



# Patient's Guide to Living with the LAP-BAND® System

Allergan LAP-BAND® System  
Information for Patients



 **ALLERGAN**  
Health



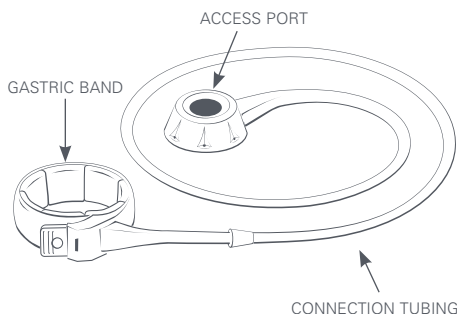
## INTRODUCTION

Congratulations! As a new Allergan LAP-BAND® patient, it's important for you to understand that surgery is only the beginning of your journey towards a healthier, happier life. The next step is to learn as much as you can about positive, life-enhancing changes you need to make to achieve long-term weight loss.

Obesity is a complex, chronic disease, and many factors contribute to it. Some you inherited, which can't be changed, but others are learned behaviors. You have the power to change these learned behaviors—and can improve your own health and well-being.

This booklet provides guidelines for making changes in your diet and behavior after LAP-BAND® surgery. But these guidelines are not all you need. Your weight management team will have specific instructions for you, so be sure you understand what they are. Also, keep regular appointments with your health care providers. That way, they can carefully keep track of your progress. You also need to promptly report any unusual symptoms you have to your surgeon.

You are now on the road to successful weight loss. You are also on your way



THE LAP-BAND® SYSTEM

toward a lifelong program that will let you maintain a healthy weight. Work closely with your surgeon and weight management team. Follow their advice and communicate openly with them. Learn to use the LAP-BAND® System as a tool to help you lose your excess weight.

## EATING AND DRINKING AFTER THE OPERATION

After your surgery, you will need a new diet. You should discuss this in detail with your surgeon and/or dietitian. They can help you learn and get used to the changes in lifestyle and eating habits you need to make.

*Note: Your surgeon may give you specific instructions. The following information is meant to be an overview. Be sure you know the instructions your doctor wants you to follow.*

It is very important to follow the eating and drinking instructions immediately after the operation. This allows the new stomach structure to heal completely and the LAP-BAND® to sit in the right position. It may take a month or more for this to happen. It is important, especially in the early weeks, not to stretch the small stomach pouch above the LAP-BAND®. Vomiting can do this, so it is important not to vomit. Vomiting can increase the chance of stomach tissue slipping up through the band.

### The first few days after the operation

Right after the operation, you can have an occasional sip of water or suck on an ice cube. You shouldn't drink more than this. The day after the operation, you can take a little more fluid. But you should take only a small amount at a time.

Besides water, you should also choose liquids that have an adequate number of calories. To prevent nausea and vomiting, do not drink too much.

### The first one to four weeks

These liquids and very soft foods are recommended for the first four weeks after the operation:

- clear broth or soup (with no vegetables or meat and not creamy)
- low-fat yogurt
- milk (preferably skim)
- jello
- fruit juice or pureed soft fruit

As time goes on, you will slowly move to solid food in accordance with your surgeon's and/or dietitian's advice.

In the first few weeks, you may be able to eat foods that may not be allowed in your diet later because these foods may contain too many calories. It is more important in the first few weeks to let your stomach adjust to the LAP-BAND® System than it is to lose weight. In general, you should follow professional advice about these foods.

### Four to six weeks

At this time, you may start having slightly thicker, creamier soups. This will help you switch gradually to more solid foods. Some products like bread, red meat, and rice may still cause you problems, so it is better to eat softer foods that are easier to digest. These might include foods such as moist white meat (chicken or pork) and fish.

Chew your food well. If you have dentures, be sure to cut your food into small pieces and chew it thoroughly. If you don't follow these precautions, you may have vomiting, stomach irritation,

and swelling. You could also have stomach obstruction. If you have problems with solid foods and suffer from nausea or vomiting, go back to the liquid diet you had earlier. Then slowly add soft foods to help you transition to solid foods later. Always ask for advice that is specific to your situation from your doctor or dietitian. Vomiting may increase the incidence of band slippage, stomach slippage, or stretching of the small stomach pouch above the band.

## LAP-BAND® SYSTEM ADJUSTMENTS

With the LAP-BAND® System, the band can be adjusted to meet your specific weight-loss needs. This feature allows you and your surgeon to find the right level of restriction just for you!

When first placing the LAP-BAND®, your surgeon usually leaves it empty or only partially inflated. This gives you the chance to get acquainted with your band during the first few weeks after surgery. It also allows healing to occur around the new band site.

These first few weeks are a critical time. You need to avoid vomiting. You also need to avoid putting pressure on your new small stomach above the band. The first time the band is adjusted is usually 4 to 6 weeks after surgery, although the exact time will vary from patient to patient. You and your surgeon will decide when the right time is for your first band adjustment. To determine this, your surgeon will consider:

- your weight loss,
- the amount of food you can comfortably eat,
- your exercise routine, and
- how much fluid is already in your band.

Being able to adjust the LAP-BAND® System gives you control. If the band is too tight, your surgeon can “loosen” it by taking out some of the fluid. If the band is too loose, your surgeon can tighten it. Your surgeon does this by injecting saline into your access port under the skin. This is done with a special fine needle. You may feel a pricking sensation when this is done. The feeling is similar to when you give blood. Only a clinician trained and authorized by Allergan Health can adjust your band. Never let an untrained clinician or a non-medical person do it. And never try to adjust your own band. You could cause adverse reactions or damage your band.

Adjustments are done either in the hospital or in a doctor’s office that has X-ray equipment (fluoroscopy). The clinician may use fluoroscopy to assist in locating the access port. The surgeon may also use it to guide the needle into the port and to view inserting the needle. It may also be used after the band has been adjusted to evaluate your pouch size and stoma size.

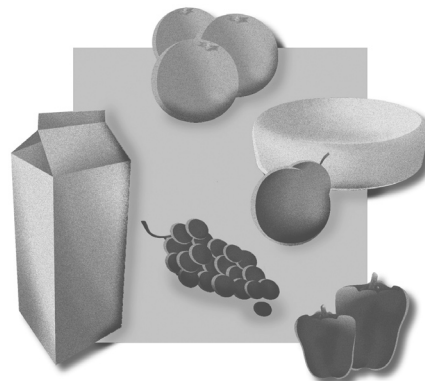
To get the best results, you may need more than one adjustment. During each adjustment, only a very small amount of saline will be added to or removed from the band. The exact amount of fluid required to make the stoma the right size is unique for each person. An ideal “fill” should be just tight enough to let you *gradually* lose weight. That means you should still be able to eat enough to get the nutrients that you need while still reducing the overall amount you can eat.

The LAP-BAND® System is meant to offer you a way to obtain steady and safe weight loss. Don’t be in a hurry to have an adjustment before you’re ready. To work, the band needs your participation. Your success will depend on *you* and the *partnership* between you and your clinicians.

## YOUR NEW NUTRITION PLAN

When you can eat solid foods without problems, you will need to pay close attention to your diet. Liquids will pass through the reduced stomach pouch quickly and will not make you feel full. You should avoid high-calorie drinks from this point on. Drink water, broth, tea, and coffee (without sugar).

Too much or big chunks of food can block the stomach pouch outlet. You can avoid this problem by chewing food well and eating small bits at a time. Eat only three small meals a day. Make sure that these meals contain adequate nutrients. A healthy meal has vegetables, fruit, meat, bread, and/or dairy products. A general



guide on page 4 of this booklet can help you create good and healthy meals that contain adequate nutrients but little sugar and fat. Also, ask your surgeon and/or dietitian about your food choices.

### 10 important rules

Here are ten rules for eating, drinking, and exercise that will help you get the best results you can with the LAP-BAND® System. How willing you are to follow a new way of eating is key to making the operation a success.

- 1) Eat only three small meals a day.
- 2) Eat slowly and chew thoroughly (approximately 15 to 20 times a bite).
- 3) Stop eating as soon as you feel full.
- 4) Do not drink while you are eating.
- 5) Do not eat between meals.
- 6) Eat only good quality food.
- 7) Avoid fibrous food.
- 8) Drink enough fluids during the day.
- 9) Drink only low-calorie liquids.
- 10) Exercise at least 30 minutes a day.

***Rule 1: Eat only three small meals a day***

The LAP-BAND® System creates a small stomach pouch that can hold only about half a cup (3 to 4 ounces) of food. If you try to eat more than this at one time you may become nauseated or vomit. **If you routinely eat too much, the small stomach pouch may stretch.** That will cancel the effect of the operation. Frequent vomiting can also cause certain complications, such as stomach slippage. You need to learn how much your stomach pouch can hold comfortably and then not exceed this amount.

***Rule 2: Eat slowly and chew thoroughly***

Food can pass through the new stoma only if it has been chewed into very small pieces. **Always remember to take more time for your meals and chew your food very well.**

***Rule 3: Stop eating as soon as you 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. **If you rush through your meal, you may eat more**

**than you need.** This can lead to nausea and vomiting. Take time to eat your meal. Try to recognize the feeling of fullness—**then stop eating at once.**

***Rule 4: Do not drink while you are eating***

This operation can work only if you eat solid food. If you drink at mealtimes, the food you have eaten becomes liquid, and the effectiveness of the LAP-BAND® System is greatly reduced. **You should not drink anything for one to two hours after a meal.** This allows you to keep the feeling of fullness as long as possible.

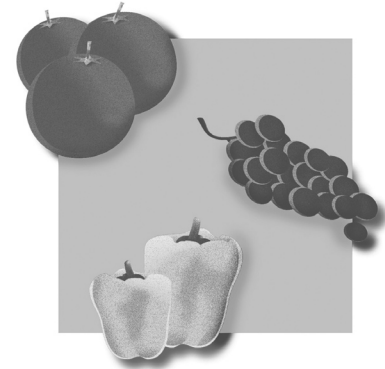
***Rule 5: Do not eat between meals***

**After a meal, do not eat anything else until the next meal.** Eating snacks between meals is one of the major reasons for weight-loss failure. It is very important to break this habit. Patients with proper “fill” levels do not feel hungry in between meals. If you are, this may be a sign that your band is too loose and you should tell your clinician.

***Rule 6: Eat only good quality food***

With the LAP-BAND® System in place, you should be able to eat only a small amount so the food you eat should be as healthy as possible. **Do not fill your small stomach pouch with “junk” food that lacks vitamins and other important nutrients.** Your meals should be high in protein and vitamins. Fresh vegetables, fruit, meat, and cereals are good foods to choose. Foods high in fat and sugar are not. You may eat apples and oranges, but try to avoid orange juice and apple juice. **Ask your doctor or dietitian before you take any vitamin supplements.**

*Note: Solid food is more important than liquid food. The LAP-BAND® System will have little or no effect if you eat only liquid food. Liquid food passes through*



*the stomach outlet very quickly and does not make you feel full.*

***Rule 7: Avoid fibrous food***

Food such as asparagus that contains many fibers can block the stoma. That’s because you can’t chew this food well enough to break it up into small pieces and your saliva can’t break it down. **Fibrous food should be avoided.** If you would like to eat asparagus or other fibrous foods once in a while, then you must be sure to cook them well, cut them into very small pieces first and then chew thoroughly.

***Rule 8: Drink enough fluids 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 excrete these waste products from your body. Individual needs will vary, but you should drink at least 6 to 8 glasses of water a day. **Remember: you should only drink water, tea, or coffee (without milk or cream and sugar).** Also, keep your food and drinks completely separate during the day.

***Rule 9: Drink only low-calorie liquids***

Drinks, including those containing calories, simply run through the narrow outlet

created by the band. If you drink liquids high in calories, you will lose little weight, even if you otherwise follow your diet.

### **Rule 10: Exercise at least 30 minutes a day**

This rule is just as important as the other nine rules. Since physical exercise consumes energy and burns calories, it is very important to successful weight loss.

Exercise can help improve your general health. Your size may make it hard for you to exercise as much as you should. But get started, even if it is a little at first. The more weight you lose, the easier it should get. **Start with simple exercises** such as walking and swimming. **Gradually expand your program** to include more vigorous forms of exercise such as cycling, jogging, and aerobics.



Increase your activity level in the course of daily living. For example, stand rather than sit, walk rather than stand, be outside rather than inside, walk rather than drive, climb the stairs rather than use the elevator, etc.

Remember that you should always check with your doctor about the amount and type of exercise that is best for you.

*Note: Although these rules restrict your food intake and the types of food you are able to eat, make sure to keep your diet as varied and balanced as possible.*

*The rules described above are based on recommendations from Prof. P. O'Brien, Melbourne, Australia; Dr. R. Weiner, Frankfurt, Germany; and J. Gabrielle Rabner, MS RD, New York, United States.*

### **Good food choices**

Use this section to help you plan what you eat. You may choose what you would like from each of these food groups on a daily basis:

#### **1. Fruit and vegetables**

- 1 to 2 servings of fresh fruit daily
- 2 to 3 servings of fresh vegetables daily

#### **2. Bread and cereals**

- 1 small portion of corn flakes for breakfast
- 1 to 2 slices of whole wheat or rye bread each day (If you want, you can spread just a little margarine or butter on the bread)

#### **3. Meat, fish, poultry, eggs**

- 1 oz. to 2 oz. of meat, fish, or poultry or one egg each day (Remove all visible fat from the meat. Remove the skin from poultry. Prepare the meat in ways that need very little fat. Grilling, steaming, microwaving, or boiling are all good ways to do that.)

#### **4. Dairy products**

Milk and yogurt are calories in liquid form. In theory, then, they should be avoided. But these types of food have calcium. That makes them an

important part of a healthy daily diet. Choose a maximum of 2 cups of skimmed milk or low-fat yogurt and 1 oz. of cheese a day.

#### **5. Fats**

Restrict the use of fat to 3 to 4 teaspoons of margarine, butter, or oil per day. You can have low-fat salad dressings and mayonnaise in moderation.

#### **6. Drinks**

Drink as many calorie-free liquids per day as you wish. Suitable drinks are:

- tea or coffee (black) with low-calorie sweetener
- water
- non-carbonated beverages containing few or no calories
- clear soup

Some doctors have reported that carbonated beverages may contribute to enlargement of the small pouch and should be avoided.

### **Foods to avoid**

Some foods have a concentrated supply of calories with little nutritional value and should be avoided as much as possible. They include:

Sugar and foods containing large quantities of sugar, such as

- high-calorie soft drinks
- syrups
- cakes
- biscuits
- sweets
- jam
- marmalade
- honey

High-fat foods including

- chocolate
- pies
- chips
- pastries

Alcoholic drinks should also be consumed in moderation, such as a glass of wine or less per day.

## FREQUENTLY ASKED QUESTIONS

### ***Q: Will I be sick a lot after the operation?***

A: The LAP-BAND® System limits food intake. If you feel nauseated or sick on a regular basis, it may mean you are not chewing your food well. It could also mean you are not following the diet rules properly. Another reason you would feel sick may be that there is a problem with the placement of the band. So you should contact your doctor. The goal is to avoid vomiting as much as possible. It can cause the small stomach pouch to stretch or lead to slippage of part of the stomach through the band. This would reduce the success of the operation. In some cases, it would also require another operation.

### ***Q: Will I suffer from constipation?***

A: There may be some reduction in the volume of your stools. That's normal after a decrease in food intake, because you eat less fiber. This should not cause severe problems. If difficulties do arise, check with your doctor. He or she may suggest you take a mild laxative and drink plenty of water for a while. Drinking plenty of water (6 to 8 glasses a day) is a good idea, anyway.

### ***Q: Will I need to take vitamin supplements?***

A: You may. It's possible you may not get enough vitamins from three small meals a day. At your regular check-ups, your specialist will evaluate whether you are getting enough vitamin B12, folic acid, and iron. Your surgeon may advise you to take supplements.

### ***Q: What about other medication?***

A: You should be able to take prescribed medication. You may need to use capsules or break big tablets in half or dissolve them in water so they do not get stuck in the stoma and make you sick. You should always ask the doctor who prescribes the drugs about this. Your surgeon may tell you to avoid taking aspirin or other non-steroidal anti-inflammatory pain relievers. That's because they may irritate the stomach, causing the band to be removed.

### ***Q: What about pregnancy?***

A: Becoming pregnant can be easier as you lose weight. 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, the band may be made tighter again, allowing you to continue on your weight-loss journey.

### ***Q: Can the band be removed?***

A: Although the LAP-BAND® System is not meant to be removed, it can be. In some cases this can be done laparoscopically. Surgeons report that the stomach generally returns to its original shape once the band is removed. After the removal, though, you may soon go back up to your original weight or even gain more.

### ***Q: What if I go out to eat?***

A: Order only a small amount of food, such as an appetizer, and eat slowly. Finish at the same time as your table companions. You might want to let your host or hostess know in advance that you cannot eat very much.

### ***Q: What about alcohol?***

A: Alcohol has a high number of calories. It also breaks down vitamins. An occasional glass of wine or other alcoholic beverage, though, is not considered harmful to weight loss.

### ***Q: Will I need plastic surgery for the surplus skin when I have lost a lot of weight?***

A: That is not always the case. As a rule, plastic surgery will not be considered for at least a year or two after the operation. Sometimes the skin will mold itself around the new body tissue. You should give the skin the time it needs to adjust before you decide to have more surgery.

### ***Q: What will happen if I become ill?***

A: One of the major advantages of the LAP-BAND® System is that it can be adjusted. If your illness requires you to eat more, the band can be loosened by removing saline from it. When you have recovered from your illness and want to continue losing weight, the band can be tightened. This can be done by increasing the amount of saline. If the band cannot be loosened enough, it may have to be removed.

### ***Q: How is the band adjusted?***

A: Your LAP-BAND® System consists of a band with an inflatable (balloon-like) inner surface. The band is connected by a thin tube to an access port under your skin.

The clinician adjusts the band by injecting fluid into the port or removing fluid from it. To adjust the band, the clinician uses a special fine needle.

***Q: Where are band adjustments performed?***

A: Band adjustments are done in a hospital or a doctor's office. They need to be done someplace that has radiology equipment.

***Q: Who is allowed to adjust my band?***

A: Only a clinician trained and authorized by Allergan Health can adjust your band. This person usually will be your surgeon or nurse practitioner. Never let an untrained clinician or non-medical person adjust your band—and never adjust it yourself. Doing so could cause you serious problems. It could also damage your band.

***Q: What do the terms “inflation” or “fill” mean?***

A: Both words are used to describe how your surgeon injects fluid into the band to adjust the stoma size. This is done with a needle through the self-sealing access port, which is located under your skin.

***Q: What fluid is used to fill or adjust the LAP-BAND® System?***

A: Sterile, normal saline is used. Saline is just like your body's natural fluid, similar to tears.

***Q: When should I expect my first band adjustment?***

A: It is likely your first band adjustment will occur 4 to 6 weeks after surgery. The exact time, though, can differ for each person. You and your surgeon will decide when the right time is for you.

***Q: What should I expect at my first adjustment appointment?***

A: You should expect to discuss your eating, exercise, and rate of weight loss. This will help determine whether or not it is the right time for you to have a band adjustment. If it is, you can expect the following:

1. An evaluation of your pouch size and stoma size before adjusting the band. (This isn't always done. Your surgeon may or may not evaluate your pouch size and stoma size before the adjustment.)
2. Adjustment of your band.
3. Evaluation of your pouch size and stoma size after the procedure to confirm that the proper band adjustment was made.

***Q: How much fluid will be put in my band during my adjustments?***

A: During each adjustment, only a very small amount of saline will be added to or removed from the band. How much fluid is used for adjustments differs from person to person. Some bands are left empty at surgery. Others will have a very small amount of fluid in them. The surgeon determines this when your LAP-BAND® System is implanted. How much fluid is used for your first adjustment will depend partly on how much fluid was placed in your band at the time of surgery. It will also depend on the following:

- your eating habits
- your eating patterns
- your weight loss

Your doctor will evaluate the size of your band outlet (stoma), how you are eating, and how you tolerate your fill.

***Q: Do I need at least 2 or 3 cc of fluid in the band for it to work?***

A: Some people need less, and some need more. The fill amount is determined by:

- the exact position of the band
- how you chew
- how much time you take with a meal
- how you “listen” to your band

There is no set formula to know how much fluid you need. Your doctor needs to evaluate you. Your doctor will consider:

- the size of your small upper pouch
- the size of the opening (stoma) to the lower pouch
- your weight-loss progress
- how and what you eat

There is no rule about how much fluid is enough for you. Do not compare someone else's band fill to yours.

***Q: How will I know when I need a band adjustment?***

A: The most common reasons for adjustments are:

- You are not able to eat much of anything without feeling uncomfortable or vomiting. Your band may be too tight.
- You are able to eat without restriction. Your band may be too loose.
- You are not losing weight. Your band is possibly too loose. It could also be too tight, causing you to choose a liquid diet.

Fluid may be added to the band to “tighten” it. This will decrease your stoma size. Sometimes, a patient may notice symptoms such as reflux or vomiting. Or a patient may have a hard time with many foods. If this happens, fluid may be removed to “loosen” the band. This will increase your stoma size.

***Q: How many band adjustments will I need?***

A: Most patients have between 3 and 5 adjustments in the first year. Sometimes, very small adjustments are made in later years. This varies from person to person.

***Q: How does the surgeon see that my adjustment is correct?***

A: The surgeon may use fluoroscopy when he or she adjusts your band. This is a special form of X-ray. Regular X-ray is stagnant. But fluoroscopy shows a constant picture of a moving object. As you take a drink of a special liquid, such as gastrofin or barium, you and your surgeon will be able to watch it travel down your esophagus. Then you'll be able to see it go into the small upper stomach pouch. From there you can see it go through your stoma into your big lower stomach.

***Q: Am I allowed to have my band opened for a special occasion?***

A: No! Your band should never be opened to eat a big meal at a special occasion. The band can be opened for medical reasons, though, such as pregnancy.

***Q: When I get an adjustment, will it always feel the same?***

A: People have different reactions. Yours will depend on factors that are unique to you. They include:

- the exact location of your band
- normal variations in your anatomy
- how you eat (especially how you chew)
- what food you eat
- how you respond to changes in band tightness

***Q: Does it hurt to get an adjustment?***

A: You may feel a pricking sensation and a small amount of pressure. This is similar to when you give blood. Your surgeon may give you a small injection of medicine to numb you before entering the access port.

***Q: What is the most important thing I need to know about adjustments?***

A: Do not be in a hurry to have one too soon. The LAP-BAND® System offers you a way to have steady and safe weight loss. You should be able to eat small amounts of food with comfort. If you are too restricted, you will find it hard to get adequate nutrition. Also, you could have symptoms such as reflux or vomiting.

***Q: How would I know if my band is "too tight" or "overfilled"?***

A: If the adjustment results in too tight of a stomach opening, you could have a hard time eating most foods. Sometimes this causes people to avoid solid food. They may drink liquid meals. This may result in weight gain, especially if the liquid used is high in calories. A band that is too tight can cause reflux symptoms (acid heart-burn), particularly at night. It can also cause frequent vomiting (regurgitation of food you just ate). The opening into the larger stomach could become completely blocked. This would result in you not being able to keep any food or fluids down. Should you develop these symptoms, please notify your surgeon at once.

***Q: Will my insurance pay for my adjustments?***

A: This will vary. Ask your clinical coordinator or office manager.

***Q: How much does an adjustment cost?***

A: This will vary. Ask your clinical coordinator or office manager.

***Q: How much weight will I lose?***

A: The amount of weight you may lose depends on several things: the band placement, your new lifestyle and new eating habits.

The goal is to lose weight gradually. Losing weight too fast creates a health risk and can lead to a number of problems. Nausea and vomiting are only the most minor examples. A weight loss of .9 to 1.36 kilos a week in the first year after the operation is possible, but .5 kilo a week is more likely. Twelve to eighteen months after the operation, weekly weight loss is usually less. Remember that your main goal is to have a weight loss that prevents, improves, or resolves health problems connected with severe obesity.

### **One final point:**

It is important that you ask your surgeon all the questions you may have about obesity surgery and the LAP-BAND® Adjustable Gastric Banding System. It is also essential that you follow his or her advice.

## BMI CHART (KG/M)

$$\text{BMI} = \text{kg/m}^2$$

HEIGHT (METERS) (FEET/INCHES)

		1.45	1.50	1.55	1.60	1.65	1.70	1.75	1.80	1.85	1.90
		4' 9"	4' 11"	5' 1"	5' 3"	5' 5"	5' 7"	5' 9"	5' 11"	6' 1"	6' 3"
70	154.32	33	31	29	27	26	24	23	22	20	19
75	165.35	36	33	31	29	28	26	24	23	22	21
80	176.37	38	36	33	31	29	28	26	25	23	22
85	187.40	40	38	35	33	31	29	28	26	25	24
90	198.42	43	40	37	35	33	31	29	28	26	25
95	209.44	45	42	40	37	35	33	31	29	28	26
100	220.46	48	44	42	39	37	35	33	31	29	28
105	231.49	50	47	44	41	39	36	34	32	31	29
110	242.50	52	49	46	43	40	38	36	34	32	30
115	253.53	55	51	48	45	42	40	38	35	34	32
120	264.55	57	53	50	47	44	42	39	37	35	33
125	275.58	59	56	52	49	46	43	41	39	37	35
130	286.60	62	58	54	51	48	45	42	40	38	36
135	299.62	64	60	56	53	50	47	44	42	39	37
140	308.65	67	62	58	55	51	48	46	43	41	39
145	319.67	69	64	60	57	53	50	47	45	42	40
150	330.70	71	67	62	59	55	52	49	46	44	42
155	341.72	74	69	65	61	57	54	51	48	45	43
160	352.74	76	71	67	63	59	55	52	49	47	44
165	363.76	78	73	69	64	61	57	54	51	48	46
170	374.79	81	76	71	66	62	59	56	52	50	47
175	385.81	83	78	73	68	64	61	57	54	51	48
180	396.83	86	80	75	70	66	62	59	56	53	50
185	407.85	88	82	77	72	68	64	60	57	54	51
190	418.88	90	84	79	74	70	66	62	59	56	53
195	429.90	93	87	81	76	72	67	64	60	57	54
200	440.92	95	89	83	78	73	69	65	62	58	55
205	451.95	98	91	85	80	75	71	67	63	60	57
210	462.97	100	93	87	82	77	73	69	65	61	58

### Body Mass Index Classification

Underweight <19	Ideal BMI 19-24.9	Overweight 25-29.9	Obesity 30-34.9	Severe Obesity 35-39.9	Morbid Obesity 40-49.9	Super Obesity 50 or above
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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.

## Acknowledgements

This booklet was developed with the help of the patients treated with the LAP-BAND® System and the patients receiving treatment for severe obesity.

The content is based partly on the patient booklet produced by Professor Paul O'Brien of Melbourne, Australia. Contributions were also made by Dr. W. Tuinebreijer of Beverwijk, the Netherlands; R. Hörchner of Beverwijk, the Netherlands; Dr. W.L.E.M. Hesp of Dordrecht, the Netherlands; Dr. R. Weiner of Frankfurt, Germany; Gabrielle Rabner of New York, United States; and several dietitians and psychotherapists.

We would like to thank all those involved for their cooperation in the development of this booklet.



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