

Quality of life in patients undertaken by Gastric Bypass more than three years ago in our center

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Abstract:

With the intention of knowing the quality of life of patients who underwent bariatric surgery more than three years ago in our center, the Moorehead-Ardelt test has been used, it is a questionnaire that takes into account the spheres of self-esteem, activity physical, social relationships, work activity and sexuality. The majority of patients answered that they were doing well or very well in the different spheres. The best results were obtained in the social and self-esteem areas, and the worst results in the sexual area.

Keywords:

- Quality of life
- Gastric bypass

Introduction

Gastric bypass is the second most performed surgical intervention for the treatment of morbid obesity worldwide. In Spain, according to data from the SECO national survey in 2018, gastric bypass is the technique that is most performed followed by vertical gastrectomy. To evaluate and compare gastric bypass results, surgeons take into account factors such as weight loss and resolution of comorbidities associated with morbid obesity, such as diabetes mellitus, high blood pressure, dyslipidemia, metabolic syndrome, and obstructive apnea syndrome. sleep. However, in addition to weight loss and the resolution of comorbidities, our patients also present changes in their perception of their self-esteem, their levels of physical and occupational activity, their social and sexual relationships, that is, on the quality of life. (1) Questionnaires are used to assess quality of life, the Moorehead-Ardelt test being the most frequently used in patients undergoing bariatric surgery (2). This test is part of a

broader instrument, called the BAROS Score, which originally evaluated two areas, the percentage of excess weight loss and changes in comorbidities. Subsequently, the quality of life is included in the evaluation, in this way the Moorehead-Ardelt test appears, which assesses 5 dimensions: self-esteem, physical activity, social relationships, work activity and sexuality (3). The patient must choose one of the following responses: Very good, good, normal, bad or very bad, for each of the areas referred to. Depending on the answers to the questionnaire, a numerical score between -3 and 3 is obtained. The area that has the most weight is that of self-esteem, as can be seen in illustration 1.

The objective of our study is to assess and analyze the quality of life in patients undergoing gastric bypass surgery for morbid obesity, who underwent surgery more than three years ago in our center, the Hospital Virgen del Puerto of Plasencia.

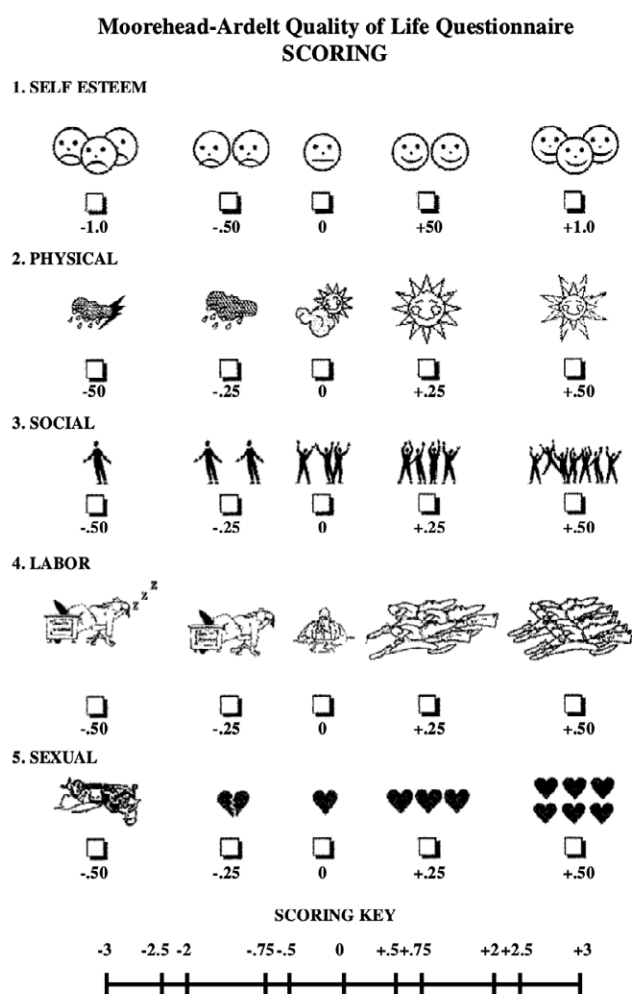


Illustration 1: Obtaining the numerical score of the Moorehead-Ardelt test (4)

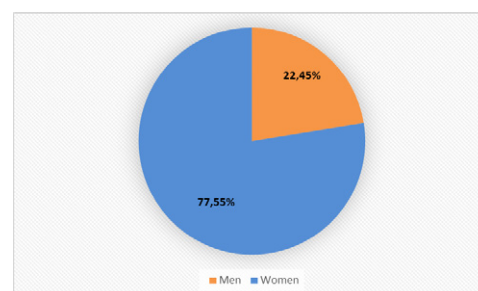


Figure 1: 360-degree graph of sample patients by gender

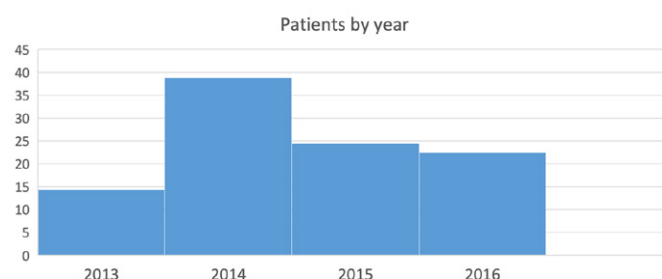


Figure 2: Bar chart showing patients by year in the sample

Results

83.67% of the patients reported that they were doing well or very well in the different dimensions of the quality of life questionnaire. The best results were obtained in the social sphere (93.88% of the patients answered that they were well or very well), followed by self-esteem (91.84%), work activity (83.67%) and physical activity (79.59%), the dimension in which the worst results were obtained was in the sexual sphere (69.63%). The data described can be seen in Table 3. The total data can be seen in Table 4. The mean numerical score obtained was 1.93, with better results having been obtained in women: 1.99, than in men: 1.70.

	GOOD OR VERY GOOD	NORMAL	BAD OR VERY BAD
SELF-ESTEEM	45 (91,84%)	3 (6,12%)	1 (2,04%)
PHYSICAL	39 (79,59%)	7 (14,29%)	3 (6,12%)
SOCIAL	46 (93,88%)	3 (6,12%)	0
LABOR	41 (83,67%)	2 (4,08%)	6 (12,24%)
SEXUAL	34 (69,39%)	8 (16,33%)	7 (14,29%)

Figure 3: Summary data obtained by patients in the quality of life questionnaire

Material and Methods

65 gastric bypass patients were intervened between 2013 and 2016 in our center, 49 patients (75.38%) were contacted by telephone, all of whom agreed to take the quality of life questionnaire. The sample of our study is made up of patients who responded by telephone, of which 77.55% are women and 22.45% are men, as can be seen in Table 1. 14.28% were operated on in 2013, the 38.77% in 2014, 24.49% in 2015 and 22.45% in 2016, as can be seen in table 2.

	VERY GOOD	GOOD	NORMAL	BAD	VERY BAD
SELF-ESTEEM	27 (55,10%)	18 (36,73%)	3 (6,12%)	1 (2,04%)	0
PHYSICAL	24 (48,98%)	15 (30,61%)	7 (14,29%)	3 (6,12%)	0
SOCIAL	29 (59,18%)	17 (34,64%)	3 (6,12%)	0	0
LABOR	24 (48,97%)	17 (34,64%)	2 (4,08%)	1 (2,05%)	5 (10,20%)
SEXUAL	19 (38,77%)	15 (30,61%)	8 (16,33%)	5 (10,20%)	2 (4,08%)

Figure 4: Summary data obtained by patients in the quality of life questionnaire

Discussion

Quality of life is not taken into account as much as other quality indicators in bariatric surgery since it is a subjective characteristic and the qualitative nature of the results makes the evaluation of the data complex and may present limitations. The Moorehead-Ardelt test makes it possible to quantify the results obtained with a numerical score, being able to compare the results between different groups of patients from the same center and between patients from different centers. In our study, better results are obtained in women than in men, in addition, the results obtained are similar to other series (1).

I declare that there are no conflicts of interest.

Conclusions

Most of the patients have obtained a good result in the quality of life questionnaire, more than three years have elapsed after the surgical intervention. The best results were obtained in the social and self-esteem areas, and the worst results in the sexual area.

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