Your Presentation Title

Presenter Name:

As previously disclosed, these are the companies with which I have a financial or other relationship(s):

<table>
<thead>
<tr>
<th>Company Name(s)</th>
<th>Nature of Relationship(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apollo Endosurgery</td>
<td>Scientific Consultant</td>
</tr>
<tr>
<td>Austin, Texas, USA</td>
<td>since February 2015</td>
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</table>

GOALS

OBESITY TEAM

1. Pre-op. comorbidities
2. Nutritional assessment
3. Psychological assistance
4. Post-op. management
5. Operative risk evaluation

POST PLACEMENT DIET AND THERAPY

- 2500cc
- PPI exi
- Antispastic

1st day
2-6th day
7th
1st m.
6th m.

No drink
No eat
Semiliquid diet

1000-1200 Kcal/day diet
13 gr
18 gr
1 gr/kg

POST PLACEMENT SYMPTOMS

- Nausea
- Epigastric Pain
- Regurgitation
- Temporary vomiting

March 1998 - Dec 2014

n = 2180

M/F 401/752
Age 36.5 (19-69) years
BMI 38.9 (27.7-56.5)
kg/m²
%EW 59.2% (34-117.6)

BML Distribution

2313 Orbera

Average BMI

46 (31-56)
- 8.1 BMI
- 17.5% W.L.
9 (26-47)

n = 1832 pts

WEIGHT REDUCTION

Months
**POST PLACEMENT DIET AND THERAPY**

- 2500 cc e.v. liquid infusion (for 2 days)
- PPI (20-40 mg/day)
- Antispasmodic (b-scopolamina bromuro for 2-3 days)
- Antiemetic (ondanestrone cl. 1 day)

**POST PLACEMENT FOLLOW-UP**

<table>
<thead>
<tr>
<th>Week</th>
<th>1</th>
<th>4</th>
<th>8</th>
<th>12</th>
<th>16</th>
<th>20</th>
<th>24</th>
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<tbody>
<tr>
<td>Blood tests</td>
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<td>PPI</td>
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<tr>
<td>Antispasmodic</td>
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**WEIGHT LOSS %**

- n = 1832 pts

<table>
<thead>
<tr>
<th>Weeks</th>
<th>1</th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>8</th>
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<th>18</th>
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<tbody>
<tr>
<td>Weight reduction %</td>
<td>1</td>
<td>2</td>
<td>4</td>
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<td>8</td>
<td>10</td>
<td>12</td>
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</table>

**POST PLACEMENT DIET (1st week)**

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<tr>
<th>Day</th>
<th>1°</th>
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<th>4°</th>
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<tr>
<td>L.V.</td>
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<tr>
<td>Liquid Diet</td>
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<td>Semiliq. Diet</td>
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</table>

**POST PLACEMENT THERAPY**

- 2500 cc e.v. liquid infusion (for 2 days)
- PPI (20-40 mg/day)
- Antispasmodic (b-scopolamina bromuro for 2-3 days)
- Antiemetic (ondanestrone cl. 1 day)
COMPLICATIONS

MINOR
EARLY REMOVAL
HYPOKALEMIA
GASTRO-DUODENAL ULCER

MAJOR
BOWEL OBSTRUCTION 7 (0.17%)
GASTRIC PERFORATION 9 (0.21%)
5 with previous gastric surgery
DEATH 3 (0.07%)
2 gastric perforation in previous g. surgery
1 bronchoaspiration after BIB placement

MINOR COMPLICATIONS

EARLY REMOVAL 13 (0.33%)
Early rupture 20 (0.52%)
Esophagitis 40 (1.04%)

UNCONTROLLABLE VOMITING

1st CHOICE
- NASO GASTRIC TUBE
AND WAIT (2-3 days)
- HYDRATION

2nd CHOICE
- REMOVAL
- GASTRIC SECRETION CONTROL
(PPI 40 mg/die)
- ELECTROLYTES BALANCE CONTROL
UNCONTROLLABLE VOMITING NO GASTRIC DILATION

ELECTROLYTES BALANCE ALTERATION

NO TREATMENT NO ELECTROLYTES BALANCE ALTERATION

REMOVAL WAIT AND CHECK

MINOR COMPLICATIONS
INTOLERANCE

Continuous vomiting episodes non-responding to therapy, without signs of gastric dilation or other clinical pathological evidences.

REMOVAL

DIET

1000 Kcal/die

146 gr GLUCIDE
18 gr LIPID
68 gr PROTEIN (1 gr/Kg ideal weight)

EXPECTATION

• EDUCATE PTS ON THE DEVICE
EXPECTATION
DEFINITIVE TREATMENT NO
COSMETIC USE NO

EXPECTATION
• EDUCATE PTS ON THE DEVICE

EXPECTATION
• ENPHASIZE THE IMPORTANCE OF PTS’ COMMITMENT

EXPECTATION
ORBE RA
Sport
Diet

EXPECTATION
LIFE STYLE CHANGE
LONG TERM RESULTS

EXPECTATION
• EDUCATE PTS ON THE DEVICE
• ENPHASIZE IMPORTANCE OF PTS’ COMMITMENT
• UNDERLINE REALISTIC RESULTS IN TERMS OF WEIGHT LOSS
**Intragastric Balloon or Diet Alone?**
A Retrospective Evaluation

Genco et al., OBES SURG, May 2008

**Results**

<table>
<thead>
<tr>
<th>Months</th>
<th>BMI</th>
<th>Intragastric Balloon</th>
<th>Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>41</td>
<td>42.1</td>
<td>39.5</td>
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<tr>
<td>6</td>
<td>39</td>
<td>36.1</td>
<td>40.0</td>
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<tr>
<td>18</td>
<td>37</td>
<td>p&lt;0.01</td>
<td>p&lt;0.05</td>
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</tbody>
</table>

**Symptoms Management**

- Very well informed/prepared pts.
- Good team work
- Proper medication use
- Proper diet
- Physicians availability to a close follow-up
SYMPTOMS MANAGEMENT

• VERY WELL INFORMED Pts.

• GOOD TEAM WORK
  
• PROPER MEDICATION USE
• PROPER DIET
• PHYSICIANS AVAILABILITY TO A CLOSE FOLLOW-UP

MEDICATIONS

• Pr. OMEPRAZOLE 40 mg
  • Dos. 1 pill/day

• Pr. MULTICENTRUM
  • Dos. 1 tbl. per day for 1 month

• Pr. BUSCOPAN tablets or suppositories
  • Dos. 1 tbl. or suppository if needed, max 2 per day

• Pr. ZOFRAN 8 mg tablets
  • Dos. 1 tbl, if needed, max twice a day for three days

The physician

SYMPTOMS MANAGEMENT

• VERY WELL INFORMED/PREPARED Pts.

• GOOD TEAM WORK

• PROPER MEDICATION USE
• PROPER DIET
• PHYSICIANS AVAILABILITY TO A CLOSE FOLLOW-UP

MEDICATIONS

• Pr. LANSOX 30 mg subl. tablets
  • Dos. 1 buccal tbl.

• Pr. BUSCOPAN tablets or suppositories
  • Dos. 1 tbl. or suppository if needed, max 3 per day

• Pr. ZOFRAN 8 mg tablets
  • Dos. 1 tbl, if needed, max twice a day for three days

The physician

SYMPTOMS MANAGEMENT

• GOOD TEAM WORK

• PROPER MEDICATION USE

• PROPER DIET
• PHYSICIANS AVAILABILITY TO A CLOSE FOLLOW-UP

MEDICATIONS

• Pr. OMEPRAZOLE 40 mg
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The physician

SYMPTOMS MANAGEMENT

• GOOD TEAM WORK

• PROPER MEDICATION USE

• PROPER DIET
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MEDICATIONS

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The physician
**DIET**

1 week … 6 months

**DIETETIC INDICATIONS FOR PATIENTS WITH INTRAGASTRIC BALLOONS**

**SEMILIQUID DIET / SOUP**

DAY 1°/2° - 7°

**SOLID FOOD (according to diet)**

DAY 8° - 6° MONTH

**POST-PLACEMENT DIET (1st week)**

<table>
<thead>
<tr>
<th>Day</th>
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**DIET**

**BREAKFAST**

- Tea or barley-water, with sweetener, if preferred
- Partially skimmed milk 100 g
- Skimmed milk 150 g
- Low-fat yoghurt 160 g
- Low-fat dessert (vanilla or cacao) 140 g (per 3.5 g lip 1.5 g gluc 5 g)
- Rusk or biscuits 2
- Cornflakes 15 g

(68 grs. proteins, 18 grs. lipides, 146 calories)
SYMPTOMS MANAGEMENT

• VERY WELL INFORMED/PREPARED Pts.
• GOOD TEAM WORK
• PROPER MEDICATION USE
• PROPER DIET

• PHYSICIANS’ AVAILABILITY TO A CLOSE FOLLOW-UP

THERAPEUTIC INDICATIONS FOR PATIENTS WITH ORBERA® INTRAGASTRIC BALLOON

Mr/Ms/Ms________________________
Date________________

• Pr. OMEPRAZOLE 40 mg
  • Dos. 1 pill/day
• Pr. MULTICENTRUM
  • Dos. 1 tbl. per day for 1 month
• Pr. BUSCOPAN tablets or suppositories
  • Dos. 1 tbl. or suppository if needed, max 2 per day
• Pr. ZOFTRAN 8 mg tablets
  • Dos. 1 tbl, if needed, max twice a day for three days
The physician

PHYSICIANS’ AVAILABILITY TO A CLOSE FOLLOW-UP

FOLLOW-UP

1 week … 6 months

FOLLOW-UP: 1° Week

<table>
<thead>
<tr>
<th>Day</th>
<th>1</th>
<th>2</th>
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FOLLOW-UP: 6 months

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<tr>
<th>Week</th>
<th>1</th>
<th>4</th>
<th>8</th>
<th>12</th>
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<td>Blood tests</td>
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<td>Antispasmodics</td>
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EARLY REMOVAL

0.1% - 13%

EARLY REMOVAL: key factors

Patients
- No good motivation
- No realistic expectation

Team
- Bad patients selection
- No close follow-up
- Inappropriate medication