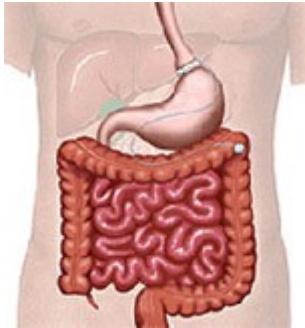
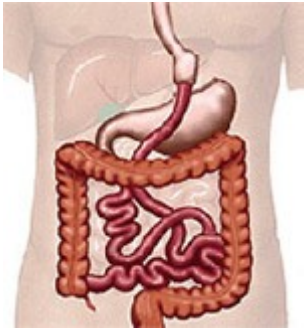


Comparison of Surgical Options

Here's a quick and informative overview of the advantages and differences between the LAPBAND® System and Gastric Bypass weight loss surgeries.

	LAP-BAND® System	Gastric Bypass
	 <p>View Placement View Adjustments</p>	 <p>View Animation</p>
DESCRIPTION	A restrictive procedure during which an adjustable gastric band is placed around the upper part of the stomach. This creates a smaller stomach pouch, which restricts the amount of food that can be consumed at one time and increases the time it takes for the stomach to empty. As a result, patients achieve sustained weight loss by limiting food intake, reducing appetite, and slowing digestion ¹	Gastric bypass (also known as the Roux-en-Y) is a combination procedure using both restrictive and malabsorptive elements. With this surgery, first the stomach is stapled to make a smaller pouch. Then most of the stomach and part of the intestines are bypassed by attaching (usually stapling) a part of the intestine to the small stomach pouch. The result is that you cannot eat as much, and you absorb fewer nutrients and calories ¹
ADVANTAGES	<ul style="list-style-type: none"> Lower short-term mortality rate than gastric bypass^{2,3} Minimally invasive surgical approach No stomach stapling or cutting, or intestinal rerouting Adjustable Reversible Lower operative complication rate than with gastric bypass^{2,4} Low malnutrition risk 	<ul style="list-style-type: none"> Rapid initial weight loss¹ Minimally invasive approach is possible Longer experience in the U.S. Higher total average weight loss reported than with the LAP-BAND® System¹
DISADVANTAGES	<ul style="list-style-type: none"> Slower weight loss² Regular follow-up critical for optimal results Requires an implanted medical device In some cases, effectiveness may be reduced due to slippage of the LAP-BAND® Adjustable Gastric Banding System¹ 	<ul style="list-style-type: none"> Cutting and stapling of stomach and bowel are required More operative complications than with the LAP-BAND® System^{4,5} Portion of digestive tract is bypassed, reducing absorption of essential nutrients¹ Medical complications due to nutritional deficiencies may occur¹

	In some cases, the access port may leak and require minor revisional surgery ¹	"Dumping syndrome" can occur ¹ Non-adjustable Extremely difficult to reverse Higher perioperative mortality rate than LAP-BAND® Adjustable Gastric Banding System ^{2,3}
RESULTS	A review of published studies showed many laparoscopic adjustable gastric banding (LAGB) and Roux-en-Y gastric bypass (RYGB) patients achieve comparable weight loss at 3 years and beyond (55% for LAGB and 58% for standard RYGB). ⁶	
RISKS*	Mortality rate: 0.05% ³ Total complications: 9% ⁵ Major complications: 0.2% ⁵ Most common include: Standard risks associated with major surgery Nausea and vomiting ⁷ LAP-BAND® System slippage Stoma obstruction	Mortality rate: 0.5% ³ Total complications: 23% ⁵ Major complications: 2% ⁵ Most common include: Standard risks associated with major surgery Nausea and vomiting ⁷ Separation of stapled areas ⁷ (major revisional surgery) Leaks from staple lines (major revisional surgery) ⁸ Nutritional deficiencies ¹
COSTS AND INSURANCE	Generally speaking, both procedures will be covered by insurance, but check with your employer or your surgeon's office for specific information about your policy. Costs of LAP-BAND® Adjustable Gastric Banding System surgery and gastric bypass surgery will vary depending on the site where the surgery occurs (in-patient or out-patient), the type of bypass procedure (laparoscopic or open), and how long you are required to stay in the hospital.	
RECOVERY TIMELINE	Hospital stay is often approximately 24 hours ⁸ Most patients return to normal activity in about 1 week ⁸ Full surgical recovery usually occurs in about 2 weeks ⁸	With a laparoscopic approach: Hospital stay is usually 48 to 72 hours ⁸ Many patients return to normal activity within 2 to 3 weeks ⁸ Full surgical recovery usually occurs within about 3 weeks ⁸

*Published complication rates vary depending upon the institution and how the surgeon diagnoses and defines a particular complication.

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