

Weight Regain Post-Bariatric Surgery: Patient Insights

Sarah Adler PsyD¹, Colleen Cook², Zaina Arslan, BA¹, Helen Stevens BA¹, Athena Robinson PhD¹, Kristine Luce PhD¹, Dana Schoreder RN BSN CBN¹, Janean Hall², Debra Safer MD¹ ¹Stanford University School of Medicine, ²Bariatric Support Center International



Background

• A considerable subset of post-operative (30%) bariatric patients regain weight (1-4).

 Post-op weight regain results in reversed comorbidities, decrease in quality of life and costeffectiveness of surgery (5-6).

 Psychological and behavioral factors associated with post-op regain is poorly understood.

• To assess needed services and areas for future research, this study surveys post-operative patients regarding their experience and perceptions of postoperative weight regain.

Method Participants

This sample consisted of 94 participants (2% male), with M=5.79 (SD 3.29) years post surgery. 93% of patients had a pre-surgical BMI >40 (49.49 (SD=8.12)). Lowest postsurgical BMI (BMI low=) was significantly less than presurgery (p<.0001]. Weight regain was significant [BMIregain; M=36.19 kg/m² (SD=8.99); p<.0001].

Procedures

◆ Participants completed an online survey of perceptions and behaviors potentially related to post-surgical weight regain.

Data Analyses

 Frequency analyses were calculated for perceptions and behaviors associated with postsurgical weight regain

Results Internal Factors

 Most participants attributed weight gain to internal factors: 66%(N=62) to lack of personal accountability; 55% (N=51) to lack of motivation; and 47% (N=44) to unresolved emotional issues. Only one patient believed weight regain was due to a surgical error.

Results cont. Support Factors

 A majority (73%, N=69) believed that poor support (personal and within bariatric program) was a factor.
90%(N=85) of participants reported need for a "special" bariatric program to maintain weight loss and 82%(N=77) reported they would attend a "back on track" program if offered.

Table 1Perceptions of Internal factors as a
factor of weight regain

Lack of personal	66%
accountability	(N=62)
Lack of Motivation	55% (N=51)
Unresolved emotional	47%
issues	(N=44)

Table 2 Perceptions related to support as a factor of weight regain

Need for a "back-on-track"	90%
program	(N=85)
Need for a "special" post	82%
bariatric program	(N=77)
Poor support (bariatric	73%
program & personal)	(N=69)

Conclusions

Patients with post-surgical weight regain attribute weight regain to:

- Internal psychological factors (e.g., lack of accountability, motivation, emotional issues)
- Inadequate support (e.g., 90% report need for specially targeted bariatric programs to help maintain weight loss post surgery)

Limitations

 Based on survey results rather than qualitative analyses of patient-generated responses.

References

1.Elder KA, Wolfe BM. Bariatric surgery: a review of procedures and outcomes. Gastroenterology 2007; 132:2253–71.

2.Sjöström L, Narbro K, Sjöström CD, et al. Swedish Obese Subjects study: effects of bariatric surgery on mortality in Swedish obese subjects. N Engl J Med 2007; 357:741–52.

3.Karlsson J, Taft C, Ryden A, Sjostrom L, Sullivan M. Ten-year trends in health-related quality of life after surgical and conventional treatment for severe obesity: the SOS intervention study. Int J Obes[Lond], 2007; 21:1248–61.

4.Sjöström L, Lindroos AK, Peltonen M, et al. Lifestyle, diabetes, and cardiovascular risk factors 10 years after bariatric surgery. N Engl J Med 2004; 351:2683–93. 5.van Hout G, van Heck G (2009). Bariatric psychology, psychological aspects of weight loss surgery. Obes Facts. 2009;2(1):10-5.

6.Khaitan, L., Van Sickle, K., Gonzalez, R., Lin, E., Ramshaw, B., & Smith, C. (2005). Laparoscopic revision of bariatric procedures: is it feasible?.The American Surgeon, 71(1), 6-10.