

Patient Experience after Gastric Banding Surgery and Need for Healthcare Communication

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Abstract

Obesity is a growing healthcare challenge worldwide. Gastric Banding surgery is one approach to weight loss that some individuals take. In this study, participants who have undergone gastric banding surgery shared their experiences. Researchers identified three topic areas for needed healthcare communication to guide individuals as they prepare for surgery, about food and eating after surgery, and about psychosocial impacts after the surgery. Healthcare communication is needed for individuals undergoing gastric banding surgery for weight loss.

Keywords: Gastric banding surgery; Patient experiences; Healthcare communication; Hypertension; Obesity

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Introduction

Obesity has reached epidemic proportions [1], with 25% of adult Canadians classified as clinically obese [2]. Obesity increases risks for type 2 diabetes, hypertension, coronary heart disease, stroke, osteoarthritis, cholelithiasis, sleep apnea and cancer [3]. This disease has serious physical, psychological and economic implications for individuals and poses enormous challenges for the healthcare system. Canadians, their families and neighbours, employers, health practitioners and governments are affected by obesity [4] there is a need to communicate this growing healthcare problem.

People who are obese may suffer psychological and psychosocial consequences such as anxiety and depression [5], prejudice, discrimination or psychological abuse from co-workers, family, friends and others making it hard for them to maintain personal relationships [6]. Weight bias can be communicated as inequities in employment, health, healthcare and education opportunities, related to negative stereotypes that persons with obesity are lazy, unmotivated or lacking in self-discipline [4].

Many adults attempt to lose weight, as evidenced by the plethora of weight loss programs available, however diet therapy, with or without supports and pharmaceutical agents are ineffective in long-term treatment of obesity [7]. Bariatric surgery, as treatment for obesity, results in greater weight loss and reduction in comorbid conditions such as hyperlipidemia, diabetes, and hypertension, compared with other approaches

[8,9]. Increased numbers of bariatric surgeries are likely related to the availability of minimally invasive surgical techniques, increased healthcare communication, and increased patient satisfaction with these effective long-term weight loss options [10,11]. Although bariatric surgery is becoming more common, there is a paucity of healthcare communication about individual experiences following surgery. The purpose of this study was to gain understanding of patients' experiences with gastric banding surgery, and the aim was to improve nurses and other healthcare providers' understanding to improve healthcare communication about gastric banding as bariatric surgery.

The Study

This qualitative phenomenological research, conducted in 2013-2014, used a hermeneutic phenomenology approach to thinking about people's life experiences [12] to unveil concealed meanings in phenomena [13]. Institutional ethics approval was granted for this study, and participants consented to take part in this research. Data were collected in in-depth interviews with 4 participants who had undergone gastric banding one to five years prior to data collection. Participants were females between 40 and 55 years of age in middle socioeconomic circumstances. Interview questions were: What motivated you to have gastric banding? What were your experiences following gastric banding? And what healthcare communication would you recommend to individuals contemplating gastric banding as treatment for obesity? Data analysis followed Van Manen's method of turning

to the nature of the lived experience, experiential investigation, phenomenological reflection, and attending to the spoken language by phenomenological writing [14]. Communication and language are intertwined and hermeneutics offers a way of understanding human experience through language and its context [15]. Findings as themes were participants' voiced experiences, as the authors believe that including direct language of the participants allows for resonance and amplification of concepts, rather than displaying results in tabular form. The aim of this research was to gain understanding of patients' experiences with gastric banding, and elucidate needs for healthcare communication.

Findings

Need for healthcare communication when preparing for gastric banding

Participants described being tired of trying to lose weight. One participant stated: "I struggled with weight all my life. I was sick of being overweight, and of losing weight and gaining it all back again. When I heard about the band I just decided that was the answer for me." Participants chose gastric banding, as this participant described "initially I believed that if I really had to turn it around (gastric band) I could, which was my fear, because I was not willing to have the gastric surgery." With this finding, researchers identified what prompted participants to choose gastric banding as an option for weight loss.

Participants communicated that they prepared for gastric banding surgery: "I needed time to grieve, because there's a loss there because I had a psychological attachment to eating, and I knew that I would not eat like I did." Participants spoke favorably of information available on surgery websites: "Obesityhelp.com was where I got most of my information, and then I had an appointment with the doctor that did my surgery and about it." Participants discussed having preoperative assessment and information prior to prepare for surgery from healthcare disciplines prior to gastric banding surgery: "My doctor required that I see a dietician and have a low calorie diet and protein drinks the week before surgery. The dietitian told me the types of food I could eat like protein and fluids, and gave instructions on the size of dishes to use, chewing, size of bites and taking time to eat, and the consequences of not following dietary restrictions", and "I had to take a psych evaluation". One participant identified the need for communication with pharmacists before the procedure: "My biggest struggle was to take my medicines after surgery, and that's information you need before surgery." Researchers found there was a need for healthcare communication as participants prepared for gastric banding, as participants spoke of individually seeking information from accessible sources, albeit there was a lack of formalized interdisciplinary healthcare communication for clients about gastric banding for weight loss.

Participants identified that their preparation for gastric banding lacked information about what to expect in the initial post-operative period. "I wish I would have known that post-op it would be so extremely painful in my abdomen, and it felt like they hurried me out of the recovery area." One participant was

asked to bring her Continuous Positive Airway Pressure (CPAP) machine to recovery room: "I use a CPAP and I had brought it with me and they didn't have it set up right away so post-op, groggy as I was I had to say to them I need to have that." Healthcare communication prior to gastric banding must include what the patient might expect immediately after the procedure.

Need for healthcare communication about food and eating after gastric banding

Participants spoke of the need for information about food and eating after surgery: "I had a little bit of fluid, I couldn't eat anything solid", "I felt unwell, and if I swallowed something, it just didn't go down for the first two weeks" and "When I could eat soft food, I tried but it made me sick. It was soft enough, and I probably ate too much of it. It really hurt; I thought I was going to die." Other participants expressed "I was surprised at how little food I could eat." "I remember being told by someone that your piece of meat shouldn't be any bigger than the eraser on a pencil." A participant described gradually increased food choices, "I eat anything that I want to eat now, but I eat it slowly, and in much smaller quantities." Healthcare communication was needed by participants about food and eating after surgery.

Participants described that eating presented challenges, and that healthcare communication before gastric banding can help them to prepare themselves and others. This participant elaborated "I start eating when everyone else does, and 20 min later for my second bite, it's all cold." Taking time to eat is an adjustment participants described "I slowed my eating down deliberately. After surgery, you allow time to eat.", "Learning to chew my food enough to go down was the hardest part for me" and "I don't like eating out with other people, unless they know that I'm slow eating." "So people are kind of looking at you, and you think they are saying 'look at her, she's fat, and she's got tons of gravy on her plate' but it's to help get the food down." People are advised to have food and fluid separately, and not drink fluids at the same time they eat solids, "they said that now I can have little tiny sips with my food if food is dry, just to make it easier to swallow." There were problems when "food got stuck" as described by this participant: "The problem is if you eat and food gets stuck on the way down. Instantly you're salivating and then it just builds up and there's only one other way it can go, you have to vomit it out." One participant spoke of seeking medical attention "I had to go in to Emergency one Saturday morning because I had a fill on Friday and a bite of food got stuck on Saturday morning." One participant stated how problems with food and eating affected not only the person, but her family.

It's doesn't just affect me it affects my family and my friends, too. Going out for dinner with our friends, I spent most of the time making sure I could get to the bathroom fast in case everything just came right back up. It was difficult for my friends to carry on a conversation when they knew I was going to go throw up anyway. They've all got medical training now so they understand it more than perhaps another family. But they don't like it.

As these participants so eloquently described and identified, healthcare communication was needed for people undergoing gastric banding to prepare to eat food following the surgery.

Healthcare communication needed about the psychosocial impacts of gastric banding

Participants described psychosocial effects when others reacted negatively to their decision to have gastric banding surgery. "Before the surgery, I investigated it pretty thoroughly and was convinced that it was safe, but some people were horrified when I told them I was going to have the surgery. It surprised me, but I learned not everyone was supportive." "When I had the surgery I didn't tell anyone, but that cut off any support I might have received from others as well." "It surprised me that people disapproved of the surgery. So I just stopped telling people." Participants told about critical reactions some people had about the cost of gastric banding, and their response: "I told few people what it cost; I've said it's quite expensive, and some people judge you for spending the money." Another participant said "I concluded that most people really don't care what you've done; some people want you to fail and to gain the weight back." One participant talked about having realistic goals: I was frustrated that people expected me to lose 100 pounds in 3 months with surgery, and they criticized me for having the surgery. I heard people say mean things that were so ridiculous and inaccurate, but I was still hurt, and I know I withdrew from associating with them.

Gastric banding affected the social and financial wellbeing of participants. The procedure was not an insured service in this Canadian province, so people must pay for gastric band insertion here or go elsewhere. One participant explained her decision to go for surgery.

The reason I went out of the country was because the waiting list was too long in another province, gastric banding wasn't available here and I couldn't wait. People asked me 'you're going where for what? Are you crazy?' it wasn't about the cost.

Participants described their experiences with follow up that affected their coping after the procedure. A participant described: "Having follow up visits to the doctor was important to me; I wanted it done here, because of the follow up." One participant stated: "My insurance that paid for gastric banding changed, and when I had a different insurance plan, that plan did not pay for bariatric services so I had to pay for follow up but I went because I needed to know more". Another participant stated she had the procedure done out of country and had no follow-up here: "Since I did not have it done here some surgeons are opposed to maintaining someone else's surgery. Because I don't know who to go to, to fill my band here in Canada, I have never had my band filled, ever." Follow-up concerns caused distress for some people, if something could be wrong with their band. One participant stated, "I've contemplated going back to [country] and having him check me again, because I think it might have slipped. I don't know whether it would mean going back in for surgery again. I don't really know what to do and I worry." All participants described communication from others had impact on their psychological and psychosocial response to this surgery, and yet participants did not describe or identify experiences with helpful healthcare communication delivered by a member

of an interdisciplinary team of healthcare professionals that was helpful. This finding was consistent with the lack of research literature describing healthcare communication to prepare individuals to undergo and care for themselves after gastric banding surgery. Much of the research is statistical data about patient outcomes from bariatric surgery. There is some recent nursing literature which tends to focus on dealing with the medical problems associated with surgery, but there is scant literature on healthcare communication to individuals before, during and following gastric banding surgery.

Discussion

Participants freely shared their experiences with deciding to undergo gastric banding surgery for weight loss as a viable alternative to previously unsuccessful weight loss attempts or more permanent gastric surgery. Participants described healthcare communication during the contemplative stage and for preoperative preparation were essential to prepare themselves mentally and physically for the procedure. Participants identified healthcare communication from a pharmacist was missing, but would have helped them better manage medication regimens. In one instance, in the initial postoperative period, a participant described missing healthcare communication that was needed to support nurses in the recovery room to set up a patient's CPAP machine. There was a need healthcare professional, including nurses to teach and reinforce information and positive coping strategies for this change in lifestyle and physical restrictions that can pose challenges with gastric banding surgery.

Teaching people how to overcome those challenges and reinforcing information about ways to prevent problems—such as chewing and eating slowly after gastric banding, was missing, but deemed essential healthcare communication. Food and eating presented difficulties as reported by participants. Our results indicate a need for individualized healthcare communication and counseling to support people to form a plan of what to do if problems arise after gastric banding, rather than people being unprepared.

There is a need for healthcare communication by supportive professionals to ask individuals about social situations, family dynamics, and individual perspectives of their sensitivities and unexpected situations after gastric banding surgery. Knowledge of what can happen and what can be done to cope is valuable information for the nurse to share to support these individuals. A negative reaction of others toward gastric banding surgery was an expressed attitude that obese people are lazy and unmotivated to lose weight through diet and exercise. In addition, in some cases bariatric surgery is not insured by health plans or is considered an elective procedure and can be costly to the individual, so others' reactions to individuals' decisions to have a gastric band inserted can be particularly poignant.

Follow up for individuals who had gastric banding surgery is critical to long-term success.

Follow up could be a problem when access to care or insurance payment difficulties arose. The desperation of these individuals to lose weight is accentuated when they have to resort to leaving

their own locale to have the surgery and then are unable to access follow up visits to their physician or a registered nurse knowledgeable about gastric banding and weight loss surgery. Individuals who undergo weight loss surgery demonstrated commitment to controlling their obesity, and the importance of support and follow up by knowledgeable healthcare professionals for these individuals cannot be overemphasized.

Conclusion

Healthcare providers such as nurses, pharmacists, and dieticians

can understand patients' experiences with gastric banding, and using healthcare communication skills, effectively communicate with individuals who are contemplating weight loss surgery. Accurate, evidence-informed, and appropriate healthcare communication is needed for patients undergoing gastric banding to realize optimal patient and clinical outcomes to decrease obesity. In this study, participants shared experiences and indicated opportunities for nurses and healthcare professionals to communicate information to prepare individuals for gastric banding. Healthcare professionals can teach and support individuals before, during and following gastric banding.

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