

## Social networking and bariatric surgery : support or sabotage

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Track 5: Clinical Management and translation - social media and apps

Title:	Social Networking and Bariatric Surgery: Support or Sabotage
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names	
here) Abstract:	Introduction:
Aboti dot.	Social networking (SN) applications to support weight loss are becoming increasingly
	available. Sustained weight loss following bariatric surgery requires long term
	behaviour change. Following years of weight-cycling patients require additional
	support to prepare for and manage the behaviour change necessary for successful
	surgery outcomes. Bariatric surgery patient support groups set up by multi- disciplinary teams (MDTs) provide opportunities for additional support for patients.
	SN may also provide additional networking and support between patients.
	This paper present qualitative findings indicating how SN can support or sabotage
	bariatric surgery patients weight loss outcomes.
	Methods:
	A longitudinal qualitative study using in-depth semi-structured interviews and
	Framework Analysis techniques. 16 participants interviewed pre and post bariatric
	surgery.
	Results:
	In the lead up to surgery, SN sites provided a seemingly positive platform of support
	for patients to share concerns with their peers about the surgery. However following
	surgery the use of SN forums focussed on comparing weight loss, diet and exercise
	behaviours between members. In some instances patients reported unhelpful competition between patients, inaccurate medical advice and bullying. Smaller SN
	support groups were described as cliquey. Patients who had previously been socially
	isolated because of their weight, reported feeling bullied by new SN peers.
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	Conclusion: SN is attractive to patients prior to surgery but created challenges to patients and
	MDT's regarding weight management. The apparent lack of control in the information
	disseminated and behaviour of forum members may be destructive and enforce
	incorrect behaviours impacting on long term weight loss maintenance.
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	None
	2. Funding:
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