

# Postoperative support: Experiences from Norway

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# No disclosures

# WHY?



- The surgical intervention is a minor part of the surgical treatment of obesity
- A life-changing procedure – a «new» life
- Preoperative education is easily forgotten
- To increase the chances for a good life as a bariatric patient
- Discover unexpected side effects
- Education of health professionals – learning from the patients

# WHAT?

- Patient education
- Patient empowerment
- Strategies to tackle challenges
- Patient support
- Prepare the patients for expected and unexpected events



# HOW?

- Individual follow-up vs. groups
- Schedule vs. on demand
- How long?
- In person or virtual?
- Health professionals or former patients?




# Limitations

- Lack of resources
- Travel distances
- Personal limitations
- Group dynamics



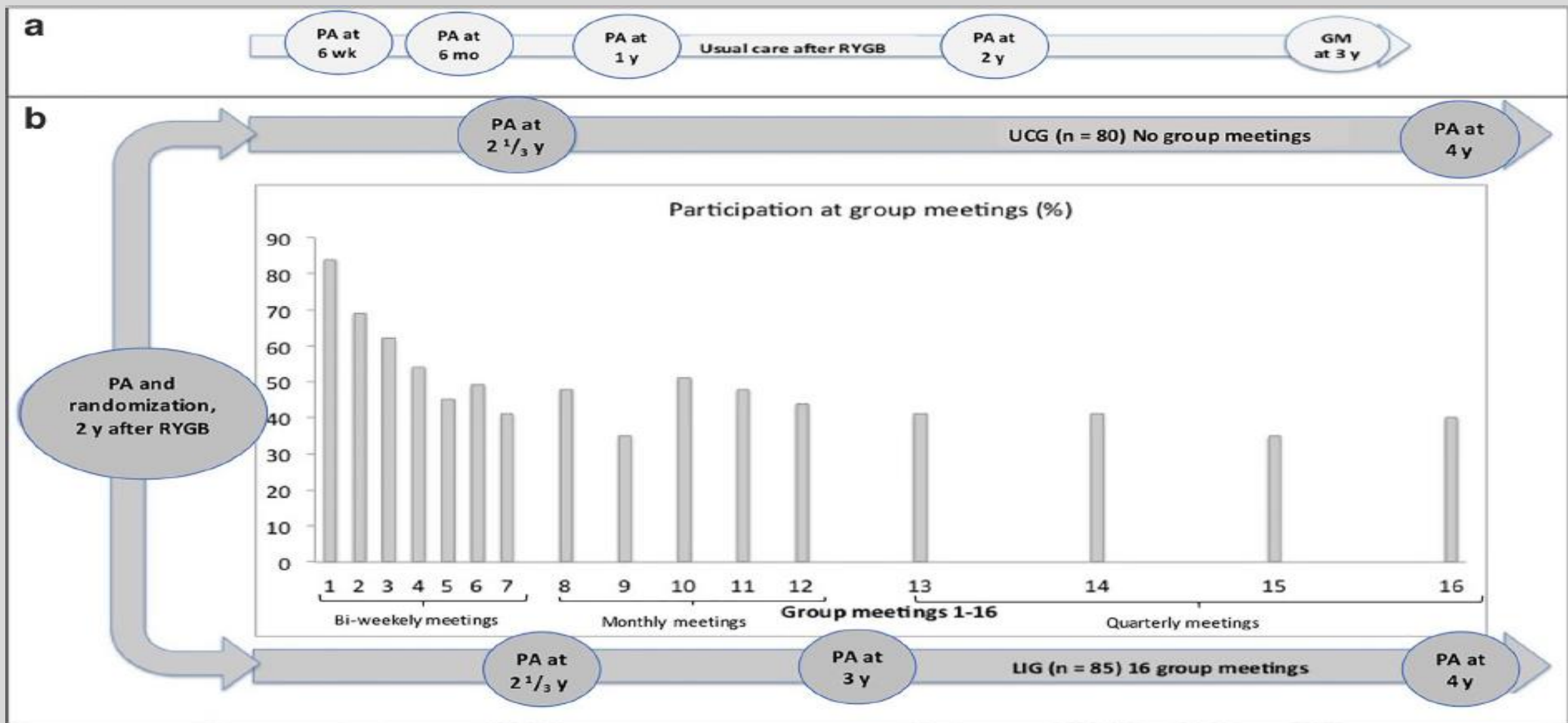
# Does Lifestyle Intervention After Gastric Bypass Surgery Prevent Weight Regain? A Randomized Clinical Trial

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# Hanvold et al, Oslo University Hospital

- 630 patients with RYGB January 2006 to July 2009 at OUS
- RCT 185 patients randomized to Lifestyle intervention group or standard care
- Aim of the intervention was to prevent weight regain
- Time from surgery to study: mean 21 months, (range 14–32 months)
- The 16 group meetings over a 2-y period.
- 2 h and had 12–15 participants

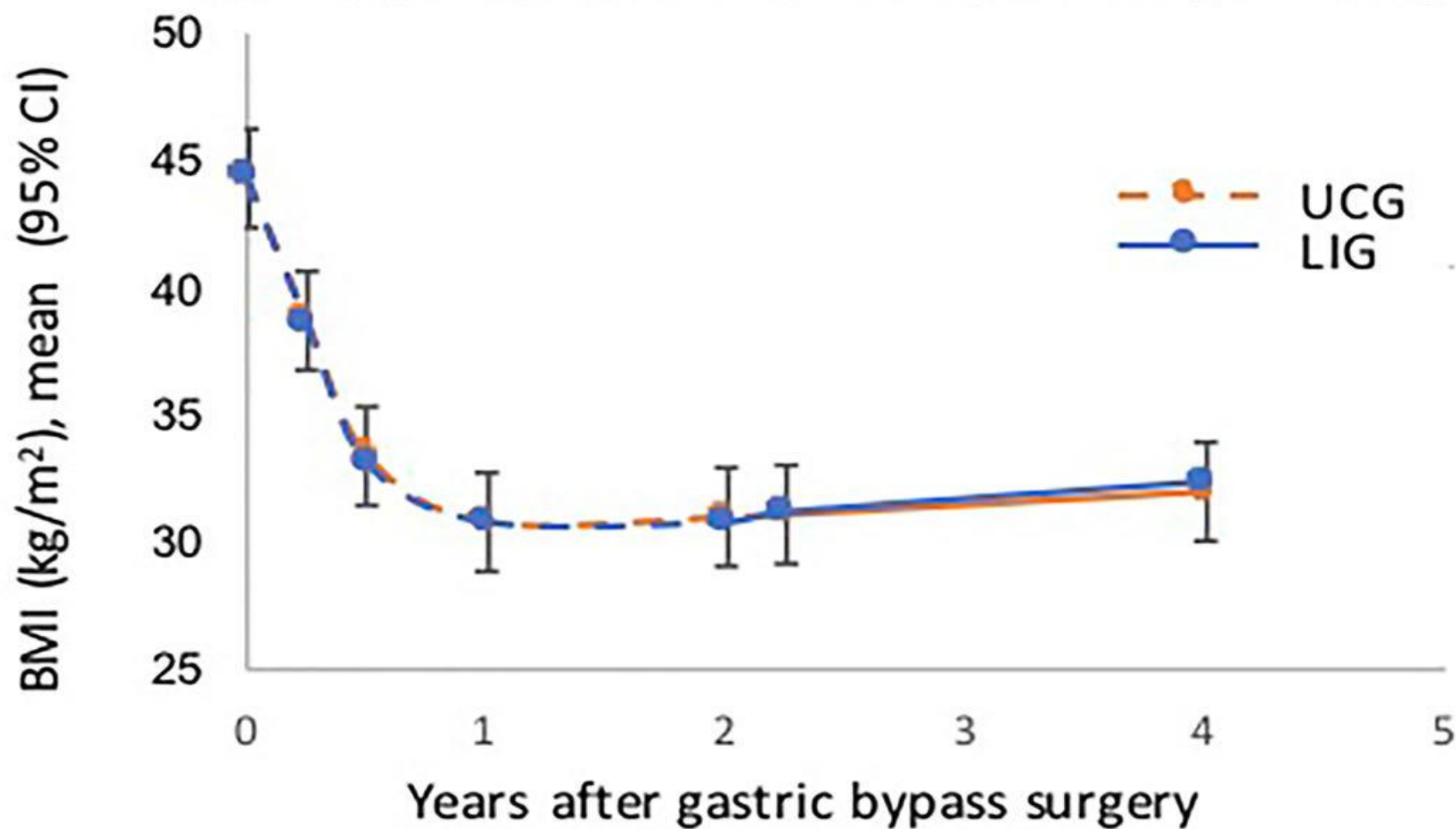




**Fig. 2** **a** Usual care after Roux-en-y gastric bypass. *GM*, group meeting; *PA*, personal assessment; *RYGB*, Roux-en-Y gastric bypass. **b** Study design and participation at group meetings (%). *LIG*, lifestyle intervention


group; *PA*, personal assessment; *RYGB*, Roux-en-Y gastric bypass; *UCG*, usual care group

## BMI (kg/m<sup>2</sup>) from 0-4 y after gastric bypass surgery





# The Long-Term Impact of Postoperative Educational Programs on Weight Loss After Roux-en-Y Gastric Bypass

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# BAROBS:

## Bariatric surgery observation study



- A cross-sectional study 10-15 years after RYGB-operation
- 3 public hospitals in Central Norway, RYGB 2003-2009
- 930 patients invited to participate in a follow-up study lasting from 2018-2020
- 546 (58.7%) patients participated, 72.3% women
- The study included measurements, clinical examinations, blood tests, electronic questionnaire etc.

# Preoperativ program

- Individual consultations with surgeon, clinical dietitian, nurse etc
- One or two days information program with partner

# Individual postoperative follow-up

- Surgeon (or other health professionals) 8 week, 6, 12, 18, 24, 36, 48 and 60 months after surgery
- Weight, blood tests, comorbidities, supplements and complications

# Postoperative educational programs

- 5-10 group sessions within 2-3 years after surgery (local differences between the hospitals)
- Sessions led by a Clinical Dietitian and a Nurse
- Motivational technics/cognitive therapy

## Topics:

- Self-efficacy
- Goalsetting
- Physical activity
- Healthy food choices
- Lifelong vitamin/mineral supplementation



# AIM OF STUDY

- Evaluate long-term effect of post operative educational programs on weight loss and secondary weight regain after RYGB.
- Explore patient's participation and satisfaction with a postoperative educational program

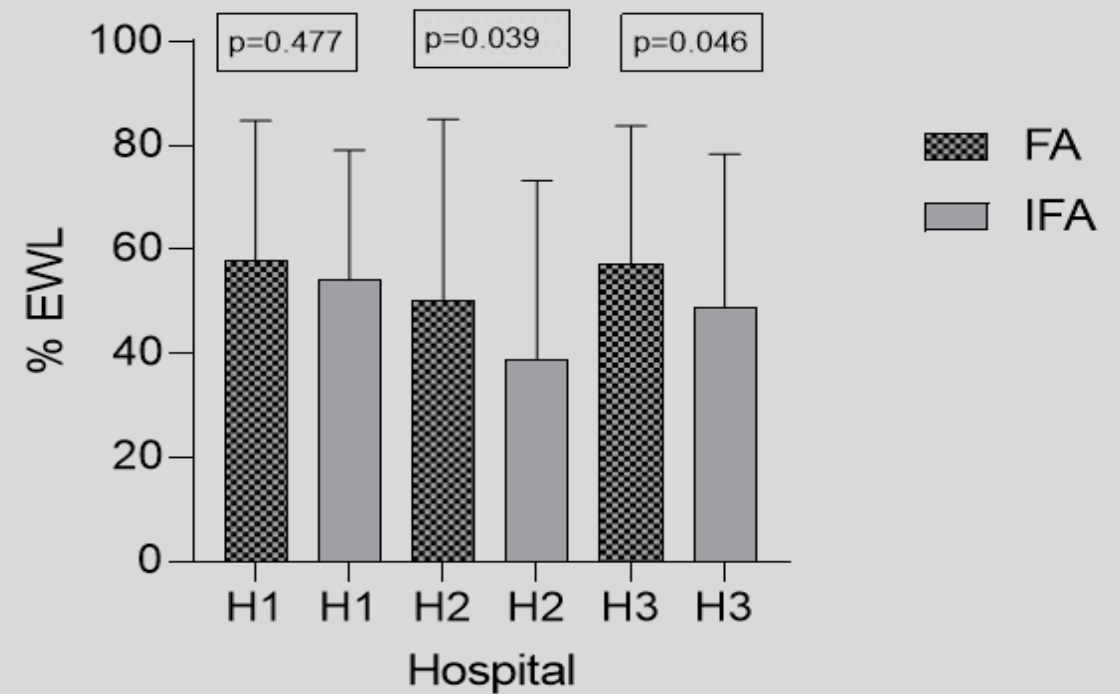
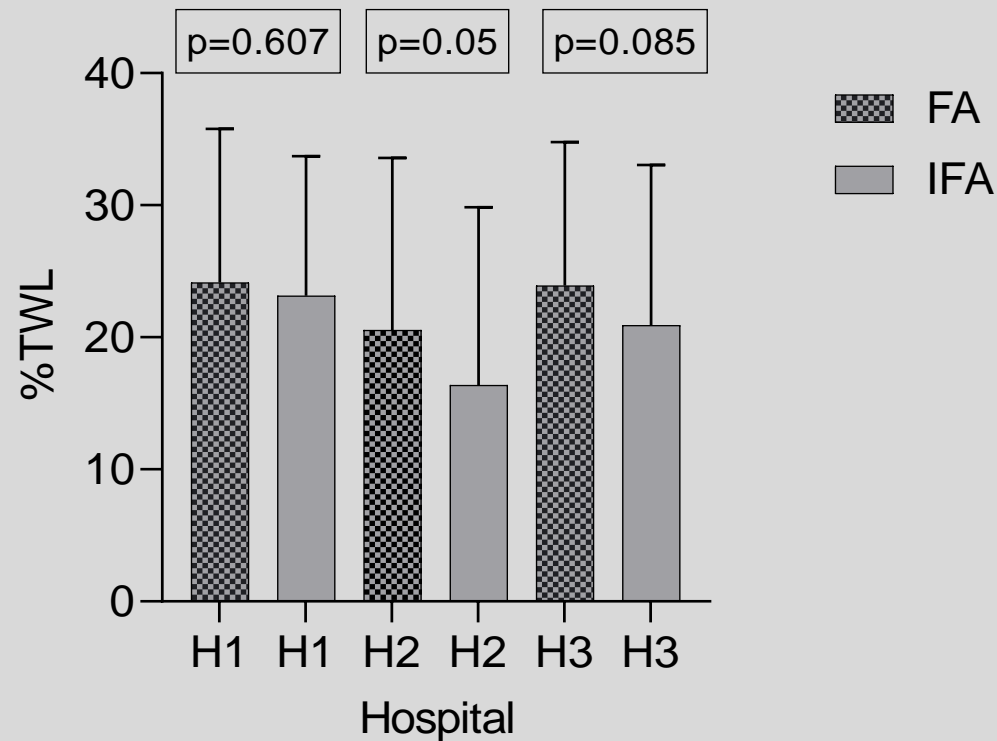


# BAROBS (546)

- 497 participants answered questions about the educational program they attended 10-15 years earlier.
  1. Frequent attendees (FA) (N=292)
  2. Infrequent attendees (IFA) (N=205)

<b>N=497</b>	<b>Frequent N=292 (58.8%)</b>	<b>Infrequent N=205 (41.2%)</b>	<b>P-value</b>
Sex W/M	241/51	154/51	
Age at baseline (SD)	40.8 (8.9)	38.4 (8.6)	<b>P=0.003</b>
BMI baseline kg/m <sup>2</sup> (SD)	44.0 (5.5)	45.0 (5.3)	<b>P=0.037</b>
<b>BMI 12 years kg/m<sup>2</sup> (SD)</b>	<b>33.9 (6.4)</b>	<b>36.5 (7.3)</b>	<b>p&lt;0.001</b>
<b>TWL % (SD)</b>	<b>23.2 (11.7)</b>	<b>19.5 (12.6)</b>	<b>P&lt;0.001</b>
<b>ΔBMI baseline →12 years (SD)</b>	<b>-10.1 (5.5)</b>	<b>-8.5 (5.7)</b>	<b>P&lt;0.001</b>
<b>EWL % (SD)</b>	<b>55.7 (28.9)</b>	<b>46.0 (31.2)</b>	<b>P&lt;0.001</b>
<b>WR % of TWL (SD)</b>	<b>32.1 (32.8)</b>	<b>38.4 (40.0)</b>	<b>P=0.052</b>

# %TWL and %EWL 12 years after surgery in FA and IFA at the three hospitals



# Experiences from group participants

	Yes	No
Personal support (N=387)	315 (81.4%)	72 (18.6%)
New friends (N=382)	172 (45.0%)	210 (55.0%)
Fearing lack of confidentiality (N=384)	51 (13.3%)	333 (86.7%)
	255 (66.6%)	128 (33.4%)
Drop out due to lack of benefit (N=384)	58 (15.1%)	326 (84.9%)
Feeling unsuccessful due to minor weight loss (N=386)	65 (16.8%)	321 (83.2%)

# Suggested improvements

	Yes	No	Do not know
<b>More mental health topics (N=381)</b>	<b>199 (52.2%)</b>	<b>61 (16.0%)</b>	<b>121 (31.8%)</b>
<b>More group sessions (N=383)</b>	<b>145 (37.9%)</b>	<b>133 (34.7%)</b>	<b>105 (27.4%)</b>
<b>Increased length of the education program (N=383)</b>	<b>276 (72.3%)</b>	<b>40 (10.5%)</b>	<b>66 (17.3%)</b>
<b>More individual consultation at the hospital outpatient clinic (N=381)</b>	<b>245 (64.3%)</b>	<b>55 (14.4%)</b>	<b>81 (21.3%)</b>

- Participation in groups had no influence on physical activity or use of recommended vitamins and mineral supplements after 12 years
- Patients who did not take part in groups at all were younger and had lower weight loss

# Conclusions

12 years after RYGB participants at the 2-3year long educational programs

- Lost more weight
- Tendencies of lower secondary weight regain
- Personal support from the group and new friends

Suggested improvements:

- More focus on mental health
- Longer duration of the education program

# Thank you for your attention

