

First 50 patients undergoing bariatric surgery at the centro hospitalar do tâmega e sousa. Quality of life and grade of satisfaction

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DOI: <https://doi.org/10.53435/funj.00811>

Received (first version): 5-October-2021

Accepted: April-2022

Published online: N° May 2022

Abstract:

The study's purpose is to assess the alterations in the quality of life of the first patients undergoing bariatric surgery at the Centro Hospitalar do Tâmega e Sousa in Penafiel, Portugal.

A retrospective observational study was conducted in 50 patients undergoing bariatric surgery during 2020. A questionnaire was designed with questions related to quality of life. The grade of satisfaction scale was defined within a range between -10 and 10.

Three types of procedures were performed: 68% Roux-en-Y gastric bypass, 30% vertical gastrectomy, and 2% single anastomosis bypass.

In the described sample, a mean total satisfaction score of 5.5 in the questionnaire was found at 3 months. 100% of patients do not regret the surgical procedure, although 4% would not repeat it.

The mean total satisfaction score was 5.53 in Roux-en-Y gastric bypass, 5.44 in vertical gastrectomy, and 4 in single anastomosis bypass.

Overall satisfaction was verified to be positive and, comparing the mean results of each of the procedures, it was concluded that there is no great difference between each one nor regarding the mean global value.

Keywords:

- Bariatric surgery
- Obesity
- Degree of satisfaction
- BAROS test

Introduction

Morbid obesity is a chronic disease with multiple physical, psychological and social consequences that negatively affect the health and quality of life of patients.

From a multidisciplinary point of view, therapies such as diet, physical exercise, drugs and cognitive-behavioral therapies are contemplated. Bariatric surgery continues to be considered the treatment of choice and the most effective in the for carefully selected patients with morbid obesity.

Objectives

The purpose of the study is to analyze the alterations and changes in the quality of life of the first 50 patients undergoing bariatric surgery at the Centro Hospitalar do Tâmega e Sousa in Penafiel, Portugal.

Method

A retrospective observational study was carried out in 50 patients undergoing bariatric surgery during 2020.

An easy-to-understand questionnaire was designed, based on the BAROS test (Bariatric Analysis and Reporting Outcome System), with questions related to quality of life, mainly changes at a social, sexual, economic and self-awareness level (Figure 1).

The grade of satisfaction scale was defined within an interval between -10 and 10: worsening of the quality of life (-10 to 0); no change of quality of life (0); improvement in quality of life (0 to 10).

Results

The sample had 16% (8) male patients and 84% (42) female patients, with a mean age of 42.32 years.

Three types of surgical procedures were performed: 68% (34) Roux-en-Y gastric bypass, 30% (15) vertical gastrectomy, and 2% (1) single anastomosis bypass.

In the described sample, a mean weight loss of 25.07 Kg was found at 3 months with a mean total satisfaction score in the questionnaire of 5.5.

100% of patients do not regret the surgical procedure, although 4% would not repeat it.

In the group of patients undergoing Roux-en-Y gastric bypass, the mean weight loss was 24.99 Kg and the mean total satisfaction score was 5.53.

In the patients who underwent vertical gastrectomy, the mean weight loss was 25.16 kg with a mean total satisfaction score of 5.44.

The only patient who underwent single anastomosis bypass presented a weight loss of 34.3 Kg and a total satisfaction score of 4.

Conclusiones y Discusión

According to the results obtained, it was verified that overall satisfaction was positive, with a value of 5.5 on the scale described. When the average results of each of the procedures are compared, it is concluded that there is not a great difference between each of them nor regarding the mean global value.

The improvement in the quality of life and the grade of satisfaction of a patient undergoing bariatric surgery depends not only on the weight lost but also on social and psychological issues. It is also important to note that none of the 50 patients had intraoperative or postoperative complications that could lead to a decrease in satisfaction.

During the telephone interviews, it was possible to perceive that, despite the objective and considerable improvements (significant weight loss and improvement in comorbidities), the grade of satisfaction was not as expected. On one hand, in our society and, specifically, in our area of influence, this type of procedures continues to be not totally accepted in a normal way: they are not seen as therapeutic procedures but as aesthetic procedures; the patients are socially judged as “weaker” for having to resort to more “easy” mechanisms to lose weight; weight loss is related to more stigmatizing diseases (cancer, infectious diseases ...)

On the other hand, adapting to the new body is difficult: the new physical appearance is often not considered aesthetically pleasing (by the patients themselves and by those around them) and adaptation to the new visual image of one’s own body in a short period of time may not be easy. It is important to note at this time that our patients were intervened on during the SARS COV-2 Pandemic, during which they were already undergoing many social and individual alterations.

1	Comparing before surgery, how do you feel now?	Much better/Better/Same/Worse/Much worse
2	Are you more willing to participate in social programs? (go out, have dinner...)	Much more/More/Same/Less/Much less
3	Are you more willing to exercise?	Much more/More/Same/Less/Much less
4	Are you more motivated to work?	Much more/More/Same/Less/Much less
5	Do you feel more libido?	Much more/More/Same/Less/Much less
6	Do you feel more motivated to improve your image? (buy clothes, hairdresser...)	Much more/More/Same/Less/Much less
7	Do you feel more satisfied when looking in the mirror?	Much more/More/Same/Less/Much less
8	Do you spend more money to have a healthier lifestyle?	Much more/More/Same/Less/Much less
9	Do you feel rejection by the people around you?	Much more/More/Same/Less/Much less
10	Rate the degree of satisfaction	Very satisfied/Satisfied/Same/Dissatisfied/Very dissatisfied
11	Are you sorry?	YES/NO
12	Would I go through the whole process again?	YES/NO

Figure 1. Patient's questionnaire

We believe that the risk of weight regain may be correlated with a lower grade of satisfaction after surgery, influenced by deficient or ineffective coping strategies in the face of the stigmas referred to above.

Aiming to improve subjective results in short term and having the conviction that they can help improve expectations in medium and long term, our center considers essential to:

- Inform patients clearly of the physical changes and possible social consequences related to weight loss through surgical procedures as a mechanism for the prior preparation of these patients.
- Provide adequate “coping” mechanisms in order to avoid the reintroduction of previous harmful habits.
- Have regular and frequent monitoring to help implement the necessary corrective measures on time.

This first work, which will continue in time, allows us to reinforce, once again, that obesity is not just a physical disease and that, therefore, psychosocial support before and after the intervention is essential for good long-term results.

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