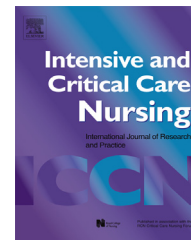




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ORIGINAL ARTICLE

# From reaching the end of the road to a new lighter life – People's experiences of undergoing gastric bypass surgery



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## KEYWORDS

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Obesity;  
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## Summary

**Objectives:** It is limited research that focuses on people's experiences from prior to surgery to the postoperative period after a gastric bypass. The aim of this retrospective study was to describe people's experiences of undergoing gastric bypass surgery.

**Method:** A qualitative approach was used. Interviews with ten participants were subjected to qualitative content analysis.

**Results:** The analysis of the interviews resulted in one theme: from reaching the end of the road to a new lighter life. Prior to surgery participants described a sense of inferiority and that they were not able to 'take any more'. Shortly after surgery participants felt both vulnerable and safe in the unknown environment and expressed needs of orientation and to have the staff close. Despite information prior to surgery it was difficult to imagine ones' situation after homecoming, thus it was worth it so far.

**Conclusion:** The care given in the acute postoperative phase for people who undergo gastric bypass surgery, should aim to provide predictability and management based on individual needs. Being treated with respect, receiving closeness, and that the information received prior to surgery complies with what then happens may facilitate postoperative recovery after a gastric bypass surgery.

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**Abbreviations:** BMI, body mass index/kg/m<sup>2</sup>; GBP, gastric bypass; ICU, intensive care unit; PACU, post anaesthesia care unit; md, median; cf, compare; dnr, diary number.

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### Implications for Clinical Practice

- Interventions to avoid exposure of one's body postoperatively could be to plan the placement to avoid passing other beds and provide a complete coat prior to mobilisation.
- That the staff postoperatively have access to the information people who undergo a GBP have received prior to surgery may lead to an understanding of their needs for information and explanation.
- Individual and tangible support and encouragement concerning mobilisation are needed for people after GBP surgery.
- That staff are close by and explain and maintain contact with openness which is essential for patients not feel forgotten in an acute setting.
- Another level of care, immediately after GBP surgery, for example a step-down unit may prevent a feeling of being less ill than other people, and therefore under-prioritised.

## Introduction

Obesity is an increasing problem for people in the western world. In Sweden about half of the men and about a third of the women are overweight or obese with increased risk for comorbidities and premature death ([The National Board of Health and Welfare, 2009](#)). Body mass index ( $BMI = kg/m^2$ ) above 25 is defined as overweight and BMI above 30 means obesity ([Swedish Council on Health Technology Assessment, 2002](#)). People with obesity who have lost weight through diets often relapse to their original weight. The most effective method in a long term perspective to achieve permanent weight loss has been shown to be surgery ([Bult et al., 2008](#)). Gastric Bypass (GBP) surgery in Sweden may be considered for people with a BMI above 35 ([The National Board of Health and Welfare, 2009](#)).

In several studies ([Hager, 2007](#); [Klingemann et al., 2009](#); [Kruseman et al., 2010](#)), people have reported increased satisfaction in daily life after undergoing obesity surgery. The positive experiences described shortly after obesity surgery besides weight loss, are improved mobility and strength ([Bocchieri et al., 2002](#); [Klingemann et al., 2009](#); [Kruseman et al., 2010](#)). People often feel more attractive after weight loss ([Magdaleno et al., 2011](#); [Wysoker, 2005](#)) and feelings of increased self-confidence and control have also been expressed ([Magdaleno et al., 2011](#); [Ogden et al., 2006](#)). Negative experiences after obesity surgery in a short term perspective are described as feelings of emptiness, hunger pains, and loss of energy, symptoms that influence daily life to a great extent ([Groven et al., 2010](#); [Lepage, 2010](#); [Ogden et al., 2005](#)).

After a GBP, the patient is monitored in a post anaesthesia care unit (PACU), before being transferred to a ward. PACU:s are standard parts of hospital care in most hospitals in the western world. Their main purposes are to identify, prevent and/or immediately treat early complications of anaesthesia or surgery, before developing into deleterious problems ([Vimlati et al., 2009](#)). Obesity and its comorbidities affect every organ system and the risk for postoperative complications is increased after GBP surgery ([Residori et al., 2003](#)). Obese patients are twice more likely to develop serious respiratory problems during and shortly after anaesthetic than non- obese patients ([Cook et al., 2011](#)). Feared causes of early morbidity and mortality after GBP surgery are anastomotic leaks and pulmonary embolism, which may be difficult to diagnose. Another

complication is venous thromboembolism. Concluding, both a close monitoring and an early mobilisation are required after GBP surgery ([Bult et al., 2008](#)).

A PACU consists of an open environment with many severely ill patients being cared for postoperatively simultaneously in a high-tech environment, and is often a part of the intensive care unit (ICU) ([Allen and Badgwell, 1996](#)). Prior to surgery patients ranked their most feared postoperative symptoms as pain followed by vomiting, nausea, and disorientation ([Jenkins et al., 2001](#)). Sedation influences the speed at which a postoperative patient progressed along a continuum from dependence to independence. During this process, the patient is vulnerable and needs support ([Humphreys, 2005](#); [Reynolds and Carnwell, 2009](#)). Patients have reported being cared for in the presence of other people with mixed levels of satisfaction ([Baillie, 2009](#)) and have perceived physical activities in perioperative care as excellent, but desired more information and involvement in their care ([Leinonen et al., 2001](#)). Postoperative recovery is defined as an extended process, where the goal after surgery is to achieve a stable physiology ([Allvin et al., 2007](#)). There is a lack of understanding of the processes that describe the detailed experiences of surgical patients in clinical care ([Leino-Kilpi and Suhonen, 2006](#)). ICUs tend traditionally to be isolated units with sometimes limited contact with other levels of care ([Leith, 1998](#)).

Thus, knowledge about being ill or injured includes the whole process from the initial stages through to the recovery period at home ([Bergbom, 2007](#)). Patients have reported a great need of information and support before and after obesity surgery ([Grindel and Gatson-Grindel, 2006](#)). To the best of our knowledge there is a lack of research describing people's experiences from prior surgery to the GBP and then through their postoperative period. Therefore, the knowledge from this study might improve such understanding and can be used to design a care process that is more in agreement with the patient's needs.

### The aim

The aim of this study was to describe people's experiences of undergoing GBP surgery, from the decision-making period prior to the GBP until two months after the GBP, thus including the care given at hospital.

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