” solid food to get the nutrients you need while still reducing the overall amount you can eat.

Weight loss with the Lap-Band® System is typically slow and steady, compared to other surgical methods of weight loss. The band should not be tightened too quickly or too tightly to try to speed up weight loss. This could cause the stomach pouch and/or esophagus (the tube that connects your mouth to your stomach) to become enlarged. Too tight is not right! You should be able to eat most foods, just smaller portions.

Except in an emergency, only a surgeon or clinician trained and authorized by ReShape Lifesciences, 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. Your surgeon should be notified as soon as possible. Never try to adjust your own band. You could injure yourself and damage the Lap-Band System.

If you move or are traveling, you should work with your surgeon to understand the best places to receive ongoing or emergency care.

## Reversibility

The reversibility of the Lap-Band System is a unique advantage. No other surgical weight-loss procedure is as reversible as the Lap-Band. The Lap-Band System is designed to stay in your body long-term. It does not need to be removed based on any schedule or time limit. If for any reason your Lap-Band needs to be repositioned, removed, or replaced, it is easily reversible.

It is usually possible to reposition, remove, or replace the band laparoscopically. Rarely, an open procedure is needed.

If you are considering having your Lap-Band System removed, you should discuss your concerns with your original surgeon or a surgeon who has been trained and has significant prior experience with managing Lap-Bands. Not all surgeons have this experience. 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.

## Success factors

Many factors contribute to the success or the failure of a Lap-Band patient, and individual results vary. 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. Specifically eating nutritious smaller bites, chewing very well, and eating as slow as one minute per bite is recommended. Commitment to returning for long-term follow-up is very important.

Patients who attend at least 6 follow-up sessions the first year have significantly better results than those who attend fewer.<sup>4</sup>

**Brighten  
Lost 100 lbs.**  
Actual Patient\*





# 3

## 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. Also, more information is available at [lapband.com](http://lapband.com).

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Patients who attend at least 6 follow-up sessions the first year have significantly better results than those who attend fewer.<sup>4</sup>

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# 3 Surgery

## 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 a dietitian and other experts. They can help you understand what will happen during and after the operation and what to plan for after the operation.

### Presurgical meeting with surgeon and anesthesiologist

You will discuss your entire medical history with your surgeon and anesthesiologist. 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. 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 some tests done before your surgery. These are to make sure you are healthy enough for the surgery and for your surgeon to know your overall condition so they can manage all your health needs. These tests may include a chest X-ray, EKG, a blood pressure test, blood tests, etc.

### Get the things you'll need

As your surgery date gets near, you'll want to prepare a few things that your surgeon may want you to have after the surgery; liquid diet / meal replacements, etc. A transition through liquids, pureed, and solid foods is required in the weeks after surgery. Your surgeon will give you their specific instructions for you.

## Having your surgery

You'll go to the hospital or surgical center either the day before your surgery or the morning of your surgery. 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.

When it is time for the surgery, you will receive general anesthesia (you will be asleep). 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 when completed laparoscopically. If you have an open procedure, you may need to stay in the hospital or surgical center longer.

Once the anesthesia has worn off and you are awake, you may feel some pain around where the surgeon made cuts. This pain can usually be relieved with normal painkillers recommended by your surgeon.

The nursing 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.

On the day after the surgery, or at your first post-op visit in 7-10 days, a radiographic image may be taken to check the location of your Lap-Band System. You may be asked to swallow a liquid that can be seen on the radiographic image.

## How long you'll stay

You will normally leave the hospital or surgical center within one day. The stay may be longer after an open procedure or if there are problems. You should be able to get back to normal activities within a week or two after the surgery.

## Eating during recovery

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

For the first few days after surgery, you will be limited to drinking only clear liquids (water and ice chips). Then you add broths (none with cream), skim milk, no-sugar-added juice, and water. Around one week after surgery you will progress to pureed protein and other healthy choices advised by your caregiver. By the 3rd or 4th week you will add soft foods like fish or ground turkey. Finally, you will begin to eat solid food, usually around the 4th or 5th week. Your surgeon or dietitian will explain to you how to cut your food into small pieces and chew foods well enough for your new stomach opening to accommodate. It is also very important to eat slowly so each bite has time to pass through your band. Eating too much, too fast will usually cause discomfort or vomiting which can lead to problems with your band.

## Your new habits

Once you have a Lap-Band®, you then will need to learn how to use it. Think of learning how to use a new tool. You will have to change your eating habits to work with the band to be successful losing weight.

## Eat the foods you love with your Lap-Band

With a Lap-Band, you'll eat less food than you were used to before surgery. You need to make sure this new small amount is the healthiest food possible. A well-adjusted band will reduce your hunger which will allow you to be satisfied eating less.

Your surgeon or dietitian will work with you to create an eating and activity plan that meets your needs.

Lap-Band programs around the world have utilized some guidelines that have helped their Lap-Band patients be more successful. These guidelines were first provided by Professor Paul O'Brien at the Monash University in Melbourne Australia. You can see Professor O'Brien explain these guidelines in detail on YouTube: [PaulO'Brien8GoldenRules](#)

1. Eat only when you are hungry—about three small meals a day.
2. Eat slowly and chew very well.
3. Stop eating as soon as you feel full.
4. Be active.
5. Do not eat between meals.
6. Eat only high-quality food.
7. Drink only low-calorie liquids.
8. Stay on top of your aftercare.



## 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 (bring up stomach juices)
- Asthma or worsening of asthma
- Being able to eat less, especially solid foods
- 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 relieve your symptoms. 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 needs 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

- If you become pregnant
- If you are diagnosed with a serious illness
- If the feeling of hunger returns less than 4 hours after a meal
- If you have discomfort that persists

Follow-up should be for life. Even years after you have your band placed you should plan on seeing your surgeon every year for a check-up.



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Over 1,000,000 times since 1993  
worldwide, it's covered by most  
insurance companies and backed by  
over 25 years of clinical evidence.<sup>5</sup>

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# Take Control



Success for 8 years  
**Michelle Lost 162 lbs.**  
Actual Patient\*

## The Lap-Band® helps you take control over your weight, because only the Lap-Band can be tightened or loosened as your body or your physical needs change over time, helping to provide sustainable weight loss over the long term.

The Lap-Band helps you take control over your weight, because only the Lap-Band can be tightened or loosened as your body or your physical needs change over time, helping to provide sustainable weight loss over the long term.

The Lap-Band gives you control over your body too, because it is the least invasive and safest weight-loss surgery available, with the lowest complication and mortality rates. Unlike other, more drastic weight-loss surgeries, the Lap-Band Procedure does not cut out the majority of your stomach or reroute your intestines and has the lowest risk for vitamin or mineral deficiencies. If for any reason your Lap-Band needs to be removed, it is easily reversible.

The Lap-Band program includes customized counseling, coaching, and nutritional education, to help support the lifestyle changes you need to keep the weight off over time.

The Lap-Band is the only FDA approved laparoscopic weight loss device commercially available in the United States. Endorsed by leading surgeons, the procedure has been performed over 1,000,000 times since 1993 worldwide, it's covered by most insurance companies and backed by over 25 years of clinical evidence.<sup>5</sup>

**Success for 13 years**  
**Melissa**  
**Lost 110 lbs.**  
**Actual Patient\***

### Online Seminar

Start your transformation today by watching our free online seminar at [lapband.com/seminar](http://lapband.com/seminar). This seminar is full of information about the Lap-Band, the surgery, previous patient successes and much more.

### A careful decision

A decision to get the Lap-Band should be made carefully after talking to your surgeon. We hope this brochure has helped you determine the questions and issues you want to discuss with them.



<sup>5</sup> Data on file. ReShape Lifesciences Inc.

\* Patients' results and experience may vary. Actual Lap-Band Patient was provided remuneration



# 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 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 1 to 2 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 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.<sup>1</sup>

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 50% of your excess weight, then you lose 50 pounds.

## **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 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 the first year after placement with their surgeon have significantly better results than those who attend fewer.<sup>4</sup> The Lap-Band System is a device that can be damaged, can wear and can leak. Complications can occur that may result in the need for additional surgery. In a clinical study of extremely obese adults, 1 out of 10 patients needed to have something about their Lap-Band System fixed or readjusted.



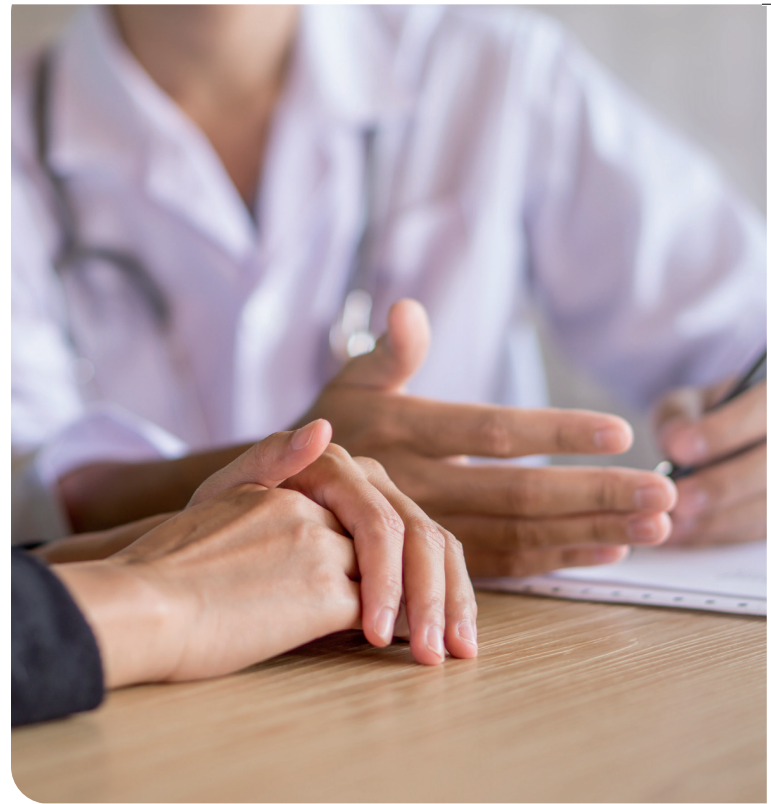
### **Q** *When will I need an adjustment?*

**A** Usually, the first adjustment is 4 to 6 weeks after surgery, but the timing and volume 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 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** Routine follow-up visits are critical for success with a Lap-Band System. At each visit your provider will consider your need for a band adjustment. You will not have an adjustment every visit. Adjusting the size of the opening controls the amount of food it takes for you to feel full. 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.

## **Questions to ask Lap-Band® surgeons**

You can use the following checklist to help you remember the things you want to discuss with the surgeons you consider.

### **Surgeon's Lap-Band experience**

- *How many Lap-Band System procedures have you done?*
- *May I see a sample of the Lap-Band System?*
- *What is the average excess weight loss experienced by your Lap-Band System patients?*
- *What are the most common complications you see with the Lap-Band System procedure?*
- *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?*



# Questions



## 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 post-surgery patients?*
- *What help can you give me to help inform my family and friends so that they can help me with this process?*

## Commonly asked questions:

### **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 per any schedule or set length of time. But if a problem occurs or you do not lose weight, your surgeon may reposition, remove, or replace it. If for any reason your Lap-Band needs to be repositioned, removed, or replaced, it is easily reversible. 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 two 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: <https://medlineplus.gov/weightlosssurgery.html>
- Obesity Action Coalition: [www.obesityaction.org](http://www.obesityaction.org)
- Lap-Band® System website: [www.lapband.com](http://www.lapband.com)

**Success for 6 years**  
**Nina Lost 220 lbs.**  
Actual Patient\*

## 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 below for a presentation of the general and specific risks and possible complications associated with the use of the Lap-Band® System.

**For more information about obesity and the Lap-Band® System, please visit [www.lapband.com](http://www.lapband.com) or call 1-800-Lap-Band (1-800-527-2263)**

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

For more information on the Lap-Band, please be sure to follow us on social media, visit us at [www.lapband.com](http://www.lapband.com), or view additional information at <https://www.reshape.qarad.eifu.online/reshape>.



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Facebook Lap-Band Program



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## Important LAP-BAND® System Safety Information

The LAP-BAND® System is indicated for weight reduction for patients with obesity, with a Body Mass Index (BMI) of at least 40 kg/m<sup>2</sup> or a BMI of at least 30 kg/m<sup>2</sup> with one or more obesity-related comorbid conditions. It is indicated for use only in adult patients who have failed more conservative weight reduction alternatives, such as supervised diet, exercise and behavior modification programs. Patients who elect to have this surgery must make the commitment to accept significant changes in their eating habits for the rest of their lives. 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 be pregnant. The LAP-BAND® System is a long-term implant. Explant and replacement surgery may be required. Patients who become pregnant or severely ill, or who require more extensive nutrition may require deflation of their bands. Anti-inflammatory agents, such as aspirin, should be used with caution and may contribute to an increased risk of band erosion. 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. Most common related adverse events include: Band slippage, pouch dilation, stoma obstruction, gastroesophageal reflux, esophageal dilation, cholelithiasis, incisional infection, abdominal pain, gastroenteritis, 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.

CAUTION: Rx only

For full safety information, please scan this QR code or visit <https://www.lapband.com/safety>

\* Patients' results and experience may vary





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