

Obesity and bariatric surgery : through the patients eyes

HOMER, Catherine <<http://orcid.org/0000-0003-2571-6008>> and TOD, Angela

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/12103/>

This document is the Presentation

Citation:

HOMER, Catherine and TOD, Angela (2016). Obesity and bariatric surgery : through the patients eyes. In: RCN International Nursing Research Conference, Edinburgh, 6-8th April. [Conference or Workshop Item]

Copyright and re-use policy

See <http://shura.shu.ac.uk/information.html>



Obesity and Bariatric Surgery: Through the Patients Eyes

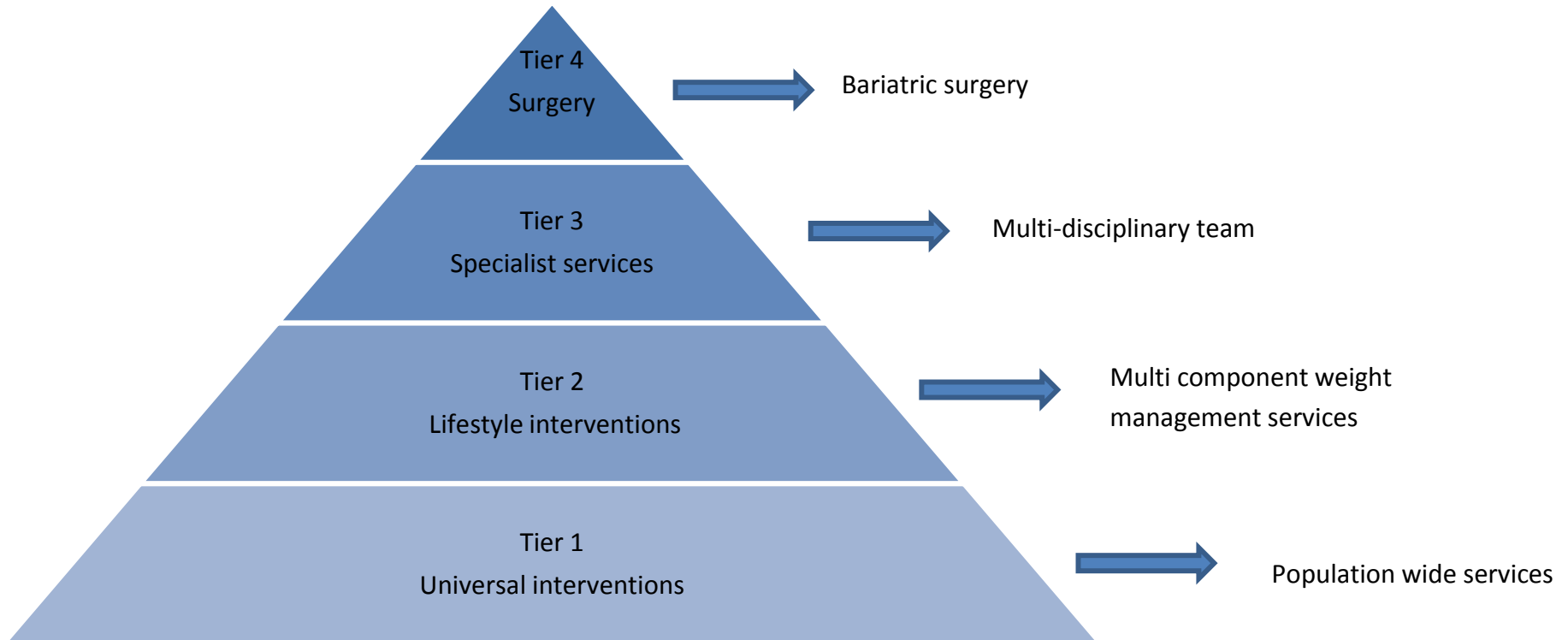
Catherine Homer, Sheffield Hallam
University

Professor Angela Tod, University of
Sheffield

Background - Obesity

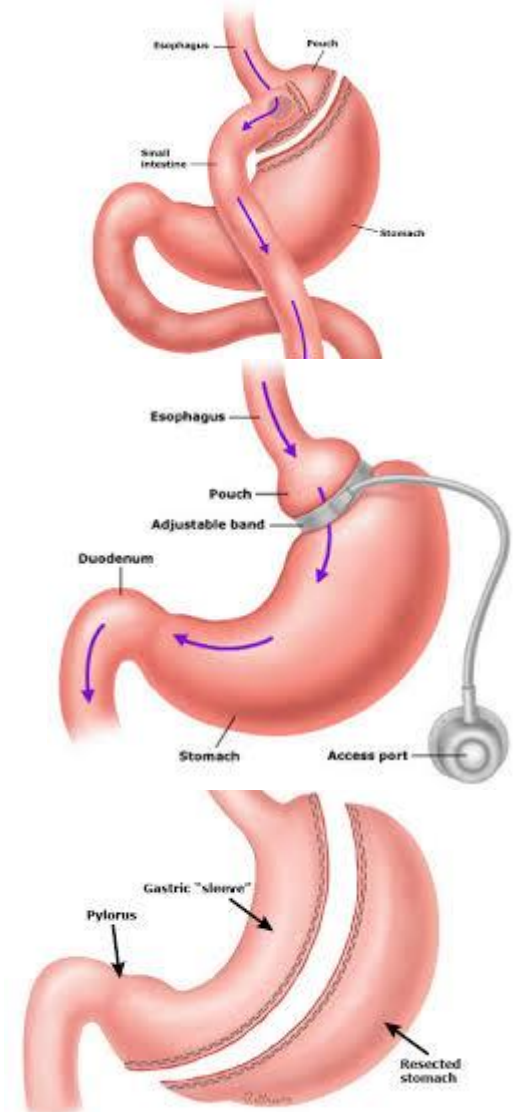
- 2.4% UK adults are morbidly obese (BMI > 40kg/m²)
- Physical and psychological health burden of obesity
 - T2DM, some cancers, CHD, Obstructive sleep apnoea, joint and muscular pain
 - Low self-esteem, depression, social isolation
- Health care costs £5-7 billion per year to treat obesity related conditions

Background - Support for Obesity



Background - Bariatric Surgery

- Gold-standard, cost-effective treatment for severe obesity
- Aims to restrict intake and malabsorption of food to reduce and maintain weight loss.
- Different procedures
- Procedures performed in the UK have doubled in the last 5 years to over 8000 a year.
- Treatment for adults who fulfil strict criteria including:
 - BMI (Over 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other comorbidities e.g. type 2 diabetes or high blood pressure)
 - Previous failed attempts at weight loss
 - Commitment for lifelong follow up



"What are the factors that enhance the chances of success in bariatric surgery for obesity?"

Aims:

- Explore the experiences of the care pathway pre and post-surgery in order to:
 - Identify support needs
 - Clarify what surgery success means to a patient
 - Identify mechanisms through which success is achieved or not for patients
 - Identify the implications for clinicians, policy makers and commissioners.

Design:

- A longitudinal qualitative study using interviews, Photovoice and Quality of Life measures (EQ-5D and IWQOL-Lite) pre-surgery, and 3, 9 and 24 months post-surgical intervention, and Framework Analysis

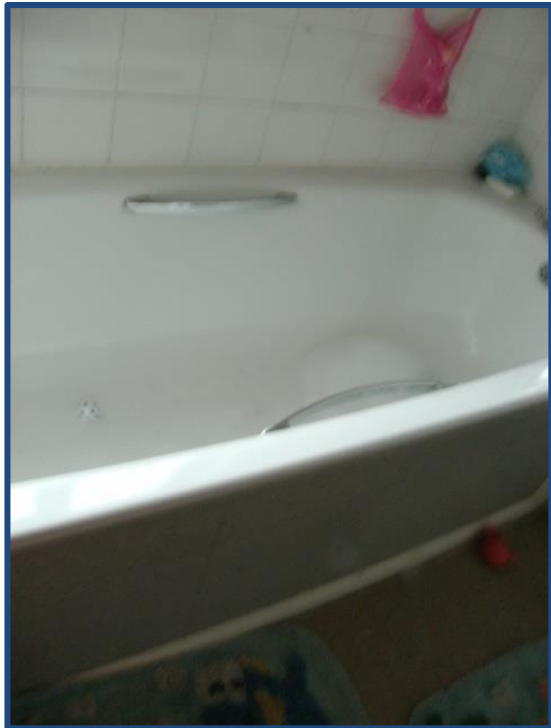




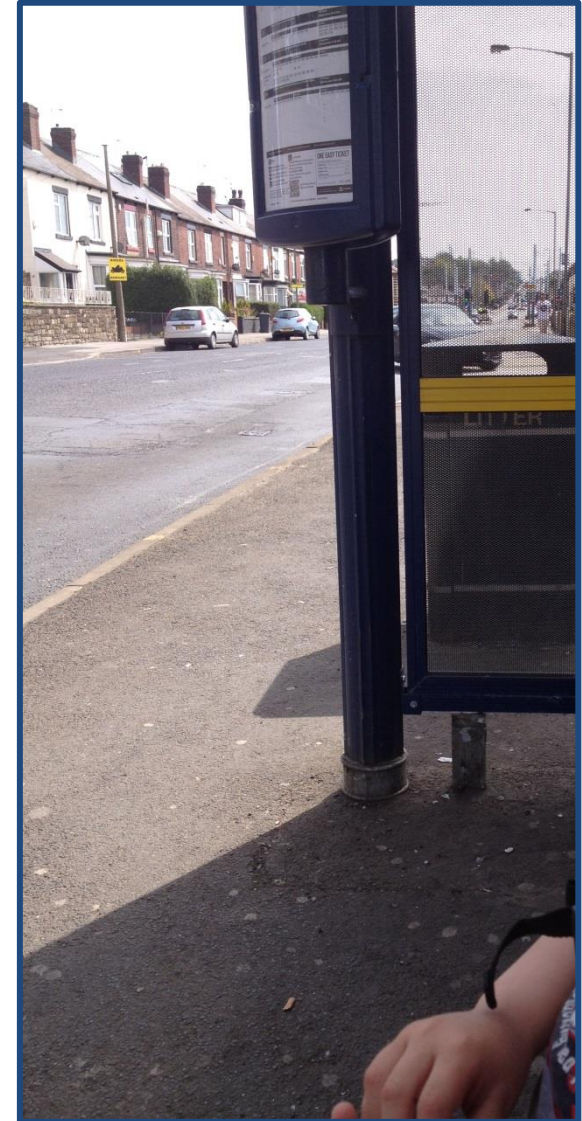
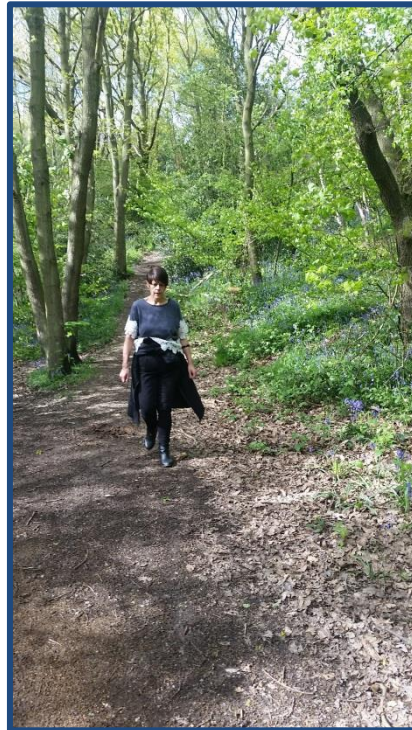
Modified Photovoice

- Based on participatory action research methods - defined as '*a process by which people can identify, represent, and enhance their community through a specific photographic technique*' (Wang, Cash and Powers, 2000, pg 82).
- We used a modified version of Photovoice to elicit information from individuals during interviews about their everyday lives
- Participants were given 'assignments' prior to each interview to promote their thinking about the root causes of their obesity, the challenges these cause, and their experience of life and changing behaviours following surgery
- The method allows for rich descriptive data through photographs to be uncovered that can be triangulated with data in interview transcripts.

Indoor Space - Challenges and Protection



Changed space



Clothes

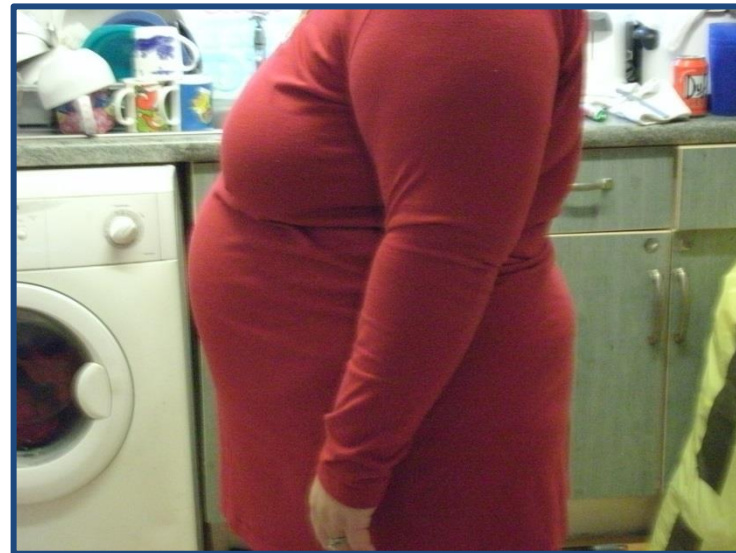
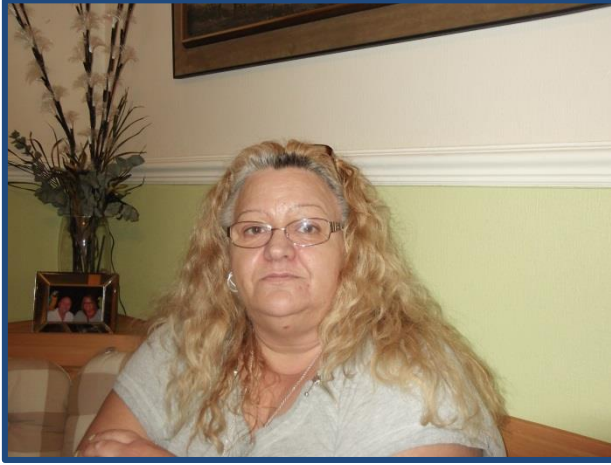


Pre

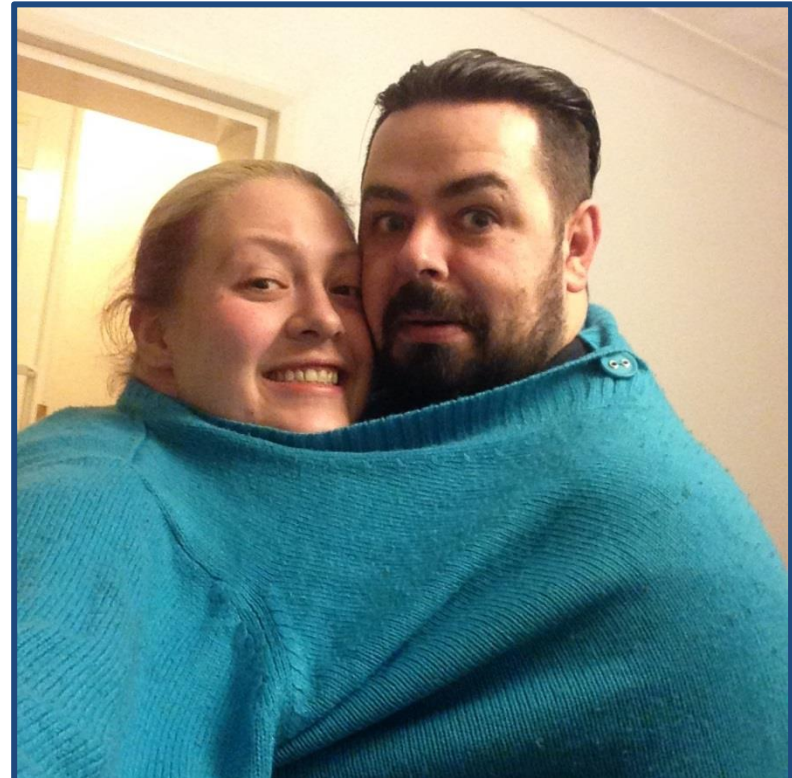
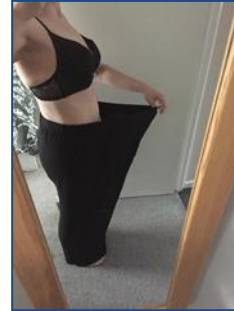
Post



Self-image - Pre-surgery



Self-image - Post-Surgery



Key messages -Study findings and Photovoice in practice

- Raising awareness of Health Care Professionals
- Patient education and support
- Article: Homer et al. (2016) Expectations and patients' experiences of obesity prior to bariatric surgery: a qualitative study *BMJ Open* <http://bmjopen.bmj.com/content/6/2/e009389.full.pdf+html>



Key messages - Why Photovoice?

- Marginalised / vulnerable group?
- Not for everyone
- Participants 'side of the lens' giving additional insight
- Empowerment of participants and opportunity for reflexion along the weight loss journey
- Additional themes
- Longitudinal

Further information.....

Catherine Homer -
c.homer@shu.ac.uk

Professor Angela Tod -
a.tod@sheffield.ac.uk