

LAP-BAND® System Procedure

The LAP-BAND® Adjustable Gastric Banding System is an adjustable gastric band designed to help severely obese individuals achieve sustained long-term weight loss and has been demonstrated to lead to resolution or improvement in co-morbid conditions such as Type 2 diabetes and hypertension. It induces weight loss by reducing the stomach capacity and restricting the amount of food that can be consumed at one time, but it is unlikely that it will interfere with normal digestion and absorption of food and nutrients.¹ The differentiating factor for the LAP-BAND® System from gastric bypass is that it does not require stomach cutting, stapling or intestinal re-routing.

Following is an overview of the LAP-BAND® System procedure.

LAP-BAND® System Insertion



During the procedure, surgeons usually use a laparoscopic technique, which encompasses making tiny incisions, rather than a large one, and inserting thin surgical instruments through narrow, hollow tubes. A small camera also goes through the tubes to allow the surgeon to see inside the abdomen and view it on a video monitor. Using this technique, the surgeon is able to wrap the LAP-BAND® System around the patient's stomach, with no stomach cutting, stapling or intestinal re-routing.

The LAP-BAND® System is looped and fastened around the upper stomach to create a small pouch that limits and controls the amount of food that can be eaten. The band is then locked securely around the stomach.

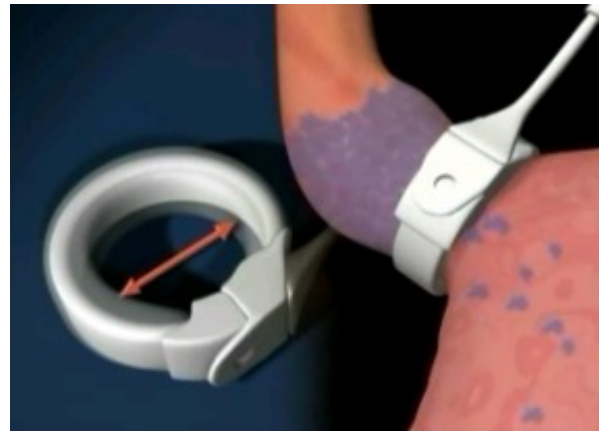


LAP-BAND® System Maintenance

Once the band is around the stomach, tubing connects the LAP-BAND® System to an access port fixed beneath the skin of the abdomen. This allows the surgeon to change the stoma size by adding or removing sterile saline, or salt water, inside the inner balloon through the access port with a thin needle. This adjustment process helps determine the rate of weight loss.



The diameter of the band can be modified to meet individual needs and change as a patient loses weight or needs to gain weight for medical reasons such as pregnancy. If the band is too loose and weight loss is inadequate, adding more saline can reduce the size of the stoma and further restrict the amount of food intake. If the band is too tight, saline can be removed to loosen the band and reduce the amount of restriction.



After two to four visits during the first month, surgeons usually see their patients every four to 12 weeks during the first year to determine if adjustments need to be made. As the adjustments can be performed without surgery, they are often done in an office setting.

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