Background: Little is known about the psychological impact weight loss surgery has on people’s life. A recent systematic review in this area showed some persisting disordered psychosocial wellbeing after the procedure when compared to control groups, especially after longer term follow up typically beyond 4 years. This highlighted potential need for psychological support and more research on long term psychological wellbeing after weight loss surgery. Even clearer from the review was the lack of patient perspective on the lived experience of having weight loss surgery which left a gap in knowledge around their needs following the procedure. For that reason, it was felt generating detailed information of the postoperative weight loss surgery experience would be useful to provide health professionals evidence on this patient group’s psychological wellbeing after weight loss surgery, their stance on the need for psychological support, and if relevant, what their ideal psychological support would be.

Study aim: To explore people’s long term life experiences after weight loss surgery by discussing their perceived benefits and limitations of having the procedure, and whether their expectations were realised.

Methods: Ten individuals who had weight loss surgery between 2 and 6 years ago were recruited within an NHS bariatric surgery service through purposeful sampling and individually interviewed by the researcher. The semi-structured interviews were subsequently transcribed and analysed using thematic analysis.

Findings

• All participants reported drastic weight loss improvements in a range of co-morbidities within the first year. This coincided with better psychological and social function.
• Despite evident weight loss, participants described a gradual process a year after surgery, presenting physical and psychological changes that were challenging to deal with alone. This was amplified by the lack of routine follow up from the Bariatric Surgery Service.
• Only one out of the ten participants saw a psychologist after weight loss surgery because they were struggling. Six participants would have seen a psychologist if it was part of routine follow up but were put off because they had to ‘ask for it’. They did not want to be seen as a burden to the NHS.
• In hindsight, a majority of the group felt psychological support was needed to better equip participants for the subsequent changes experienced after having weight loss surgery, irrespective of positive weight loss progress.
• Specifically, two issues of psychological adjustment were highlighted. The first was around psychological acceptance of a (new) ‘non-obese’ identity following drastic weight loss. The second was aesthetic impairment caused by distress from excess skin, which ironically developed as a result of drastic weight loss from the surgical intervention originally intended to help tackle body image concerns of obesity.

Discussion

Overall weight loss surgery is a good catalyst for weight loss in severe obesity. However, this surgical tool needs to go hand in hand with psychological support in the post-surgery phase to achieve optimum results. In relation to appearance issues, there is potential for health psychological interventions to help patients adjust to both the physical and mental changes that come with drastic weight loss following the procedure.