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

### Procedure

<table>
<thead>
<tr>
<th>Laparoscopic Adjustable Gastric Banding (LAGB)</th>
<th>Roux-en-Y Gastric Bypass (RYGB)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procedure</strong></td>
<td>Requires cutting and stapling of stomach and bowel</td>
</tr>
<tr>
<td><strong>Short-term (1 year) excess weight loss</strong></td>
<td>42% average excess weight loss 1 year after surgery</td>
</tr>
<tr>
<td><strong>Long-term (&gt;5 years) excess weight loss</strong></td>
<td>55% average excess weight loss 5 years after surgery</td>
</tr>
</tbody>
</table>

### Postsurgical mortality (short-term)

- **LAGB:** 0.05%<sup>2</sup>
- **RYGB:** 0.50%<sup>2</sup>

### Early complications

- **LAGB:** 1.5%<sup>3</sup>
- **RYGB:** Up to 25.5% reported<sup>4</sup>

### Postsurgical complications (long-term)

- **LAGB:**
  - Band slippage<sup>5</sup>
  - Stoma obstruction<sup>5</sup>
  - Gastroesophageal reflux<sup>6</sup>
  - Nausea and vomiting<sup>6</sup>
- **RYGB:**
  - Hernia<sup>4</sup>
  - Marginal ulcer<sup>4</sup>
  - Bowel obstruction<sup>4</sup>
  - Iron, vitamin B12, folic acid, and calcium deficiencies<sup>4</sup>
  - Dumping syndrome<sup>4</sup>

### Adjustability

- **LAGB:** Adjustable, Reversible
- **RYGB:** Nonadjustable, Permanent

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*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.*

**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.<sup>1</sup>

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**REFERENCES**

**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.

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.

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.

4. **“LAP-BAND® SYSTEM IS NOT FOR THE SUPER OBSESE”**

   **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.

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.

**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.

**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 band. 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. 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.