

The Influence of Seminars on Patients prior to Bariatric Surgery

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Citation

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Abstract

Aim To determine the influence of the preoperative forum on patients' choice of surgery.

Methods

This is a prospective cohort study. All bariatric surgery patients attended a preoperative orientation session led by a specialist nurse. A questionnaire was designed to assess patients' satisfaction, prior knowledge of weight loss surgery, source of their information, chosen type of surgery and whether that changed afterwards. The questionnaires were collected at the end of forums. Results A total of 434 patients with a mean age of 37 attended the group forum between January 2010 and January 2011. Prior knowledge of weight loss surgery was noted in 347 (80%) patients. Ninety-six percent (416) of the patients were satisfied with the information they gained from the session. A subgroup of 213 patients intended to have gastric banding but changed their surgical preference after the session. Of these 213 patients, 111 (52%) changed their preference from gastric band to bypass, 66 (31%) to sleeve and 36 (17%) were unsure. Conclusion

Our study shows that the majority of our patients expressed their satisfaction with the quality of the forum and also stated that the knowledge they gained from the forum aided them in the decision-making process.

INTRODUCTION

The group forum is a valuable tool of information sharing, which helps to improve patients' understanding prior to surgery.

Patient satisfaction is an integral part of quality healthcare and is seen as an independent outcome. However, limited research has been conducted into the patient satisfaction within the bariatric group forum service.

The aim of this study was to investigate the views and perceptions of patient satisfaction within a bariatric group forum service and the secondary objective was to determine the influence of the forum on patients' choice of surgery.

METHODS

This is a prospective cohort study. All new patients who were eligible for bariatric surgery according to the United Kingdom national guidelines were included in the study. The criteria include all patients with body mass index (BMI) $>40 \text{ kg/m}^2$ or $>35 \text{ kg/m}^2$ with major comorbid condition. (1)

In our centre, we perform most of the bariatric procedures including gastric banding, sleeve gastrectomy, Roux-en-y

gastric bypass and duodenal switch. The patients are allowed to express their preference of surgery and are not encouraged to choose one operation over the other; however, the final decision is made by a multidisciplinary team approach according to their health needs, co-morbidities and patients' preference.

After the patients satisfy the eligibility criteria, they attend a seminar led by a bariatric clinical specialist nurse and presented in a power-point format. General information about the preoperative period is given, e.g. blood tests, diet and the assessment pathway. Certain parameters for each operation are explained. These include the average operative time, hospital stay, time off work, postoperative follow-up and diet and their variation according to the type of surgery. Weight loss and postoperative complications are also discussed. The length of the seminar is about two hours followed by a discussion period.

A patient's questionnaire (fig.1) was designed in order to assess the quality of the forum, patients' satisfaction, prior knowledge of weight loss surgery, source of information, chosen type of surgery and whether their preference of surgery has changed after the forum. The patients are handed

out the questionnaires at the beginning of the forum and all the responses are collected at the end of forums prospectively.

Figure 1

Fig.1: Patient Questionnaire

Many thanks for attending the Group Forum. To help us assess our groups we would appreciate you taking a few minutes of your time to complete this questionnaire. Please circle the answers that best represent your views.

1. How much did you know about Bariatric Surgery operations before this session?
Not much 0 1 2 3 4 5 6 7 8 9 10 Very much

2. What was the source of your information?
TV/News Paper Internet Relative/Friend Other _____

3. Did you have any type of operation in mind before the session? Yes No
If yes, what operation? _____

4. Did you change your mind about the type of surgery after the session? Yes No
If Yes, What operation? _____

5. Do you feel well informed after the forum?
Not at all 0 1 2 3 4 5 6 7 8 9 10 Very Well

6. How useful was the presentation?
Not useful at all 0 1 2 3 4 5 6 7 8 9 10 Very useful

7. What did you think about the length of the presentation?
Too short 0 1 2 3 4 5 6 7 8 9 10 Too long

8. Were all your questions answered?
Not at all 0 1 2 3 4 5 6 7 8 9 10 Answered fully

9. How keen are you to proceed towards bariatric surgery operation after this session?
Not keen 0 1 2 3 4 5 6 7 8 9 10 Very keen

Additional Information:
Gender Male Female
Age: _____
Ethnic Origin: White Black Asian Mixed Other
Any other comments: _____

THANK YOU FOR YOUR FEEDBACK

RESULTS

A total of 434 patients (347 F: 87 M) attended the group forum between January 2010 and January 2011. The mean age was 37+/-8 and mean BMI was 47+/-6. Patients' satisfaction results are shown in table 1.

Figure 2

Table 1: Patient Satisfaction Questionnaire Results

Prior knowledge of bariatric surgery (%)	347 (80)
Prior source of information (Internet) (%)	305 (70)
Satisfied with information given (%)	416 (96)
Presentation being useful (%)	417 (96)
Satisfied with length of forum (%)	390 (90)
Patients who had all their questions answered (%)	425 (98)
Patients keen to proceed with surgery after the forum (%)	434 (100)

Over 70% (314 patients) had a specific operation in mind prior to the forum, with 213 patients changing their preference from gastric band to other choice based on the information they gained from the forum. Around 111 patients changed their preference to Roux-en-Y gastric bypass and 66 patients to sleeve gastrectomy.

DISCUSSION

This study was conceived to further improve our service and assess patients' satisfaction with the quality of care we deliver. Satisfied patients are more likely to maintain a consistent relationship with a specific health provider (2), which is essential in the current competitive healthcare environment. Our results showed that 96% of our patients were satisfied with information they gained from the forum and 90% with the length of the session (2 hours).

Guidelines for the preoperative psychological assessment recommend assessment of weight loss expectations and knowledge about the basic principles of bariatric surgery as essential components (3). A survey in 2004 concluded that a lack of knowledge and unrealistic expectations for weight loss ranked within the top 6 definite contraindications for surgery (4).

In 2006, Fabricatore et al. (5) published a similar report of a survey in which 60% of the respondents deemed knowledge about surgery to be one of the most important things to assess. Nearly 70% of our patients had prior knowledge of obesity surgery through Internet but they lacked detailed information about various types of surgeries. Previous studies have demonstrated that information from the Internet is not always reliable or accurate (6)

Giusti et al. (7) studied the impact of preoperative teaching on surgical options of bariatric patients and found that 15% of the patients changed their operative options with the majority favouring bypass over gastric banding. Half of our patients were planning to have gastric banding and changed their preference after the information they gained from the forum. Tichansky et al. (8) studied the influence of an educational seminar on patient preference in 47 patients and found that only 11% changed their operation preference. This might reflect the degree of knowledge each group acquired and the source of information. As mentioned previously, in the majority of our patients it was through Internet.

We began offering the preoperative group forum for the last two years. Prior to that, bariatric patients used to attend a one-hour appointment with the surgeon for orientation. Currently, they still attend a consultation with the surgeon but they will present with a sound background knowledge about bariatric surgery as a result of the forum. This might have the potential to lessen contact hours for repetitive chores performed by the surgeons but reducing the waiting time was not part of our study objectives.

CONCLUSION

To our knowledge, there is limited published data studying the influence of open seminars on patients prior to bariatric surgery. Our study shows that the majority of our cohort demonstrated that the knowledge they gained from the forum aided them in the decision-making process and they also expressed their satisfaction with the quality of the forum.

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