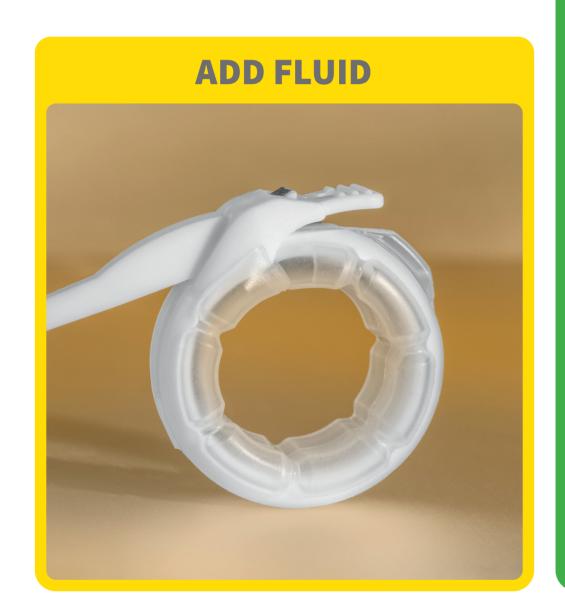


Stay in the Green Zone

Adjusting to Optimize Weight Loss



Not Enough fluid in the band

- Hungry between meals
- Eating large portions
- Not losing weight



Right Amount of fluid in the band

- Not hungry between meals
- Good weight loss
- Portion control
- Patient satisfaction



Too much fluid in the band

- Poor food choices
- Regurgitation
- Discomfort while eating
- Poor weight loss
- Night cough
- Difficulty swallowing
- Reflux heartburn

Everyone's ideal fill volume is unique to their experience with their Lap-Band

The concept of the Green Zone originated at the Centre for Obesity Research and Education (CORE), Monash University, Melbourne, Australia



Important LB 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/m2 or a BMI of at least 30 kg/m2 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 under 18 years of age), 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. Rx only. For full safety information, please scan this QR