



“ ...I just felt really embarrassed and  
ashamed that it was going back on... ”  
Factors influencing weight regain following bariatric surgery

Introduction & Aim

Following weight loss surgery, some people struggle to maintain their new lower weight, and regain some or all of their lost weight<sup>1,2</sup>. The main aim of the research study was to find out what factors seem to influence whether or not someone regains weight following bariatric surgery.

Participants and Study Design

Seven participants were recruited by their usual care team.

Inclusion criteria:

- Patients who consider themselves to have weight regained
- Had a bypass or sleeve within the previous 20 years

Exclusion criteria:

- Patients with an overt eating disorder
- Patients receiving psychological intervention for their weight
- Patients who are unable to converse fluently in English
- Patients who are unable to provide informed consent.

See table for participants characteristics including weight details and pre surgery input.

Participants were interviewed and data analysed according to Grounded Theory<sup>3</sup>.

Name	Sex	Age	Weight pre-surgery (kg)	Lowest post-surgery weight (kg)	Current weight (kg)	Max weight loss (kg)	Years since surgery	% weight regain	Regain (kg).	Reported pre-surgery input and surgical funder
Mean			150.3	100.5	125.4	50.2	5.7	50.6	24.9	
John	M	50	163.0	105.0	126.0	58.0	4	36%	21.0	Dietitian- NHS
Nina	F	43	159.0	103.0	128.1	56.0	6	45%	25.1	Medic & dietitian- NHS
Tony	M	58	146.7	96.2	120.7	53.1	5	45%	24.0	Nil – private surgery
Stephanie	F	59	140.0	88.0	114.0	52.0	10	50%	26.0	Medic & dietitian-NHS
Elizabeth	F	47	155.6	112.5	136.8	43.1	6	56%	24.3	Medic, dietitian & psychology-NHS
Sarah	F	35	152.0	97.0	127.6	55.0	6	56%	30.6	Dietitian-NHS
Lorraine	F	48	136.3	101.6	124.7	34.7	3	66%	23.1	Dietitian-NHS

Results

Analysis identified themes that might indicate risk of weight regain.

Pre-operative behaviours included;

- A history of ‘yo-yo’ dieting
- A lack of weight loss before surgery (despite engagement with specialist services).

Behaviours present before and after surgery included;

- Eating habits and behaviours inconsistent with weight management
- Comfort eating or drinking

Post operatively;

- The diminishing effects of surgery
- Inadvertent sabotage
- Lack of self monitoring
- Lack of post operative support.

“... What about when you were seeing the dietitians and the doctors... did you lose weight with them...” Stephanie “... If I did it was up and down, I didn’t sustain any weight loss if I lost it” Stephanie

“...over the years I’ve done all these things I’ve done every sort of milkshake diet, weight watchers, slimming world... I did the Rosemary Connelly one....”. Elizabeth

“... I was at home most of the time ... I think that went you’re at home you feel sorry for yourself and that’s when you start comfort eating.... I think it certainly contributed....” Tony

“... One of the things I know I’ve got to master is, I’ll say I’m hungry when I’m not hungry and you know.... I’ll say to myself I need to eat something even though I’m not hungry, so I know that’s a psychological thing, I need to switch that off....” Stephanie

“... I just didn’t weigh myself for months, and then another stone had gone on and I got really disheartened with that....” Elizabeth

“... I don’t know if your partner upsets you, it sets you off, I don’t know if you get upset at anything... I can’t even say it’s boredom because I was always active... I think if you have an argument with your partner you’d go to the cupboard don’t you?...” Nina

“... as with all patients who’ve had a stomach bypass, we have to take vitamins and minerals, together with iron, I was also advised to take calcium supplements and zinc supplements as well, the iron isn’t too bad... but the calcium and zinc in particular are quite a nasty taste and when you take them you’ve got to have something with them.... and I was just basically reaching for a biscuit or small snacks” Tony

“...at first I was like I’m not feeling hungry... when I first had it done, I couldn’t eat a mouthful more than what I was meant to or I know about it. And then it was like I just didn’t have that feeling anymore... no feeling of fullness, no running the toilet, no vomiting, no nothing I thought that can’t be right...the sensations were gone, I weren’t feeling full I was feeling hungry all the time....” Sarah

“... I let the curry soak in ... I really enjoyed that, because it was mush...when she has a meal with me [a work colleague]...she has all the meat and I’m like just give me all the juice...” Lorraine

“...you can eat a bit more, and I also feel hungrier...” John

“...I remember she wasn’t a very personable person, I remember always feeling on the spot... I’d drive over there ... and I used to think ‘oh I don’t want to see her’ but I saw her nearly every time and that day when she asked me ‘...what have you done that’s different’ and I sat there wracking my brains and I couldn’t think of anything that was different...she didn’t offer any kind of suggestion or support...” Elizabeth

Conclusion

Identifying patients likely to struggle following bariatric surgery should be a priority for health care professionals. These people should not be denied surgery for their severe obesity, but identification of new strategies or care pathways should be considered to help identify these individuals before surgery, so that adequate support can be provided to help them achieve and maintain their weight loss goals for as long as possible.

Direction for further work

There will be a cohort for patients who have undergone bariatric surgery and failed to maintain their new weight despite surgical success. The participants in this study proactively engaged with specialist follow up - but not every patient will do this.

It is not inappropriate to suggest that some patients who weight regain, will be in worse overall health than before surgery, with unchanged cardiorespiratory fitness with the potential for vitamin and mineral insufficiency secondary to malabsorption. For these patients, further surgery provided by the NHS is very unlikely and the only management option will be conservative. Future research should give greater consideration to physical activity, dietetic and psychological intervention following surgery.

References: <sup>1</sup>Karlsson J, Taft C, Ryde n A, Sjo”stro”m L and Sullivan M. Ten-year trends in health-related quality of life after surgical and conventional treatment for severe obesity: the SOS intervention study. International Journal of Obesity (2007) 31, 1248–1261

<sup>2</sup>Wykowsk K. Self-Care Predictors for Success Post-Bariatric Surgery : A Literature Review Gastroenterology Nursing Volume: 36 Issue: 2 (2013-01-01) p. 129-135.

<sup>3</sup>Charmaz (2006) Constructing Grounded Theory. Sage. London