

Physical and Psychological Problems among Patients Post Bariatric Surgery

Thesis

*Submitted for Partial Fulfillment of the Requirements of
Master Degree in Nursing Sciences
(Psychiatric Mental Health Nursing)*

By

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

" رَبِّ أَوْزِعْنِي أَنْ أَشْكُرَ نِعْمَتَكَ الَّتِي أَنْعَمْتَ عَلَيَّ
وَعَلَى وَالِدَيَّ وَأَنْ أَعْمَلَ صَالِحًا تَرْضَاهُ وَأُوْخِزْنِي
بِرَحْمَتِكَ فِي عِبَادِكَ الصَّالِحِينَ "

صدق الله العظيم

سورة النمل الآية { ١٩ }





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Dedication

*I wish to express my indebtedness and gratitude to **my family, my friend** and to all those who sincerely helped me to fulfill this work.*

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List of Abbreviations

Abb.	Full term
AGB	Adjustable Gastric Band
BDI	Beck Depression Inventory
BED	Bing Eating Disorders
BMI	Body Mass Index
BPD	Biliopancreatic Diversion
BPD/DS	Biliopancreatic Diversion with Duodenal Switch
BS	Bariatric Surgery
BSN	Bachelor of Science in Nursing
DM	Diabetes Mellitus
DS	Dumping Syndrome
DVT	Deep Venous Thrombosis
EWL	Excess Weight Loss
GERD	Gastro-esophageal Reflux Disease
GLP-1	Glucagon like Peptide 1
HTN	Hypertension
LAGB	Laparoscopic Adjustable Gastric Band
NES	Night Eating Syndrome
NIH	National Institutes of Health
OXM	Oxyntomodulin
PYY	Peptide YY
RUQ	Right Upper Quadrant
RYGB	Roux Y Gastric Bypass

Abb.	Full term
SG	Sleeve Gastrectomy
SILS	Surgical Incision Laparoscopic
SSI	Surgical Site Infection
UGI	Upper Gastrointestinal
VTE	Venous Thrombo Embolism
WLS	Weight Loss Surgery

Abstract

Bariatric surgery is currently considered the most effective treatment option for morbid obesity; it results in greater improvements in Weight loss outcomes and obesity related comorbidities but there are several complications that can occur from weeks to years after bariatric surgery. **Aim:** this study aims to assess physical and psychological problems among patients post bariatric surgery. **Design:** A descriptive exploratory design was conducted in this study. **Setting:** This study was conducted at surgical unit and obesity clinic in Eldemerdash Hospital affiliated to Ain Shams University Hospitals. **Sample:** Convenient sample of 177 patients was obtained from surgical unit and obesity clinic in Eldemerdash Hospital affiliated to Ain Shams University Hospitals. **Tools of data collection:** Physical and psychological problems questionnaire consisted of Beck depression inventory, body image acceptance and action questionnaire, Rosenberg self-esteem scale and eating disorder questionnaire. **Results:** Physical problems less than three quarter of the studied patients had dumping syndrome, majority of the patients had nutritional deficiencies and steatorrhea and two thirds of them complained from sagging skin. Psychological problems, it was found that, depressive symptoms appeared on two fifth of the studied patients, less than three quarter of the studied patients not accept their body image, less than half of them had low self-esteem and less than three quarter of them weren't restraining their eating. In addition to, there was statistically significant correlation between physical and psychological complications and patients demographic characteristics. **Conclusions:** Majority of the studied patients had nutritional complications and steatorrhea, two thirds of the studied patients complained from excess skin, less than three quarter of the studied patients not accept their body image, less than three quarter of them weren't restraining their eating. **Recommendations:** Further study is recommended about lifestyle modification and cognitive behavioral therapy to patients post bariatric surgery. Further study is recommended to evaluate psychological assessment before and after the surgery.

Key words: Bariatric surgery, Psychological problems.

Introduction

Obesity is associated with markedly reduced life expectancy, thus becoming a leading cause of preventable deaths in the world. It has been shown to be associated with hypertension, hyperlipidemia, coronary artery disease, abnormal glucose tolerance or diabetes, sleep apnea, nonalcoholic fatty liver disease, and certain cancers including esophageal, pancreatic, renal cell, postmenopausal breast, endometrial, cervical, and prostate cancers. Even more alarming is that at least 2.8 million people across the world are dying each year directly as a result of being overweight or obese **(Forse & Krishnamurty, 2015)**.

Bariatric surgery is the most effective treatment providing weight loss for obesity. Bariatric surgery techniques are applied in various types. There are four main types of bariatric surgery: the Roux-en-Y, adjustable gastric band, sleeve gastrectomy, and biliopancreatic diversion with duodenal switch **(Dambaugh & Ecklund, 2016)**.

Weight loss surgery is one of the fastest growing segments of the surgical discipline. As with all medical

procedures, postoperative complications will occur. Acute care surgeons need to be familiar with the common problems and their management. There are anatomic considerations which alter management priorities and options for these patients in many instances. These problems present both early and late in the postoperative course. Bariatric operations, in many instances, result in permanent alteration of a patient's anatomy, which can lead to complications at any time during the course of a patient's life **(Lim, Beekly, Johnson & Davis, 2018).**

While bariatric surgery has been shown to improve a number of metabolic conditions, some patients experience persisting disorder in psychological outcomes like depression, body image, self-esteem and eating disorders **(Jumbe, Hamlet & Meyrick, 2017).**

The patients may require emotional support through the post-surgical changes in body image and personal relationships some of patients struggle with post-surgical psychological issues. Patients should be screened for problems such as stress, depression, disordered eating and body image problems. Post-operative counseling and mental health support should be available **(Neil, 2013; Grigg, Brown, Carden, Castle, Dixon, Grigg, Kirchner & Swinburn, 2006).**