PATIENTS' PERSPECTIVES ON WEIGHT RECURRENCE AFTER BARIATRIC SURGERY

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Background

- Weight recurrence (WR) affects nearly 20% of patients after bariatric surgery.
- WR may have detrimental psychological effects on patients, ranging from frustration and anger to anxiety and depression.
- This study aimed to assess patient needs, goals, and preferences regarding the available treatment options for WR following bariatric surgery.

Materials & Methods

- We developed an 18-item survey with questions about somatometric data, the importance of successful weight-loss factors, decision-making regarding WR management options, and treatment expectations. The survey was distributed at the bariatric clinic of an MBSAQIP-accredited center.
- Study Period: November 2021 - October 2022
- Population
  - Adult patients seeking treatment for WR after primary bariatric surgery (PBS)
  - All patients had a >10% weight increase from nadir weight during follow-up

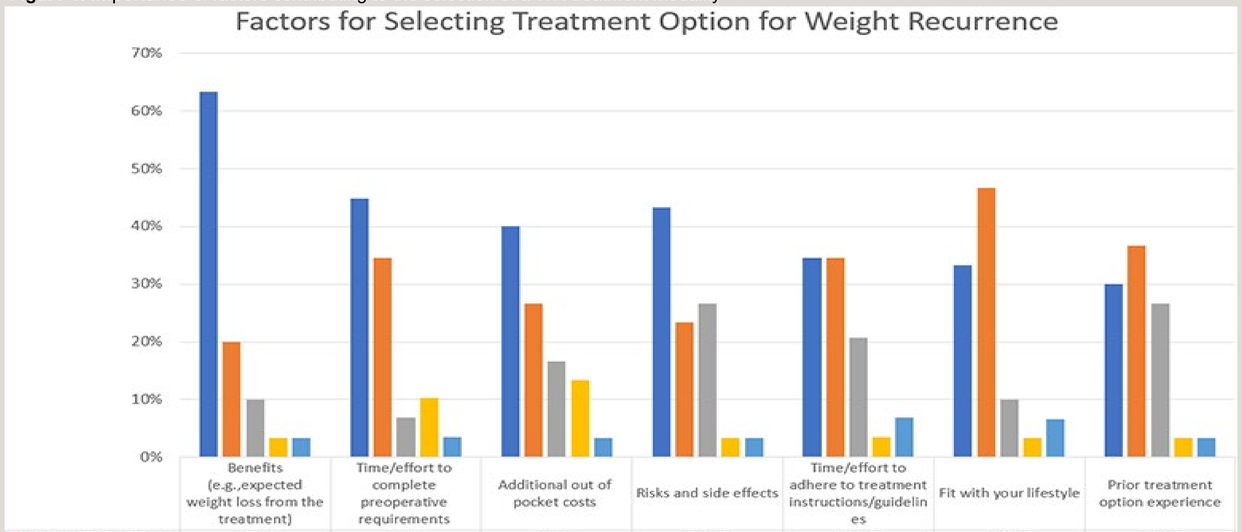
Results

- Overall, 32 patients who experienced >10% WR after PBS were included.
- The mean time from the PBS was 11.6 ± 7 years, with an average WR of 42.4% ± 29 from nadir weight.

Results

- Patients had undergone Roux-en-Y gastric bypass (59.4%), sleeve gastrectomy (28.1%), Lap band (6.3%), Vertical Banded Gastroplasty (3.1%), and other revisional procedures (3.1%).
- When assessing their satisfaction with PBS, 46.9% were somewhat/extremely satisfied, 34.4% somewhat/extremely dissatisfied, and 18.8% were ambivalent.
- Patients indicated "behavioral strategies and making lifestyle changes" as the most important factor for their weight loss efforts and success (93.3% very/extremely important).
- Patients considered the expected weight loss as the most important factor when choosing a treatment option for WR (Figure 1).

Figure 1. Importance of factors contributing to the selection of a WR treatment modality



	Benefits (e.g.,expected weight loss from the treatment)	Time/effort to complete preoperative requirements	Additional out of pocket costs	Risks and side effects	Time/effort to adhere to treatment instructions/guidelines	Fit with your lifestyle	Prior treatment option experience
Extremely important	63.3%	44.8%	40.0%	43.3%	34.5%	33.3%	30.0%
Very important	20.0%	34.5%	26.7%	23.3%	34.5%	46.7%	36.7%
Moderately important	10.0%	6.9%	16.7%	26.7%	20.7%	10.0%	26.7%
Slightly important	3.3%	10.3%	13.3%	3.3%	3.5%	3.3%	3.3%
Not at all important	3.3%	3.5%	3.3%	3.3%	6.9%	6.7%	3.3%

Results

- The most important goal for patients with WR was "being able to resume activities I could not do before" (83.3% extremely important), followed by "improved quality of life and life expectancy" (80% extremely important) and "feeling good about myself" (80% extremely important).
- Revisional bariatric surgery, lifestyle modification with peer support, and use of weight loss medication were ranked as the first treatment options for WR by 44.8%, 42.3%, and 19.2% of the respondents, respectively.

Conclusion

- Despite experiencing WR, most patients were satisfied with the results of their PBS.
- Weight loss outcomes were the most important factor when choosing a WR treatment modality, with RBS and lifestyle changes being preferred over weight loss medications.
- Given the scarcity of available comparative evidence of the available treatment options for WR, large prospective randomized trials are needed to counsel this patient population better.

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