

# Patients' knowledge about bariatric surgery

Remesova T, Robinson P, McDougall K, Jones L, Heath D, Sufi P

Whittington Hospital NHS Trust, London

#### Introduction

# Algorithm of educating patients at Whittington Hospital

Success of bariatric surgery depends on patients' compliance and cooperation with the bariatric team. Also patients' realistic expectations about surgery avoid disappointment.

#### 1. Referral

•no specific knowledge is required.

Bauchwitz (2007) conducted a study about knowledge and expectations of bariatric patients and found out that a significant number of patients presented with a misconception regarding weight loss after surgery.

Other study (Orth et al., 2008) tested patients just before surgery with the aim to clarify link between poorer weight loss and first – time failed patients. All patients filled questionnaire as many times as required to get all answers correct. Bias of this study lies in the fact that at the end all patients had the same level of knowledge thus no difference was shown.

Our audit was aimed to test our algorithm of educating patients throughout preoperative period. There is no recommendation regarding educating patients nor suggested algorithm. Thus our golden standard was established 15 key facts patients must know.

# Methods / Results

#### Materials

•Questionnaire, designed by consultants, dietician and bariatric nurse

## **2. Education session**

•compulsory for everyone before first appointment with a surgeon. •dietician and bariatric nurse explain during 3 hours principles of operations Whittington Trust offers (band, sleeve, bypass) instruction about liver diet and postoperative regime

# **3. Appointments before surgery**

•patients decide what operation they chose.

•patients get feedback on their eating habits. They are expected to start changing their habits before operation already.

# 4. Support group meetings

•once a month, a meeting of patients who will undergo and have undergone the operation

•not compulsory, unlimited attendance

# 5. Post-operative individual consultation with a dietician

•Final reinforcement of patients' knowledge

•15 point – questions

•Part A - 5 points: mechanism of weight loss and liver diet

•Part B - 10 points: postoperative regime

•Results were converted in percentage and 90% correct answers were established as a golden standard

## Participants

•Patients chosen according to NICE quidelines awaiting bariatric surgery •Participants were given the questionnaire only at one occasion •type of procedure not recorded •11 patients tested after education session •8 patients before surgery •10 patients after consultation with a dietician

#### Results

Patients after education session scored 40% and 70.9%, before surgery 61.2% and 75%. After being instructed by a dietician patients scored 70% and 92%.

There were two patients afte education session and one patient after consultation with dietician with 0% in part A.

#### Discussion

Our results suggest that in general our patients are well aware of postoperative regime and diet limitations. Their knolwedge about mechanism of effect of their procedure and liver diet should be increased.

Limited knowledge of patients at the beginning of bariatric workup is not a worrying element as the most important assessment is the postoperative one.

The increasing trend in the level of patients' knowledge is a favourable sign of efficiency of continuous education efforts of our team.

Nevertheless the one patient who scored 0% in part A even after detailed instructions from a dietician should be taken as a red flag that we still need to pay attention to individual differences.

This audit raised a question if a low score in the test after final consultation with a dietician influences negatively the weight loss outcome in the future. Our patients weren't reinstructed if they failed, unlike in the study of Orth et al. (2008). It is our future audit project to enlarge the cohort and reinvestigate these patients in terms of surgical outcome.





#### References

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