

CIRURGIA BARIÁTRICA: A PERCEÇÃO DO PACIENTE FRENTE AO IMPACTO FÍSICO, PSICOLÓGICO E SOCIAL

BARIATRIC SURGERY: THE PATIENT'S PERCEPTION AGAINST THE PHYSICAL AND PSYCHOLOGICAL IMPACT

LA CIRUGÍA BARIÁTRICA: LA PERCEPCIÓN DEL PACIENTE CONTRA EL IMPACTO FÍSICO Y PSICOLÓGICO

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RESUMO

Objetivo: compreender a percepção dos pacientes frente à realização da cirurgia bariátrica, bem como identificar o impacto físico, psicológico e social nos indivíduos após sua realização. **Método:** Pesquisa de campo, descritiva e exploratória de abordagem qualitativa. Foram entrevistados quinze funcionários de uma empresa particular voltada para o atendimento de saúde, que se submeteram à realização da cirurgia bariátrica. Os dados foram coletados por meio de entrevista semiestruturada e tratados por meio da técnica de análise de conteúdo temática. **Resultados:** Apesar das dificuldades inerentes ao procedimento, relacionadas à adaptação da dieta e desconfortos; a percepção dos participantes do estudo acerca da realização da cirurgia bariátrica é positiva, tendo em vista a melhora de sua condição física, bem como aumento da autoestima, inserção social e profissional. Destaca-se o apoio da família e acompanhamento pela equipe multidisciplinar como estratégias para o melhor alcance de resultados e superação de dificuldades. **Conclusão:** Conclui-se que as mudanças que ocorrem no âmbito físico, emocional, pessoal e social dos pacientes que se submetem à cirurgia bariátrica, impactam diretamente em sua qualidade de vida.

Descritores: Obesidade mórbida; Cirurgia bariátrica; Enfermagem perioperatória.

ABSTRACT

Objective: To understand the perception of patients front of bariatric surgery, as well as identify the physical, psychological and social impact on individuals after its completion. **Method:** Field research, descriptive and exploratory qualitative approach. Fifteen employees of a private company focused on health care were interviewed, who have undergone bariatric surgery. Data were collected through semi-structured interviews and treated by the thematic content analysis technique. **Results:** Despite the difficulties inherent in the procedure related to the adjustment of diet and discomforts; the perception of the study participants about their bariatric surgery is positive considering the improvement of their physical condition as well as increased self-esteem, social and professional integration. Noteworthy is the family support and follow-up by the multidisciplinary team as strategies to better achieve results and overcoming difficulties. **Conclusion:** It is concluded that the changes that occur in the physical, emotional level, personal and social of patients who undergo bariatric surgery, directly impact on their quality of life.

Descriptors: Obesity morbid; Bariatric surgery; Perioperative nursing.

RESUMEN

Objetivo: Conocer la percepción de los pacientes frontales de la cirugía bariátrica, así como identificar el impacto físico, psicológico y emocional en los individuos después de su finalización. **Método:** La investigación de campo, enfoque cualitativo descriptivo y exploratorio. Se entrevistó a quince empleados de una compañía privada centrada en el cuidado de la salud, que han sido sometidos a cirugía bariátrica. Los datos fueron recolectados a través de entrevistas semiestructuradas y tratados mediante la técnica de análisis de contenido temático. **Resultados:** A pesar de las dificultades inherentes al procedimiento relacionado con el ajuste de la dieta y molestias; la percepción de los participantes en el estudio acerca de su cirugía bariátrica es positivo teniendo en cuenta la mejora de su condición física, así como el aumento de la autoestima, la integración social y profesional. Es de destacar el apoyo de la familia y el seguimiento por parte del equipo multidisciplinario como estrategias para lograr mejores resultados y superar las dificultades. **Conclusión:** Se concluye que los cambios que se producen en el nivel físico, emocional, personal y social de los pacientes que se someten a cirugía bariátrica, impactan directamente en su calidad de vida.

Descriptores: Obesidad mórbida; Cirugía bariátrica; Enfermería perioperatoria.

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INTRODUCTION

Obesity is a chronic disease determined by the excessive accumulation of body fat that usually leads to an increase in weight to the point of compromising the health of the individual. It is classified in grade I, when the Body Mass Index (BMI) is between 30 Kg / m² and 35 Kg / m²; In grade II, where the index is between 35 kg / m² and 40 kg / m²; and grade III, when BMI reaches values above 40 kg / m²(1).

In recent years, there has been an increase in the incidence of obesity in developed and developing countries. This fact, added to the associated risks, such as cardiovascular, orthopaedic, digestive, endocrine, dermatological and respiratory disorders, shows that obesity is a relevant public health problem(1-2).

In 2008 it was estimated that by 2015 there would be 2.3 billion overweight adults and more than 700 million obese people worldwide(2). In a 2012 study, more than 45,000 people in Brazilian capitals were randomly selected for obesity-related sampling, the results showed that in the total adult population the frequency of overweight was 51.0%, higher among men (54.5%) than in women (48.1%).

The frequency of this category tended to grow with age until the age of 54, in both sexes(3). The prevalence of obesity has doubled in the last 30 years and is also considered the first epidemic of the 21st century(4).

In Brazil, this reality is repeated, considering that in the last three decades the country has left behind the indexes of malnutrition to reach a position of prominence in the world ranking of obesity(4). Recent studies have pointed out that the frequency of overweight adults ranged from 45.3% in São Luís to 56.3% in Campo Grande. The highest among men were found in Campo Grande (61.4%), followed by Aracaju (60.0%) and Porto Alegre (59.9%) and, in the case of women, Recife (52.4%), Campo Grande (51.6%) and Manaus (51.5%)(3).

Obesity favours the risk of onset and development of several pathologies, such as Diabetes mellitus, arterial hypertension and dyslipidemias, and is currently considered the most important nutritional disorder(4). In addition, it is linked to the highest number of Surgical and obstetric complications; As well as to the greater

propensity to social and psychological problems considering that often the obese feel discriminated in the personal and professional life. Therefore, this disease has been identified as one of the contributing factors for low self-esteem, social isolation and depression(5).

Psychological distress, as a result of social prejudice, is associated with obesity itself, as well as the behaviours of obese people, such as their eating habits(6). It can not be denied that the contemporary society's lifestyle contributes to the development of an inadequate dietary pattern that, together with the sedentary lifestyle, poses a danger to the population's health(6).

However, obesity has a multifactorial aetiology, and its treatment involves food readjustment, such as the use of medications, physical exercise and, if necessary, surgery(1). Surgical treatment is most often the most required for those with grade III obesity because it presents better results when compared to pharmacological methods(7-8). Among the surgical treatments, we highlight bariatric surgery, which is an invasive procedure for individuals with degree III obesity. This procedure has been developing technologically, going its advance against the increase of the global epidemic of obesity. To date, only 1% of the patients undergoing this surgery have the effects of reversed weight loss(9).

However, despite the benefits that surgery may bring, there are also risks, such as in any invasive procedure, including anaesthetic, hemorrhagic, infectious, and even pulmonary embolus risks(10). Complications of overweight or worsening of associated co-morbidities, such as cardiovascular and diabetes mellitus, may also occur(10).

Considering all this problem, we ask ourselves what is the patient's perception regarding the experience of performing bariatric surgery? Due to the current theme and the negative impact of obesity on the health of the population, this study is relevant because it seeks to understand the patients' perceptions regarding Experience of performing bariatric surgery, covering the physical, psychological and social aspects, in order to direct actions and care, both nursing and all multidisciplinary team, based on the needs and perspectives of each patient. In addition, this study could expand the scientific

knowledge around the theme, adding to the literature.

In this sense, this research has as general objective to understand the patients' perception regarding the experience of performing bariatric surgery; And specific, to identify the physical, psychological and social impact related to the surgical procedure and to analyze the facilitators and difficulties related to the process.

METHODS

It is an exploratory field research, descriptive with a qualitative approach, considering that this type of study seeks to deepen the understanding about the subject and understanding of the subjective reality of the subjects, based on their experiences. In the qualitative approach, it deepens the understanding of the studied phenomenon, interpreting them according to the perspective of the subjects who participate in the situation⁽¹¹⁾.

The participants of this study were patients without gender and age, who underwent bariatric surgery in the last ten years, because the experience and / or impact of the surgery was recent and thus contribute effectively to the research, since they currently used less invasive techniques. We interviewed employees of a private company that offers elective consultations with clinicians, cardiologists, gynecologists, pediatricians, nutritionists, physiotherapy and dentistry, focusing on health promotion.

The company, located in the central region of the city of Belo Horizonte - MG, has a health centre, which serves its own staff and dependents by a multidisciplinary team, composed of the medical team, nursing team, physiotherapy, dentistry and nutrition.

Foreign patients who did not master the Portuguese language were excluded due to the possibility of erroneous interpretation of the data collected and related to the communication difficulty. Also excluded were patients with whom it was not possible to contact because of changes in address, telephone and / or company shutdown.

The interview was used as data collection technique, since it aims to represent the participants' perceptions of the world, without imposing the researchers' views. We opted for a semi-structured script. Unstructured observation was also used, seeking a better understanding of the phenomenon from the observation of the behaviors of the study participants⁽¹¹⁾.

The data collection took place after approval by the Research Ethics Committee (CEP), as recommended by Resolution No. 466, of December 12, 2012, of the National Health Council, under the approval opinion No. 1109572, CAAE: 45932815.5.0000.5098.

Individual interviews were conducted with fifteen beneficiaries, thirteen females and two males, after previous verbal and written clarification on the research and signing of the Informed Consent Term (TCLE). The interviews were previously scheduled considering the participants' best day, time and availability. All dialogues were recorded with the consent of the patients, in addition to the signature of the authorization term for the use of images and testimonies, being later transcribed in full in order to evaluate their content.

The sample closure was by theoretical saturation. This occurred when the data began to present some redundancy or repetition, in order to no longer contribute to the understanding of the phenomenon⁽¹¹⁾. For the analysis of the data, the thematic content analysis technique was used as a set of instruments for the analysis of communications, developed through interpretive practice⁽¹²⁾.

Thus, initially, a superficial reading of all the interviews was done, defining the corpus of the material. The speeches were transcribed and the codification of the data occurred by means of the identification of the units of record, defined through themes that expressed the meaning of the speeches; Inserted in the context units, that is, the narratives of the participants. After interpretation of its contents, it can be classified by groups according to their similarities, which culminated in the construction of the following categories:

1. The patient's perception about his life, before and after bariatric surgery;
2. The impact of the post-operative period of bariatric surgery: physical and emotional aspects;
3. The importance of support as a strategic coping process.

Finally, we interpreted the data based on the inferences. The data were presented in a descriptive way, based on the narrative of the participants, being discussed from the literature previously raised⁽¹²⁾.

RESULTS AND DISCUSSION

The participants in this research were mostly women, representing 86.6% of the

sample, and the interviewees' age was 18 to 52 years, with an average of 34 years old. In relation to schooling, it was verified that 33.3% of the participants of the research had primary education; Being that same percentage among those who have complete high school and complete upper. The majority of the patients are married (53.3%), being 40% single and 6.7% widowed.

Regarding the weight of the participants before and after the bariatric surgery, it is verified that regarding the weight loss it is noted that there is a significant variability, considering that the maximum weight lost was 84 kilos and the lowest 53 kilos. The average weight lost was 50.4 pounds. The average time of surgery was three years and six months ago.

Table 1 - Distribution of absolute values of lost weight of study participants before and after bariatric surgery. Belo Horizonte, Minas Gerais, 2015.

Interviewed	Weight before (Kg)	Weight after (Kg)	Absolute weight loss (Kg)
E1	130	76	54
E2	110	71	39
E3	115	74	43
E4	106	55	51
E5	94	73	21
E6	138	71	67
E7	140	75	65
E8	115	68	47
E9	120	80	40
E10	154	84	70
E11	117	71	46
E12	122	84	38
E13	135	74	61
E14	127	69	58
E15	134	77	57
Média	123,8	73,4	50,4

Source: The authors.

The patient's perception about his/her life before and after bariatric surgery.

The analysis of participants' reports revealed that before performing bariatric surgery, when they became obese, most of them felt sad, with low self-esteem and guilty because they were overweight. It is perceived that they suffered from the judgmental glances of the social environment, which in their perception blamed them for not matching the body image expected by society as an ideal. This situation, for study participants, further aggravated the guilty feelings about being overweight, as well as the feelings they had about their bodies, such as shame and hatred.

E1 "Oh, I hated it, I felt ridiculous, that's basically it, I hated myself. I would die of embarrassment of my physique, always wearing a blouse, I hated it, literally, it was horrible. "

E2 "When I was obese, I was very sad, I cried a lot, anything people said to me I cried."

It is known that patients aspiring to undergo bariatric surgery regularly have high rates of depression, negative mood, body dissatisfaction and low self-esteem. The psychosocial dysfunctions related to obesity are related to the damage of the self-image and inferiority feeling. This situation is further aggravated not only by the patient's own judgment, but also by society, which is revealed by social discrimination, and in some cases, can lead to isolation by the obese⁽¹³⁾.

E3 "When you are overweight you feel very guilty, you think that the guilt that you are so overweight is yours, it is very bad people look at you with that guilty feeling of grief."

E4 "When you come to a party, they talk like that, the fat girl has arrived, now there's nothing left, the prejudice was too much."

The sense of guilt and punishment repeatedly manifests itself among obese individuals who feel withdrawn from a body image unwarranted by acceptance patterns in society. Since the beauty model is thinness, the obese end up becoming the target of prejudice, of fatphobia - which reveals itself as a feeling of disgust towards people outside aesthetic standards, which can lead to verbal and physical aggression - and are usually taxed on people who do not like themselves, who have no limits on food⁽¹³⁾.

In this sense, many of them seek in bariatric surgery a way to improve their lives, bringing more courage, self-esteem and quality of life. However, it is necessary to reflect whether this decision permeates one's own will or the need to be accepted by the other, before oneself.

People who choose to perform bariatric surgery should be aware that it is not simply a surgical procedure but that after the procedure there should be a change in daily living habits. Knowledge of one's own body, its emotional boundaries, and understanding of the changes that may arise are essential to successful treatment. The statements emphasize the importance of this responsibility before the procedure is carried out.

E2 "I think people first have to be aware, I started to educate myself before surgery. Before the surgery I started to lose weight. I cut down on food, it's difficult. But if you want you can do it."

E6 "You need to know yourself a lot, you need to respect yourself, victory or defeat is in your hands."

The surgical procedure cannot be characterized as a simple surgical technique, considering that it covers both the treatment of obesity and the choice of improvement of the quality of life⁽¹⁴⁾.

The responsibility with one's own body and the modifications of daily habits are commitments of each patient. The fact that the individual does not adhere to the changes inherent in the procedure can compromise the success of the treatment and even more their physical, psychological and emotional state than before the surgery. It is fundamental that the subject who wishes to undergo the surgical procedure, is committed to the changes of the habits and conscious that the success of the treatment depends essentially of themselves.

In order for this commitment to occur, it is essential that surgery is properly recommended. The recommendation for surgical treatment must consist of a wide evaluation of various clinical aspects and should be performed both pre-operatively and post operatively by all multidisciplinary teams.

Individuals with a BMI greater than 40 kg / m² or with a BMI greater than 35 kg/m² associated with co - morbidities, failure in weight loss by a well-conducted conservative form, and obesity without endocrine causes are considered candidates for surgery. It adds up the fact of having psychological conditions to fulfil all the food orientation in the postoperative period⁽¹⁵⁾.

E1 "My cardiologist discovered that I had heart failure because of the high fat content that was affecting my liver, my heart."

E2 "First because of my health, I took about four pills a day, had high blood pressure and glucose was altered."

Bariatric surgery provides the individual with significant changes in body image and self-esteem, favoring a better quality of life⁽¹¹⁾. It is verified that one of the most striking aspects in the interviews is that for the patients the surgical procedure significantly changed their lives, considering that from the diet and reeducation it was possible to perform simple activities, such as walking, climbing stairs, doing physical exercises with regularity. As well as discontinue use medications that were previously routinely used, such as antihypertensive and antidepressants.

E1 "I am a totally new person, I go upstairs, run, walk, go to the gym, the quality of life with my children has improved, with my husband improved. I can already look in the mirror, now I'm happy, I do not need to take antidepressants, everything has changed. After the surgery, I can do a lot more than I did before. "

E8 "Now I walk into the clothing store and I feel beautiful. Everything fits me and looks good on me."

In addition to the change in the quality of life, self-esteem was an achievement that all participants stated was revealed by the courage to look in the mirror, to change their way of dressing, the pleasure of everyday life and receiving praise.

These modifications allowed for the study participants to note with happiness the changes that occurred, which even impacted on their sexuality; Considering that this implies

acceptance by the other, and involves on the one hand feelings such as shame, fear and insecurity, and on the other, security, mood and motivation.

E5 "It has the issue husband and wife, when you are fat and do not feel like doing anything, it changes too, changes a lot. I had a quick weight loss and it encouraged me more, I was getting different. I had this sense of happiness that my surgery had worked."

E6 "In my personal life, it was only after the surgery that I started dating, I had never kissed before, I had my operation when i was eighteen years old, it was after the surgery that I went to give my first kiss, I got sexually involved for the first time, everything happened after the surgery. It was all after. After seven years everything is happening in my life."

It is attested that obesity interferes with the experience of sexuality and the loss of libido can cause damage to the health of the individual. However, the fear of not accepting the other, due to his out-of-body body, causes the obese to create limitations in the affective and also sexual relations. Low self-esteem, the fruit of self-prejudice, is a trigger for disorders related to both affectivity and intimacy in relationships⁽¹⁶⁾.

Obesity interferes even in the professional scope, considering that for the participants it is also "necessary" to be accepted in the field market, as it is verified in the speech below:

E9 "Professional acceptance is much better, right? In the professional sense, between hiring an obese person and one with a better body, certainly with the better body will be better at that professional point."

It is essential to reflect on prejudice, even at the professional level, since the way the subject perceives his work directly motivates the way he performs his activities as well as his productivity within the organization. The obese individual who suffers from discrimination and prejudice may have his work life impaired. The performance of bariatric surgery and the improvement of the quality of life can favor the establishment of the reinsertion of the person in the professional scope, which reflects positively this aspect⁽¹⁷⁾.

Obese people suffer from innumerable psychological and physical prejudices. They are judged constantly by their appearance and often present difficulties of interaction with the social environment, since the society defines that the standard of thinness is synonymous of beauty.

Obese people are defined as people who do not like themselves, do not have limits⁽¹⁸⁾. This prejudice is frequent, as the interviewees report.

E11 "It is very sad that you are pointed out everywhere, people look at you and criticise you."

Despite the prejudice they suffered, it is evident that, after bariatric surgery, patients were satisfied, with high self-esteem, and this fact directly influenced their daily life. Bariatric surgery causes significant changes in both the emotional, physical, personal, professional and social aspects of individuals. The change in the quality of life positively influences the self-esteem, the weight loss provides a pleasure for the individual, generates a new body identity, favouring a significant improvement in their social and professional spaces, representing a new life⁽¹⁹⁾.

1) The impact of the post-operative period of bariatric surgery: biopsychosocial aspects.

For the patients interviewed, the post-operative period of bariatric surgery was marked by difficulties. Among them, the adaptation of making the liquid diet stands out, considering that for them the absence of chewing increased the feeling that they were not feeding, making that moment even more delicate.

E4 "You're baby again, with baby food, liquids, and the food that you can eat gradually comes into life."

E6 "I had only difficulties in the beginning that was controlling the food". E10 "As you are not chewing food make you feel like you are not eating".

Feeding, which was previously experienced as unconditional pleasure, saved by some guilt over the quantities of food ingested, becomes a problem to be faced⁽²⁰⁾. The immediate period after surgery is the most difficult for the operative, the greatest discomfort and several attempts to adapt to the new diet, composed exclusively of liquids; Being the most difficult factor⁽¹⁰⁾.

Add to this the experience of pain. Pain is a symptom that causes discomfort to the patient, as it is related to the perception of discomfort and feeling sick.

The intense presence of intestinal gases during the hospital stay, as well as local pains, both in the surgical incision and in the drain holes, remind patients of a psychologically very difficult phase, since this patient recently submitted to the

surgical procedure faces the discomfort of the drains, discomfort of pain and adaptation to diet, making psychological monitoring very relevant at this time⁽¹⁵⁾.

E15 "In the post-operative period I was very annoyed by the presence of gas in my belly and the use of the urine catheter, I also felt a lot of pain."

E2 "I remember everything, it was not cool to stay five days with a drain, it was horrible, I felt a lot of pain, a lot of discomfort."

It is noticed that among the interviewees there is great difficulty regarding the use of internal devices, such as drains and probes, which cause anxiety and discomfort during hospitalization.

The routine use of the drain seems to bring more safety to the surgeon, as he expects the drain to facilitate, and even anticipate the diagnosis of complications such as bleeding and fistulae. In addition, the surgeon imagines that the drain can aid recovery for the patient. However, it is necessary for the multidisciplinary team to be attentive to all these issues, considering that, for example, the accumulation of gases, can be avoided with ambulation. Guidance is essential to clarify and reassure the patient⁽²¹⁾.

Bariatric surgery involves a lot of expectation, anxiety and insecurity about the new situation, as well as the fear of death due to risks related to surgery.

E8 "The process has risks, you can die."

E11 "In the first few months I was very scared, will I die after the surgery?"

Choosing bariatric surgery is a difficult process. Patients usually relate any surgical procedure to the possibility of death. Surgical intervention can be a complicated experiment for the human being, which can portray fear and anxiety linked to the possibility of mutilation and even death⁽¹⁰⁾.

From the psychological point of view, there are many conflict reactions in the period of surgery, and fear and worry are often expressed through fear, insecurity and anxiety. In this sense, the nurse's role becomes fundamental, since it will help the patient and his family to understand and prepare them for surgery⁽²²⁾.

It is the patient's right to have all the information about the surgical procedure that will be submitted, with guidelines on possible risk factors and complications, as well as the expected results of its treatment, in addition to being able

to access the multidisciplinary team during all phases of the process⁽²¹⁾.

Another fact reported by the study participants was the presence of Dumping after the surgery. Dumping is a set of symptoms brought on by the rapid transition of nutrients into the gastrointestinal tract, especially when they are very condensed, fatty and sugary. The characteristic symptoms are dysentery, accelerated heart rate, sweating, headache⁽²³⁾.

E7 "I felt a lot of dizziness, vertigo, lack of strength, feeling as if I was going to faint, we are adapting again."

E15 "Today I know that the operation lasts half an hour, we have to keep calm and I know that the reaction is very bad, I avoid to exaggerate in the quantity of food I eat".

The nutritional monitoring becomes indispensable, since after performing the surgical procedure changes occur in the body and the patient requires individual dietary adjustments so that nutritional dysfunctions do not occur. The nutritionist is the professional qualified to carry out the preparation of the patient's diet with its particularities⁽²³⁾.

Another fact that generated discomfort and still bothers is the vitamin deficiency that causes physical tiredness, loss of hair, among other symptoms.

E5 " You feel very weak, because of the lack of vitamins, right? You feel very unwell, try to do things and you can not, I had hair loss, because of the vitamin... It was difficult to lose my hair, it's vanity, right? But I did not have much to start with."

The literature defines that it is necessary to use a nutritional supplement after the surgical procedure, which aims to offer nutritional support of micronutrients, in order to avoid long-term deficits⁽²³⁾.

Despite the difficulties and discomforts related to bariatric surgery, and the controversial feelings it stimulates, such as fear, anxiety and insecurity, most interviewees perceive themselves as happy and satisfied with surgery, emphasizing the ephemeris of difficulties and the importance of follow-ups and the knowledge about the procedure as tools that help in overcoming this phase.

2) The importance of support as a coping strategy for the adaptation process.

The study participants reported that the support of friends, family and teachers were

fundamental for the adaptation to the new phase of life, since after bariatric surgery the changes are significant and the support is definitive for coping with the transformations.

The role of the family as a source of strength, care and encouragement stands out.

E1 "My family supported me a lot, my college colleagues, my teachers."

E6 "My daughter encourages me a lot, I had a lot of support from my family."

E7 "My wife, my parents, and having someone with me at home 24 hours was essential."

The support of the family is elementary in the recovery and therapeutic of the patient, since it has the competences to create a balance between the modifications that will arise. When support is offered to the patient, the process becomes more acceptable and effective, consequently the family and the patient's affective bond are an influential role in the post-operative process that involves everything from the surgical procedure to the changes that will appear⁽²¹⁾.

In addition to the family, most patients reported that the follow-ups of the clinician and nutritionist is of great value for weight loss, for adaptation to the new lifestyle and as a source of clarification for any doubts that may arise during the whole process.

E3 "I always went to the doctor right, I followed the guidelines, because there are a lot of people who talk and you get stuck. I focused a lot on what the doctors directed me to."

After performing the procedure several modifications of the eating habits and consequently changes of the physical structure are necessary. These changes end up referring to the patient a reflection on his new phase. At that moment, the follow-up of the multidisciplinary team is essential so that it accepts and recognizes the transformations in order to know how to deal with them⁽²²⁾.

Nursing care is essential in the postoperative recovery, so the nurse must be aware of the surgical techniques, and the factors that cover the peri-operative moments. In order to prevent or treat complications, to prevent pain, reduce hospitalization time and reduce costs⁽²¹⁾.

Each professional of the multidisciplinary team is responsible for a part of the treatment, making the care more intensive and the results faster, being that the nurse has a dual function: to guarantee the technical efficiency in the

perioperative period and to act as a facilitating link between the Professionals, the patient and family⁽²¹⁾.

One of the patients highlights the importance of psychological support. E10 "It's more difficult at the beginning even because it is a very radical change. Getting you used to it is kind of difficult. It really is not either. This is why psychological accompaniment is necessary".

Holistic patient care and constant emotional support in the post-operative period have a great influence on weight loss. In addition, nutritional monitoring is fundamental for the patient to perform the food re - adaptation, which will influence weight loss and quality of life⁽²²⁾.

It is verified that the majority of the interviewees are followed up by the multidisciplinary team.

E15 "I do clinical follow-ups, did psychological counselling before and a few months later and did nutritional monitoring for a year and a half."

E9 "I do psychological counselling, i see a nutritionist, and visit the surgeon."

When the patient is effectively followed up by a multidisciplinary team in addition to better adhering to treatment, recovery and maintenance is more favorable because he will be better oriented. Another important part in the success of treatment is the autonomy and co-responsibility of the patient in relation to the commitment to their own health and well-being.

E13 "Of course your health also depends on you, on how you will behave." E7 "Clearer than surgery is a battle of you, with yourself."

E15 "It's up to us to do everything right."

The patient needs to be aware that after surgery he should be able to adjust to his new condition of life and, therefore, improve adherence to treatment and use tools to maintain weight loss. The subject must learn to deal with their anguish and take responsibility for their own health. The role of the team in this process is added, preparing the patient to face his new condition of life, though, among others, information⁽²⁰⁾.

This was also a strategy identified as a positive factor for better coping with the difficulties and new situations resulting from bariatric surgery: knowledge about the whole procedure, as can be seen in the speeches below:

E1 "My background had a lot of study, I was informed about everything before the surgery, I

talked to many people who already had had the operation". E7 "I got ready to do the surgery, I was pretty sure I was going to do it."

E11 "She (doctor) did an entire interview, showed me what the surgery was about. She also showed me what complications I might have if I would not have the operation. The benefits were better, which weighed more".

Information is essential for the safety of the decision made, as well as coping with the difficulties, since prior to performing the surgery, the patient can already prepare better for the procedure and not everything will be new and unusual. Enlightenment readily interferes with the control of fear, apprehension, and can make circumstances less aggressive and tolerable⁽²⁴⁾. Faith can also help in this process, as patients report:

E8 "First I think you have to put God first, I prayed a lot and asked God to direct the best doctors, the best professionals and prepare for this surgery. And thank God, I was well prepared. I had no difficulty."

E9 "He who has faith removes mountains, I trust God very much."

The literature defines that belief provides the individual to associate concepts in events, understanding them as part of a plan, through the religiosity that nothing happens unexpectedly and that the phenomena of life are established by a supreme deity, God. Faith can provide the individual with skills such as knowledge, maturation, and responsibility from experiences⁽²⁵⁾.

The benefits derived from religiosity are essential for understanding the surgical process, such as adaptations and changes.

FINAL CONSIDERATIONS

The research showed that for patients who undergo bariatric surgery, changes in their lives are significant, both in the physical, emotional, personal, professional and social spheres. Despite all its difficulties and discomforts, the patient's perception of bariatric surgery and the impact on their life is positive, mainly considering the changes in quality of life after the procedure, which are revealed both by the improvement of health as self-esteem.

The study showed that the family has a defining role in recovery and adaptation to changes after bariatric surgery, and it is therefore essential to involve it in the whole process.

Adding to the faith, information about the procedure to be performed, as well as the follow-up of the multidisciplinary team with clinical and psychological support, overcoming emotional difficulties, help in weight maintenance and guidelines. The nurse, as a member of the multidisciplinary team must be attentive to this new field of action, seeking specific training and concretizing their performance on scientific bases.

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