



OBESITY STARTS AS A LIFELONG BATTLE AND CAN BECOME A BATTLE FOR LIFE.

In your practice, you face patients with chronic, often life-threatening, conditions that stem from morbid obesity.

Diabetes, heart problems, sleep apnoea, infertility, asthma, arthritis – the list is long, with conditions ranging from uncomfortable to dangerous. With obesity reaching epidemic proportions and related health problems on the rise, the need for a safe, effective obesity treatment has never been more urgent.

Diet, exercise and medication continue to rule as recommended first courses for change. But too often, these approaches have little, if any, effect. Most patients describe having “tried everything” and failed. When comorbid conditions set in, the priority often shifts to treating these symptoms, while the root cause remains a plaguing influence. They might be addressed, but weight-loss success hovers out of reach.

The simple truth: *If severely obese patients could lose weight using traditional approaches, they would.* But studies indicate that they don't achieve long-term success through dietary and behavioural modifications alone.

HOW THE LAP-BAND SYSTEM WORKS

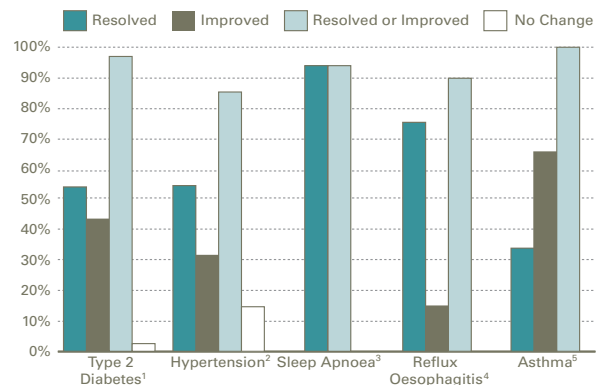
The LAP-BAND is a fully adjustable silicone band that is placed around the upper stomach to form a small gastric pouch and stoma. The band is connected by kink-resistant tubing to a subcutaneous access port. To adjust the LAP-BAND, a special non-coring needle is inserted into the port, and Saline is added or removed to inflate or deflate the LAP-BAND.

THE LAP-BAND SYSTEM ADVANTAGES

Effective Solution for Comorbid Conditions

- Proven to resolve or improve type 2 diabetes, gastro-oesophagitis reflux, hypertension, asthma and sleep apnoea
- Conditions often improve within weeks following surgery

Resolution of Comorbidities with the LAP-BAND® System

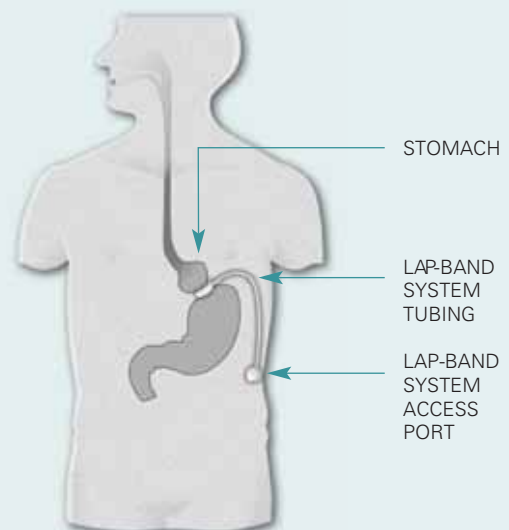


WEIGHT-LOSS SURGERY: THE “EXTREME LAST MEASURE” IS A SAFE, VIABLE OPTION

Weight-loss surgeries have long been regarded as a drastic measure – and with good reason.

Until now.

The LAP -BAND® System is a restrictive device that wraps around the stomach to limit food consumption. Patients feel full more quickly, enabling them to eat less and lose weight. There is no cutting, stapling, or intestinal re-routing. The LAP-BAND is the least invasive Bariatric procedure and is performed laparoscopically. The LAP-BAND is the only reversible and adjustable option. Patients receive adjustments in an office setting for a customized rate of weight loss.



Sunnybank Obesity Centre

Suite 9, McCullough Centre, 259 McCullough St., Sunnybank, QLD 4109 Australia

Phone: (07) 3345 6667 Email: info@sunnybankobesitycentre.com.au Web: www.sunnybankobesitycentre.com.au

Less Trauma

- The least invasive surgical option
- No intestinal re-routing
- No cutting or stapling of the stomach wall or bowel
- Reduced patient pain, hospital length of stay (approximately 24 hours) and recovery period. Most patients resume normal routines within one to two weeks

Enhanced Quality of Life

- Satiety inducing
- Patients learn to form new habits in diet, behaviour and attitude
- Support groups assist with new habits and handling the physical and social adjustments relating to dramatic weight loss
- Patients report higher levels of energy and self-esteem

Adjustable

- Allows individualized stoma size for ideal, long-term weight loss
- Adjustments performed without additional surgery
- Customized stoma size reduces incidence of dilatations and obstructions
- Supports pregnancy by allowing stoma opening to facilitate increased nutritional needs

Reversible

- Removable at any time
- Stomach and other anatomy are generally restored to their original form and function

Effective Long-Term Weight Loss

- More than 190,000 cases performed worldwide
- More than 1,000 publications on significant outcomes such as sustained weight loss
- Standard of care for hundreds of practices around the world

Fewer Side Effects

- Restrictive procedure ensures low risk of nutritional deficiencies and no risk of malabsorptive complications
- No increased risk of hair loss
- No "dumping syndrome" related to dietary intake restrictions

Lower Risk of Complications

- Minimal peri- and post-operative complications
- No risk of staple line disruption and associated complications
- Reduced anaesthesia time
- Reduced tissue handling and trauma
- Lowest mortality risk as compared to other invasive obesity surgery procedures⁶

MAKING A SAFE U-TURN: THE LAP-BAND CAN REVERSE CHRONIC CONDITIONS

For severely obese patients, Bariatric surgery remains the best hope for long-term weight-loss success and reversing comorbid health problems. Even a relatively small amount of weight loss can improve or resolve chronic or life-threatening conditions.

The LAP-BAND System is the safest, simplest weight-loss surgery option available, and is highly effective in long-term success. Since its international introduction in 1993, more than 190,000 procedures have been performed worldwide. As a certified LAP-BAND surgeon, I have completed a comprehensive training workshop and met the requirements of the mandatory proctoring session with an experienced LAP-BAND proctor.

Average Excess Weight Loss: A Sample of Published Results from Around the World

Published Study	Number of Patients Studied	Years after Weight-Loss Surgery			
		1	2	3	>5
Rubenstein et al, US ⁷	63	38.3%	46.6%	53.6%	-
Ren et al, US ⁸	39	41%	-	-	-
Belachew et al, Belgium ⁹	763	40%	50%	-	50-60%
O'Brien et al, Australia ¹⁰	706	47%	52%	53%	57%
Favretti et al, Italy ¹¹	830	36%	46%	49%	55%
Dargent, France ¹²	500	56%	65%	64%	-
Fielding et al, Australia ¹³	620	-	-	68%	-

Note: Surgeons report that at 5 years, many LAP-BAND and Gastric Bypass patients achieve comparable weight loss (55% for LAP-BAND and 59% for Gastric Bypass).¹⁴

1. Dixon, O'Brien. Health Outcomes of Severely Obese Type 2 Diabetic Subjects 1 Year After Laparoscopic Adjustable Gastric Banding (n=50), *Diabetes Care*, 2002; 25: 358-363.
 2. O'Brien et al. The LAP-BAND provides effective control of morbid obesity – a prospective study of 350 patients followed for up to 4 years, *Obes Surg*, 1998; 8: 398.
 3. Dixon, Schachter, O'Brien. Sleep Disturbance and Obesity (n=33), *Arch Intern Med*, 2001; 161: 102-106.
 4. Dixon, O'Brien. Gastroesophageal Reflux in Obesity: The Effect of LAP-BAND Placement (n=48), *Obes Surg*, 1999; 9: 527-531.
 5. Dixon et al. Marked Improvement in Asthma after LAP-BAND surgery for Morbid Obesity (n=32), *Obes Surg*, 1999; 9: 385-389.
 6. The Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIPS) 2002; 1.
 7. Rubenstein, *Obes Surg*, 2002; 12: 380-384.

8. Ren et al., Laparoscopic Adjustable Gastric Banding: Surgical Technique, *Journal of Laproend & Adv Surg Techniques*, 2003; 13 (4): 257-263.
 9. Belachew et al. Long-Term Results of Laparoscopic Adjustable Gastric Banding for the Treatment of Morbid Obesity, *Obes Surg*, 2002; 12: 564-568.
 10. O'Brien et al. Weight loss and early and late complications – the international experience. *Am J Surg*, 2002; 184: 42S-45S.
 11. Favretti et al. Laparoscopic LAP-BAND®. A 7-year Experience Involving 830 Patients (Abstract). *Obes Surg*, 2001; 11: 160.
 12. Dargent J. Laparoscopic Adjustable Gastric Banding: Lessons for the First 500 Patients in a Single Institution. *Obes Surg*, 1999; 9: 446-452.
 13. Fielding G. LAP-BAND®-Experience with 620 Cases over Forty-five Months (Abstract). *Obes Surg*, 2000; 10: 143.
 14. O'Brien et al. LAP-BAND®: Outcomes and results. *J of Laproend & Adv Surg Techniques*, 2003; 13 (4): 265-270.