

# Treating Obesity with Gastric Banding

## Obesity puts your health at risk

Living with excess weight has been shown to put your health at risk.<sup>1</sup> The risk increases sharply as your obesity becomes more severe.<sup>1</sup> Serious health problems may also result when dieting leads to “weight cycling” (the repeated loss and regain of body weight).<sup>2</sup> Obesity dramatically increases the risk of type 2 diabetes<sup>3</sup>, high blood pressure<sup>3</sup>, high levels of triglycerides<sup>1</sup> (a type of blood fat)<sup>3</sup>, heart disease and stroke<sup>3</sup>, arthritis<sup>3</sup>, and obstructive sleep apnea<sup>3</sup>. Higher body weights are also associated with cancer and early death.<sup>3</sup>

## Bariatric surgery is the most effective treatment for obesity

Without the medical intervention that bariatric surgery provides, many patients with severe obesity are not successful in managing their weight and related health conditions. Most nonsurgical weight loss programs are based on a combination of diet, behavior modification, and regular exercise. Published scientific papers report that these methods alone rarely resolve severe obesity because they fail to help people maintain weight loss.<sup>4</sup> In fact, more than 95% of people regain the weight they lose within a few years after treatment.<sup>5</sup> “[Bariatric surgery] is the most effective treatment to date, resulting in sustainable and significant weight loss along with resolution of weight-related health conditions in up to 80% [of people].”<sup>6</sup>

## References

1. American Society for Metabolic and Bariatric Surgery. Obesity in America. [http://www.asbs.org/Newsite07/media/asbs\\_fs\\_obesity.pdf](http://www.asbs.org/Newsite07/media/asbs_fs_obesity.pdf). Accessed November 30, 2009. 2. Weight-control Information Network. National Institute of Diabetes and Digestive and Kidney Diseases. Weight Cycling. Bethesda, MD: National Institutes of Health. 2008. NIH publication 01–3901. 3. Buchwald H. Consensus Conference statement. Bariatric surgery for morbid obesity: Health implications for patients, health professionals, and third-party payers. *Surg Obes Relat Dis.* 2005;(1)371-381. 4. American Society for Metabolic and Bariatric Surgery. Rationale for the surgical treatment of morbid obesity (updated November 23, 2005). Available at: [http://www.asbs.org/Newsite07/patients/resources/asbs\\_rationale.htm](http://www.asbs.org/Newsite07/patients/resources/asbs_rationale.htm). Accessed November 11, 2009. 5. American Society for Metabolic and Bariatric Surgery. Surgery for Morbid Obesity: What Patients Should Know. Toronto: FD Communications, Inc. 2007. 6. ASMBS/ASGE white paper, 2011 7. Tice JA, Karliner L, Walsh J, et al. Gastric banding or bypass? A systematic review comparing the two most popular bariatric procedures. *Am J Med.* 2008 Oct;121(10):885-93. 8. Dorman RB, Serrot FJ, Miller CJ et al. Case-Matched Outcomes in Bariatric Surgery Treatment of Type 2 Diabetes in Morbidly Obese Patient. *Ann Surg.* 2012; 255:287-293. 9. Wong SKH, Kong APS, So WY et al. Use of Laparoscopic Sleeve Gastrectomy and Adjustable Gastric Banding for Suboptimally Controlled Diabetes in Hong Kong. *Diabetes, Obesity and Metabolism* 2011;14(4):372-374. 10. EES analysis of data from US Clinical Trial PMA 070009. 11. Ethicon Endo-Surgery Curved Adjustable Gastric Band: Summary of safety and effectiveness data. [http://www.accessdata.fda.gov/cdrh\\_docs/pdf7/P070009b.pdf](http://www.accessdata.fda.gov/cdrh_docs/pdf7/P070009b.pdf). Accessed April 16, 2011. 12. Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery. A systematic review and meta-analysis. *JAMA.*2004;292(14):172–37.

## How it works to help you lose weight

Gastric banding is a procedure that helps you lose weight by physically changing the size of your stomach. When your stomach is smaller, it reduces the amount of food you can eat at one time. Gastric banding may also help you feel full sooner and for longer than usual. As you eat less food, your body will stop storing the excess calories and start using its fat supply for energy.

Gastric banding has been shown to resolve or improve:

- Type 2 diabetes – 20-59% resolved<sup>3,7,8,9†</sup>
- Sleep apnea – 45% resolved<sup>7</sup>
- High blood pressure – 42% resolved<sup>10</sup>
- High cholesterol – 71% resolved<sup>10</sup>

Bariatric and metabolic surgery has helped thousands of people discover life at a healthier weight and resolve many of the health risks associated with severe obesity.

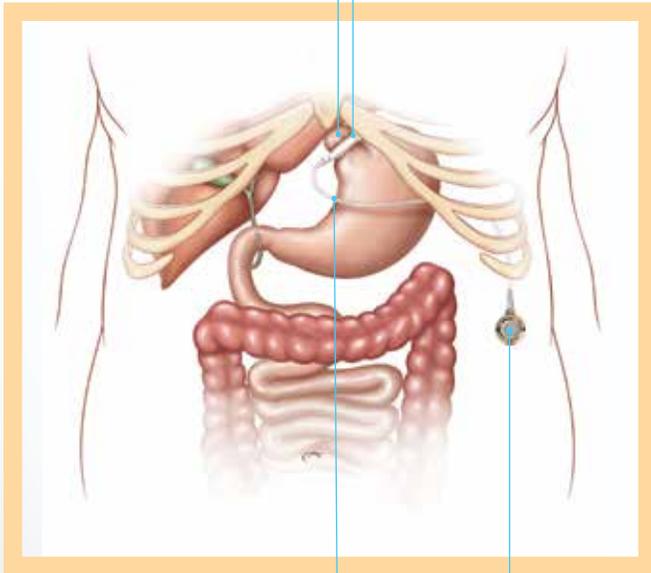
† Diabetes controlled in patients without medication. Control of diabetes is defined as HbA1c  $\leq$ 7.0%.



## The procedure

The gastric band is placed around the uppermost part of the stomach to create a small upper pouch and a lower stomach.

Small stomach pouch.



Thin, flexible tubing connects the band and the port.

The port is fastened in the abdomen about 2 inches below the rib cage on the left or right side.

- During this procedure, the surgeon places a gastric band around the stomach, creating a small stomach pouch above the band and the rest of the stomach below the band.
- The small upper pouch holds about 4 ounces (1/2 cup) of food, limiting the amount of food that can be eaten at a meal.
- Food goes into the smaller stomach pouch and then continues through the digestive tract in the usual order. This allows the food to be fully absorbed into the body.
- The size of the stomach pouch can be changed by adding or removing saline solution from the band. This is done through a port that is placed below the skin on the abdomen. The tightness of the band affects the amount of time it takes for food to leave the stomach pouch.

## Advantages

- Limits the amount of food that can be eaten at a meal.
- The surgery can be reversed.
- No part of the stomach or digestive system is stapled, cut or removed; food passes through the digestive tract in the usual order, allowing it to be fully absorbed into the body.
- In a clinical trial, gastric band patients lost an average of 38% of excess weight at 1 year and nearly 43% at 3 years.<sup>11</sup>
- Shown to help resolve other conditions, such as type 2 diabetes (20-59%),<sup>3,7,8,9</sup> obstructive sleep apnea (45%), and high cholesterol (71%).<sup>7</sup>

## Risks

The following are in addition to the general risks of surgery:

- Gastric perforation or tearing in the stomach wall may require an additional operation.
- Access port leakage or twisting may require an additional operation.
- May not provide the necessary feeling of satisfaction that one has had enough to eat.
- Nausea and vomiting
- Outlet obstruction
- Pouch dilatation
- Band migration/slippage

**Talk with your surgeon about the possible surgical risks.**

## Gastric band adjustments

Over time, your surgeon adjusts the tightness of the band to help you continually meet your weight loss goals. During an adjustment, saline (a safe fluid) is delivered through the port into the band balloon, making the band fit more snugly around your stomach. Saline can also be removed from the band. Band adjustments take place at your surgeon's office, clinic, or hospital. Your weight, the physical symptoms you report, and other factors help your surgeon decide if a band adjustment is necessary. The timing and number of band adjustments are different for everyone and can only be determined by your surgeon.

For complete product details, including indications, contraindications, warnings and precautions, and steps for use of the device, please see Instructions for Use.