

Bariatric Surgery Frequently Asked Questions (Patient information)

Bariatric surgery will solve all my problems

It is often thought that bariatric surgery will solve 'all the problems' and whilst it may have an effect on some of the co-morbidities it will not address the underlying cause of weight gain. Bariatric surgery may restrict food intake but this is often a small part of the picture.

Are there any risks?

Any surgery carries risk. Having an anaesthetic and wound healing are risks in themselves. It depends on the type of surgery performed, but with a reduced food intake and a change in the gut, people need to be carefully monitored to make sure they don't become deficient in key vitamins and minerals.

Many people find the greatest difficulty is adjusting their eating to their new stomach, and underestimate the impact that this can have on their ability to socialise.

I need to lose loads of weight

For the majority of people, dieting leads to weight gain in the long term. People will describe cycles of weight loss and then regain. Further attempts to lose weight are likely to produce the same results. There will be other things that people can do to improve their health, with or without weight loss. It is likely that those people who do lose weight and maintain the weight loss have returned to their 'set point' and could achieve these results with attention to diet and activity behaviours, rather than 'dieting' (intentionally creating a negative energy balance).

I tried everything and nothing works, bariatric surgery is the only option

Many people feel that Bariatric surgery is the only option because they have tried a multitude of diets. Often people have had successful attempts to lose weight in the short term – Weight Watchers, Scottish Slimmers, 5:2 diet etc. They lose weight and then regain weight and more. This is very normal and is classic weight-cycling. This pattern perpetuates weight gain and is detrimental to health; diets fail people.

I've got to be weight to get surgery, IVF, etc

Some interventions use BMI cut-offs. Some of these decisions are based on the fact that people with lower BMI have better outcomes, which is different to saying that people with a high BMI who manage to lose weight will have better outcomes.

A very low kilocalorie diet leaves people nutritionally compromised, with muscle loss and an increased the risk of poor wound healing.

The best outcomes are achieved by those who are 'fit' for the intervention – nutritionally, physically and mentally. Focusing on interventions which improve these dimensions of health is more likely to be successful.

My aunt in England has had it and she's done really well

Definitions of 'really well' vary. People do not often hear about the adverse effects of surgery, which often take time to manifest. These include weight regain, nutrient deficiencies, and social restrictions. Body dislike may not improve because of excess skin, if sustained weight loss is achieved.

Often the desperation to lose weight can cause people to minimise these realities.

I don't see the point of going to see another dietitian

The way in which dietitians work has changed. Interventions now focus on 'how we eat' as well as 'what we eat' and look at hunger and appetite, emotional cues to eating, size stigma and personal resilience.

Referral to weight management services, through self-referral or to the Specialist Weight Management services, gives people the opportunity to explore these issues in more depth, and will support people to make the changes that will improve their health. The issues around bariatric surgery will be discussed, but this is made more difficult when patients' expectations that bariatric surgery is a likely outcome have been raised.