**Title: Surgery for Obesity: Satisfied or Sorry?**

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**Background**

GPs are at the frontline of helping patients suffering from Obesity. If we are considering referring them for bariatric surgery, we need to know more than just the metabolic consequences they will face. True Shared Decision Making (SDM) behoves us to help them understand the (sometimes surprising) psychosocial impact that surgery may have on their lives. Our research equips GPs with “insider knowledge”, straight from the mouths of those who have already experienced it. Do they regret having it done? How satisfied are they really?

**Aims**

We wanted to see what patients really felt about having bariatric surgery, in particular Laparoscopic Sleeve Gastrectomy (LSG), at 1, 2 and 3+ years post-operatively. Our interest went well beyond how many kilograms they had lost, and explored their psychosocial functioning including their satisfaction, relationships, libido, and exercise habits.

**Method**

Mixed methods were used to analyse responses from 22 patients who underwent LSG 1, 2 and 3+ years ago. Quantitative data was collected via online surveys, and qualitative data was gathered through in-depth telephone interviews. Responses were analysed thematically, within a phenomenological framework1. Ethics approval was through Bond University, and the research team consisted of Academic staff from Bond University, and MD candidates with a special interest in General Practice.

**Results**

Quantitative analyses demonstrated that 90% of patients were extremely satisfied following LSG, with none reporting dissatisfaction. This was regardless of how many years ago they had the surgery done. Yet most participants also described significant, sometimes unexpected, challenges from the surgery. At GP18 we will present our full findings from the Qualitative interviews in a fun and interactive way, using audience participation, quizzes and on-line polling. We will step delegates through the complexities of the impact of LSG on patients’ lives, so they can understand the nuances more clearly.

**Conclusion**

Surgery for obesity (bariatric surgery) is usually a last resort for both patients and doctors. Shared decision making (SDM) is essential, particularly as this is elective surgery. Evidence based guidelines suggest that some patients should be offered surgery2, as metabolic improvements are well established, however there is little research on patients’ perspectives and satisfaction to guide decision making. Our research equips GPs with some useful qualitative analysis to enable a broader and more nuanced psychosocial approach to this topic.

**References**

1. Carter SM, Little M. 2007. Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. Qual Health Res 17(10):1316–1328
2. National Health and Medical Research Council (2013) *Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia - Systematic Review.* Melbourne: National Health and Medical Research Council.