

ABC'S OF LAP-BAND® SYSTEM ADJUSTMENTS *continued*

To determine if an adjustment is needed, your surgeon will consider the following:

- Weight lost
- Amount of food you can comfortably eat
- Exercise routine
- 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 (and yes, it can be 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 by injecting saline into your access port under the skin with a special fine needle. You may feel a pricking sensation when this is done. The feeling is similar to when you give blood.

Food for Thought...

New Research Study

A study was published in the May 2, 2006 issue of, The Annals of Internal Medicine, which showed that the LAP-BAND® System procedure was significantly more effective in reducing weight and improving health and quality of life than non-surgical therapy, (such as diet and exercise only), in seriously overweight adults.

Results from this study showed that after two years, the patients who had the LAP-BAND® System procedure had lost an average of 45 pounds. The non-surgical group in the study only lost an average of 12 pounds after being monitored on a diet and exercise weight-loss routine.

Web Cast of the LAP-BAND® System Procedure

If you want to see a live LAP-BAND® System surgery, you can watch a web cast on the Internet at <http://www.or-live.com/hartfordhospital/1616/index.cfm?r=orlive>

Register

To receive a free copy of the LAP-BAND® Bulletin or for more information about the LAP-BAND® System, visit www.lap-band.com or call **1-877-LAP-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, to view inserting the needle, or to evaluate your pouch size and stoma size after the band has been adjusted.

Count on results with band adjustments.

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 provide the right level of satiety is different for each person. An ideal "fill" should be just tight enough to let you gradually lose weight. If the band is tight enough, you should be able to eat 3 small meals a day without feeling the need to snack in between.

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 co-morbid 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 be 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 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.

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.lap-band.com or 1-877-LAP-BAND.

Important: This is a brief introduction. Please contact your physician or surgeon regarding the possible risks and benefits of obesity surgery.

CAUTION: This device is restricted to sale by or on the order of a physician.

The BioEnterics LAP-BAND® System contains no latex or natural rubber materials.

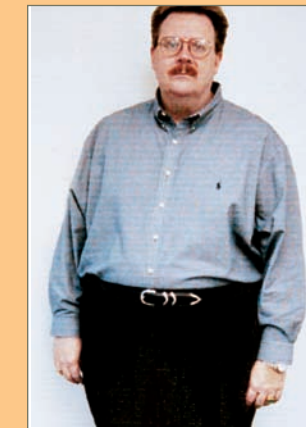
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LAP-BAND® BULLETIN

Volume 3: Summer 2006

PATIENT SPOTLIGHT: Alan Peeples

In this installment of the LAP-BAND® Bulletin, the spotlight is on Alan Peeples. Alan had been overweight most of his adult life, but as his weight escalated to nearly 350 pounds, he suffered from type II diabetes, took medication 4 times a day and had diabetic neuropathy in his fingers and feet. At age 48, his doctors told him that



Alan before LAP-BAND® surgery

at his current weight, he would not live another 10 years. "I knew my only option was permanent weight loss," Alan explained. He chose the LAP-BAND® Adjustable Gastric Banding System procedure after learning about it from a friend who had great success with it.

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ABC'S OF 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 for you as an individual.

When the LAP-BAND® System is first placed, the stomach tissue is swollen so your surgeon usually leaves the band empty. This enables your body to get acquainted with your band during the first few weeks after surgery and allows healing to occur around the new band site. The first few weeks are critical and during this time it is important to try and avoid vomiting and putting pressure on your new small stomach above the band. Once the swelling goes down, the band will loosen up, and you won't have that "full" feeling. If you are like most people, you will need to get an adjustment, or a "fill" which will help to provide the correct level of satiety for you.

All adjustments are not the same.

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. Some patients never need an adjustment. You and your surgeon will decide when the time is right for your first band adjustment.

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LAP-BAND® IN THE NEWS

The Westchester WAG:

The April 2006 issue of *The Westchester WAG* featured the LAP-BAND® System and Morgan Downey, executive director and CEO of the American Obesity Association (AOA) in an article titled, "Diet or Surgery: The Right Way to Weigh Less?" The news story discusses if there is a "right" way to lose weight through either behavior modifications or bariatric surgery, including the LAP-BAND® System. Morgan Downey stated, "Obesity is a disease - a medical problem, not the result of lack of willpower." The article also notes that bariatric surgery is designated for morbidly obese patients, and that diet and behavioral changes are not always easy to follow. Furthermore, some of the advantages of LAP-BAND® System are discussed, including how it is less invasive than gastric bypass.

National Enquirer:

The March 27, 2006 issue of the *National Enquirer* featured the LAP-BAND® System and Khaliah Ali,

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Sweet Summer Recipe

Low-Fat Cheesecake Squares

Crust:
1/2 cup graham cracker crumbs (4 crackers, each 5" x 2 1/2")
Nonstick vegetable spray

Filling:	Topping:
2 - 8 oz packages nonfat cream cheese	1 1/2 cups nonfat sour cream
1 cup nonfat cottage cheese	3T sugar
1/2 cup sugar	2 pints strawberries, thinly sliced
3 eggs	1/2 cup blueberries
2 tsp vanilla extract	

Preheat oven to 350°F
Lightly spray bottom and sides of a 13 x 9 x 2-inch baking dish.

Sprinkle bottom with crumbs; set aside.

Using an electric mixer, beat cream cheese, cottage cheese and sugar in large bowl until smooth. Add eggs, one at a time, beating until just blended after each addition. Mix in vanilla extract. Pour filling into crust. Bake cheesecake for about 40 minutes or until mixture is almost set. The cheesecake center will move only slightly when shaken. Remove cheesecake from oven; maintain oven temperature.

Mix sour cream and sugar in a small bowl. Spread topping evenly over hot cheesecake. Bake 5 minutes. Transfer cheesecake to a rack and cool a few minutes.

Arrange fruit on sour cream topping as desired. Cover and chill 6-8 hours.

Makes 30 squares - 67 calories per square

Did you know?

LAP-BAND® System patients may feel more restricted in the morning than at night. This is because your esophagus muscles tighten when they are not in use during the night. The muscles may need time to “warm up” in the morning in order to push food through the band more easily.

Exercise Corner

Summer Health Tips: Simple Ways to Stay in Shape

Take advantage of the sunny summer weather by participating in some fun outdoor activities. Here are some simple and enjoyable summertime exercises that can help you get in shape and improve your health.

- Calories burned per 1/2 hour***
- Enjoy low-impact water aerobics in the pool.....**227**
 - Take long walks on the beach, picking up shells or rocks along the way.....**170**
 - Work in the garden or yard.....**227**
 - Wash your car.....**170**
 - Toss a Frisbee with the kids.....**170**

* based on 30 minute time frames for a 250 pound person

LAP-BAND® SYSTEM IN THE NEWS *continued*

daughter of Muhammad Ali, in an article titled, “I lost 150 pounds, now I’m fighting fit!” After struggling with her weight, Ali decided to have the LAP-BAND® System procedure because it didn’t involve cutting her stomach. Importantly, the article mentions the advantages of LAP-BAND® System and how getting the procedure was the best decision Ali ever made.



Us Weekly:

The May 1, 2006 issue of *Us Weekly* featured an article titled, “Sopranos’ Shrinking Mobster,” which discusses how lost weight at age 47. A chef for 25 years, Gannascoli opened restaurants, stopped working out and reached 400 pounds. However, in November 2003 he underwent the LAP-BAND® System procedure, which helped him lose nearly 100 pounds. After appearing on VH1’s *Celebrity Fit Club* in 2005, Gannascoli continued to drop the weight. Gannascoli

says, “Italians are always eating, so it’s rough, but I’m ready to get serious about the gym. You’re going to see me really get back in shape.”

DOCTOR Q&A



Dr. Jeffrey Allen, a leading weight-loss surgeon at the University of Louisville Kentucky, answers some frequently asked questions about the LAP-BAND® System procedure.

Q: Will I feel sick frequently after the operation?

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

Q: Can I still go out to eat with the LAP-BAND® System?

A: When dining out, you should order only a small amount of food, such as an appetizer. It is best if you eat very slowly and chew your food well. This allows you to finish your meal at the same time as your table companions. I often tell my patients to let the host or hostess know in advance that he or she cannot eat very much, and will likely eat the meal slow.

Q: Can I drink alcohol?

A: Alcohol has a high number of calories and breaks down vitamins. An occasional glass of wine or other alcoholic beverage, though, is not considered harmful to weight loss. In fact, an Australian publication shows that one glass of wine per night can be

healthy and improve weight loss after the LAP-BAND® System.

Q: Can I eat anything in moderation?

A: After your stomach has healed, you may eat most foods that don’t cause you discomfort. However, because you can only eat a small amount, it is important to include foods full of important vitamins and nutrients as advised by your surgeon and/or dietitian. Remember, if you eat foods that contain lots of sugar and fat, or drink liquids full of “empty” calories, such as milkshakes, the effect of the LAP-BAND® System may be greatly reduced or even cancelled.

Q: Am I allowed to have my LAP-BAND® System opened for a special occasion?

A: Your band should never be opened to eat a big meal at a special occasion. This defeats the purpose of making a lifestyle change rather than just having an operation. A special meal can be eaten in moderation without loosening the band. The band can be opened for medical reasons, though, such as pregnancy.

Q: Why are diet and exercise important after having the LAP-BAND® System procedure?

A: You should remember that weight-loss surgery is not a “quick fix,” so it’s important to learn about how the LAP-BAND® System can be a tool to help change the way you live your life. After your surgery, you will need a new nutrition and exercise plan. Your weight-management team will help you with your lifestyle and eating habits. For the first couple of weeks, your diet will most likely consist of liquids and soft foods while your exercise plan will involve walking. The LAP-BAND® provides a sense of satiety with smaller portions of food, so as the weight starts to come off, you are able to make exercise a part of your normal routine along with healthy eating.

PATIENT SPOTLIGHT *continued*

Since his LAP-BAND® System procedure in 2002, Alan lost and kept off more than 130 pounds, and continues to lose weight! He no longer takes medication for his diabetes and has been completely cured of the disease. Alan explained, “I no longer deal with the cost of prescription medication. The LAP-BAND® System was a great investment!”

In addition to being an established interior/graphic designer, he was able to pursue his life-long dream – riding and showing horses. Not only does he look great, but he feels great! Alan credits the LAP-BAND® System surgery for improving his overall quality of life. Alan says, “I am now able to live life, rather than simply exist.”

The LAP-BAND® Adjustable Gastric Banding System procedure is the least invasive surgical option as there is no cutting, stapling or intestinal rerouting involved, unlike gastric bypass. If you are like Alan and are trying to find a weight-loss surgical option that is best for you, log on to www.WeighYourOptions.com for additional information.