

Thank You for My New Life: The Bariatric Post-Operative Experience

By

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Introduction

It is estimated that of Americans over the age of 20, about two-thirds are overweight or obese and about 5% of those are extremely obese with a BMI greater than 40¹. While the problem of obesity is significant in itself, it also contributes to a variety of co-morbid conditions resulting in a significantly increased mortality rate².

While traditional methods of weight loss can facilitate weight management for many clients, for the severely obese bariatric surgery offers an effective method to reach and maintain a healthy weight³. For optimal permanent weight loss, a follow-up program that addresses both physical and psychosocial issues is recommended. This is particularly important for those clients who have experienced mental health co-morbidities⁴.

While many studies have been done to investigate the physiological impact of bariatric surgery, few studies have explored the experience of adapting to the changes needed after bariatric surgery to successfully reach and maintain optimal body weight. The purpose of this study is to describe the life changes that occur in the 12 to 18 months after undergoing bariatric surgery.

Materials and Methods

Design

This study was conducted in the Grounded Theory method described by Glaser and Strauss⁵. A Grounded Theory design was chosen because it provides a way to “learn the ways that people understand and deal with what has happened to them⁶”.

Sample

Seven clients who had undergone bariatric surgery (roux en y procedure) at least one year prior to the interview were invited to join the study. All clients who participated in the study were over the age of 17, could read, speak and understand English and were able to give informed consent. All participants were clients of a Center of Excellence in the Southeast that is Certified by the American Society of Metabolic and Bariatric Surgeons.

Method

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This study was conducted in compliance with the principles stated in The Belmont Report. The study was conducted with permission from the institutional review board of a nearby college. Pseudonyms were used to replace participant names. References to others' names, institutions, and places were removed in the reported data to ensure confidentiality of the participant's data.

Participants were given written and verbal information about the study and their role in the study. Informed consent was obtained after the participant had ample time to review the information and ask questions. Participants were treated with utmost respect and empathy during the course of the study, and were told that they could withdraw from the study or stop the interview at anytime without penalty and any information would be discarded at the participant's request.

After the informed consent was signed, each participant was asked to "Tell me about your experiences since your bariatric surgery." Data was collected tape recorded interviews lasting approximately one hour. Participants were given ample time to respond during the interview. Interviews continued until data saturation was achieved.

After a confidentiality pledge was obtained, transcription was completed through a private medical transcription service. The audible interviews were reviewed to assess for tones and nuances of the perceptions being described. Data analysis was done on individual transcripts using the method described by Glaser⁷.

Results

Analysis of the interview transcripts revealed that participants perceived their weight loss experience as having three phases: A life of obesity before surgery, a transitional time after surgery, and their current "new life" as a "normal person". Each of these phases will be explored below.

Phase I: Life before surgery

As described by the study participants, life before surgery was filled with illness, pain and discrimination. These factors led clients to the decision to have bariatric surgery. Adam described this phase by saying, "you try to do things and people would say 'Oh, bless your heart'." He went on, saying, "I had a lot of discrimination because of my size, discrimination at my job." Other comments that reflected fear of disability and illness included, "I had every fat person's disease" and "You get to the point...you have to do something drastic." A female participant, Amy, who is the mother of small children stated, "It scared me to death to think I

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could die from this surgery but I'm surely going to die without it." Adam expressed fear of death saying, "It hit me, I'm 40 years old and he (my family doctor) is telling me I don't have much time left to live."

Phase II: Transition following surgery

Following surgery, participants entered a time of significant, life-changing transition. This time included physical changes, life style changes and psychosocial changes. Brad told of his experience soon after surgery saying, "You go through the first two weeks with those tubes hanging out of you and it's just not natural. You have a problem with that." Beth seemed to have had a similar experience. Describing the weeks immediately after surgery she stated, "That first month was pretty rough but after that, everything has gone steadily uphill."

All participants talked about the life style changes they made as they worked their way through the months after surgery. Beth told of the difficulty of mindset change. She described herself as having grown up with the "clean plate mentality, whatever was put in front of you, you ate. No waste." Likewise, Adam spoke of this saying, "It took a while to realize, this is not a diet, this is a new habit of eating." Holidays and family gatherings seemed to be especially difficult for participants. Beth described her first holiday after surgery saying, "It was Christmas time, it made me miss having that food, especially Christmas Day because I was still cooking for my family."

While all participants spoke about the difficulty of changing eating habits, adjusting portion size seemed to be especially hard for most participants. Adam said, "I'd grab a big bowl of popcorn, a Jethro size bowl, then realize I only wanted a hand full. For a while I threw a lot of food away." Amy seemed to have had similar experiences. She described going to a Chinese buffet and, after filling her plate, saying to herself, "you idiot, you can't eat all that. You should have just ordered an egg roll."

Psychosocial changes were a significant part of Phase II for all participants. Carrie summed up the feeling of many participants by saying, "This is how I saw myself. I had accepted myself that this would never change, and it's very.... It took a long time to say this is okay, this is good." Changes in body image were described by Beth who said, "I was scared going into buy clothes. I knew in my head what size I needed but I was afraid when I tried to put it on it would be too small." Amy said that for a long time she had a "tendency to walk to the large section, the women's section of clothes, and my husband laughs the whole way over there."

Looking in the mirror was mentioned by several participants. Amy said that she was well into the first year after surgery before she would "look into a full length mirror." Beth told of a similar sentiment, saying "You know, I still look at myself in the mirror and see things I want to fix in multitudes. I don't think we'll ever any of us reach perfect."

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Study participants described changes in relationships with family, co-workers and friends. Carrie said, “my whole family got on board. I told them ‘I can’t do this and be a short order cook for you.’ We have to change everything.” She went on to say that at family gatherings, “Our family gets it that there are things we eat and things we don’t eat.” Several participants told of family members being concerned about them. Beth said, “My son worried that I wasn’t eating enough. But now, they don’t question.”

Changes in marital relationships were described by several participants. Beth said that the effect on her marriage had been, “Huge, and I think that stems, honestly, from my confidence. Not that we couldn’t have had the intimate life that we did before. I think it’s my confidence, you know. I didn’t feel like being held by my husband and being touched all over or stroked or anything else, and very little of that went on because I wasn’t comfortable with all that, my big body. We’ve been married for 15 years, and you know, those things are fun.” Amy echoed that thought saying, “It has made us closer. He is losing weight too.”

Participants also told of changes in relationships with friends and co-workers. Beth said that at work, “someone who didn’t pay attention to you will now stop and talk, talk to me.” Brad’s experience was that, “people look at me in a whole different light that I didn’t realize before.” Amy described her experience with friends saying, “I have had a few friends pull away, not wanting to deal with it. Some have come back.”

Having extra time was an experience that most participants talked about during the interview. Carrie talked about how much time she has now saying, “We look back now and think, all we did was eat. Now it’s kind of like an afterthought. We think about what we’re doing instead of making our whole lives revolve around food.” Amy said, “I do things around the house, clean more, not just sit there and eat and watch TV.” Brad found that now he has “less time spent eating, more time for other things. Life is just not as stressful.”

Phase III: Life as a normal person

Most participants described one specific moment when they realized they had reached, in Brad’s words, “a normal life.” For Adam, that moment came one morning when he got in his truck to go to work and found that his abdomen no longer rubbed against the steering wheel. He said, “It was the neatest thing, and every time I look down and see the gap between me and the steering wheel, it’s just the neatest thing.” Amy had a similar experience when she realized that she could cross her legs. She said, “It sounds silly but that is a big thing.”

Most participants spoke of “a brand new life” that included new found freedom. Brad said, “my freedom, I can get into cars, booths...” Adam echoed this feeling saying, “It just changes your mindset, helps you say ‘I can do these other things’.” Amy represented the attitude of other

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participants when she said, “There is such a sense of self-satisfaction that I’ve done this, it wasn’t done to me.

All of the participants described changes in how others perceived them. Adam was obviously proud as he told of his daughter telling him, “Man, you got some definition there now.” Brad had a similar encounter with a co-worker who said, “I can’t believe it, I mean it’s pretty unbelievable. It’s great.”

Discussion

Participants in this study indicated a need for intervention in each of the three Phases. In Phase I, when the decision to have surgery is made, interventions that are helpful include assisting the client to find reliable information about weight loss surgery. Clients need to understand that this is not just another diet; it is a new way of life. It is equally important that they accept the fact that surgery is just the first step on the path to a successful transition to permanent weight loss.

Once the decision to have surgery is made, the client will need help in choosing a program. The healthcare provider should begin by explaining the advantages to choosing a Center of Excellence by Certified by the American Society of Metabolic and Bariatric Surgeons. The client should be encouraged to find a program that performs a variety of procedures and has a multidisciplinary team on site as these are important factors for optimal support following surgery.

During Phase II, clients need a holistic approach including physical as well as psychosocial support. Many of the participants in this study emphasized the importance of a support system for emotional support. Clients in this study identified coping behaviors including spending time in conversation with family and friends, participating in physical activities with their family and journaling as being helpful during the early months after surgery. Other activities that clients may find helpful in replacing the comfort that they had previously received from food include reading, relaxation exercises, gardening, decluttering, and making crafts⁴. Most participants in this study said that combining exercise with fun activities such as hiking or biking made getting the recommended exercise much more palatable.

As clients approach their goal weight in Phase III, clients continue to need assessment and support from the healthcare provider. The client should be assessed for maladaptive behaviors that are associated with impulse disorders including “overspending, gambling, cigarette smoking, promiscuity and alcohol or drug use⁴. In addition, continued attendance at a support group for clients who have had surgery may facilitate continuation of the new lifestyle. Several

clients in this study expressed the desire to attend group sessions especially for clients who had surgery one to two years ago.

As evidenced by the literature review and findings of this study, there is still much to learn concerning weight loss and maintenance of optimal weight following bariatric surgery. Future studies are needed to explore the role of adaptive coping behaviors after surgery. In addition, information is needed related to the role of support groups both before and after surgery and how gender and age may affect adaptation after surgery.

Conclusions

The results of this study point to a three phase process that clients who undergo weight loss surgery pass through. From the initial realization that it is time for drastic action to achieve weight loss, through the transition to a new lifestyle, to the point when clients reach a weight that they consider normal, clients report a need for both physical and psychosocial care and support. Provision of education, assessment for maladaptive behaviors, and facilitation of adaptive coping behaviors can increase the possibility that our clients will indeed reach and maintain their “new life”.

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