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## Original article

## Patients' preferences for information in bariatric surgery

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## Abstract

**Background:** The decision to undergo bariatric surgery is multifactorial and made both by patient and doctor. Information is of the utmost importance for this decision.

**Objective:** To investigate the bariatric surgery patient's preferences regarding information provision in bariatric surgery.

**Setting:** A teaching hospital, bariatric center of excellence in Amsterdam, the Netherlands.

**Methods:** All patients who underwent a primary laparoscopic Roux-en-Y gastric bypass or sleeve gastrectomy between September 2013 and September 2014 were approached by mail to participate. A questionnaire was used to elicit patient preferences for the content and format of information. Sociodemographic characteristics, clinicopathologic factors, and psychologic factors were explored as predictors for specific preferences.

**Results:** Of the 356 eligible patients, 112 (31.5%) participated. The mean age was 49.2 ( $\pm$ 10.7) years, and 91 (81.3%) patients were female. Patients deemed the opportunity to ask questions (96.4%) the most important feature of the consult, followed by a realistic view on expectations—for example, results of the procedure (95.5%) and information concerning the consequences of surgery for daily life (89.1%). Information about the risk of complications on the order of 10% was desired by 93% of patients; 48% desired information about lower risks (.1%). Only 25 patients (22.3%) desired detailed information concerning their weight loss after surgery.

**Conclusion:** Bariatric patients wished for information about the consequences of surgery on daily life, whereas the importance of information concerning complications decreased when their incidence lessened. (Surg Obes Relat Dis 2018;■:00–00.) © 2018 American Society for Metabolic and Bariatric Surgery. All rights reserved.

## Keywords:

Bariatric surgery; Information; Complications; Psychological factors; Patients; Morbid obesity; Shared decision making

At present, obesity affects over 600 million people worldwide and is a growing problem. The number of people with morbid obesity, defined as a body mass index (BMI) of  $\geq 40$  kg/m<sup>2</sup>, is still rising [1]. Finkelstein et al. [2] estimated a 33% increase in obesity and, perhaps more

importantly, a 130% increase in morbid obesity by 2030. Morbid obesity is associated with numerous co-morbidities as well as an impaired quality of life, increased risk for depression, and other signs of psychologic distress [3].

In the long term, bariatric surgery is the most effective treatment for morbid obesity [4,5] due to its excellent results for weight loss and the decrease of obesity-associated co-morbidities [6,7]. Almost 80% of patients will lose >50% of their excess weight within the first year

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after surgery [8]. In relation to the weight loss, patients' mental and physical burden is lessened, partially due to the decrease in obesity-associated co-morbidities [6,9]. However, bariatric surgery carries a substantial risk for severe morbidity or even mortality.

As bariatric surgery mainly focuses on increasing life expectancy by reducing weight and decreasing co-morbidities combined with improving quality of life, it can be regarded as one of the most elective types of surgery. This allows patients and healthcare professionals to schedule the intervention in advance, preceded by all the preparation that is necessary to increase postoperative results. Therefore, many European bariatric surgical centers of excellence invest extensive time and resources in patient education. This is mainly expressed in an intensive pre- and postoperative program dealing with the necessary life adjustments; aspects to increase the success of surgery, including exercises; dietary advice with regard to eating habits and postoperative anatomic changes; and psychologic guidance [10].

As bariatric surgery has a complication rate of approximately 10% [11,12] and a need for life-long lifestyle adjustments, proper patient education is essential to help patients make a well-informed decision to opt for bariatric surgery. Information about expected weight loss and complications is an essential part of this education. Although studies have shown that, for example, cancer patients express a desire to be fully informed [13], it is unknown to what extent bariatric patients want to be informed. What do patients themselves regard as important information about bariatric surgery? What do patients want to know concerning risks of postoperative complications and the implications for daily life, including the required lifestyle adjustments? Furthermore, it is unknown what the patients' preferences are concerning the manner in which such information is presented. Finally, to what extent are patients satisfied with the information they receive?

Patients' information preferences are likely to depend on their sociodemographic characteristics such as age, sex, educational level, and health literacy. The latter is defined as a set of skills that people need to function effectively in a healthcare environment and is increasingly being recognized as an important factor in understanding patients' information processing [14]. Additionally, patients' medical characteristics including BMI and co-morbidities, experienced quality of life, and their degree of psychologic distress might further influence their information preferences.

The success of the bariatric procedure (e.g., the expected weight loss, decrease of co-morbidities, and other benefits of bariatric surgery) are associated with the extent to which patients adjust to the required lifestyle changes postoperatively [15,16]. It can be argued that patients are more likely to adhere to preventive measures such as multivitamins for deficiencies or proton pump inhibitors to prevent marginal

ulceration when information concerning these themes is provided in a form that is tailored to patients' preferences.

Therefore, the aim of the present study was to determine the information preferences of bariatric surgery patients who underwent laparoscopic Roux-en-Y gastric bypass (LRYGB) or laparoscopic sleeve gastrectomy (LSG) regarding surgery-related information in terms of the importance of the information, the extent to which patients want to be informed about the possible complications of surgery, the manner in which the information is provided and additional information is required, and the extent to which patients are satisfied with the provided information. Finally, the association between patients' sociodemographic, clinicopathologic, and psychologic characteristics and information preferences was assessed.

## Methods

### *Design*

This is a retrospective questionnaire study. All patients who underwent LRYGB or LSG between September 2013 and September 2014 were approached. Patients who underwent revisional bariatric surgery were excluded as they received all information for the second time after a failed bariatric procedure, often gastric banding. Eligible patients were sent a written questionnaire and informed consent form by mail 4 to 15 months after surgery. If the questionnaire and informed consent form were not returned within 2 months, 1 attempt was made to contact patients by telephone to invite them to complete the questionnaire. If they did not wish to participate, the reasons were inventoried. It was clarified to patients that they were not obliged to provide an answer for not wanting to participate in the research.

The local medical ethical review board approved the study.

### *Surgical program*

All patients had been screened by a multidisciplinary team and met the International Federation for the Surgery of Obesity and Metabolic Disorders criteria before surgery [17]. Generally, the routing of patients is as follows: people interested in bariatric surgery are referred by their general practitioner; they then are invited to a 3-hour group session where information is provided concerning the preoperative screening, preparation for surgery, and strict follow-up regimen. Surgical procedure, supporting behavioral changes, and alterations in eating behavior are extensively discussed within this program. The information is provided by an expert (e.g., surgeon or medical doctor working in the field of bariatric surgery) and a few representatives of the multidisciplinary team, responsible for the pre- and postoperative guidance. Questions can be asked throughout and after the presentations.

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