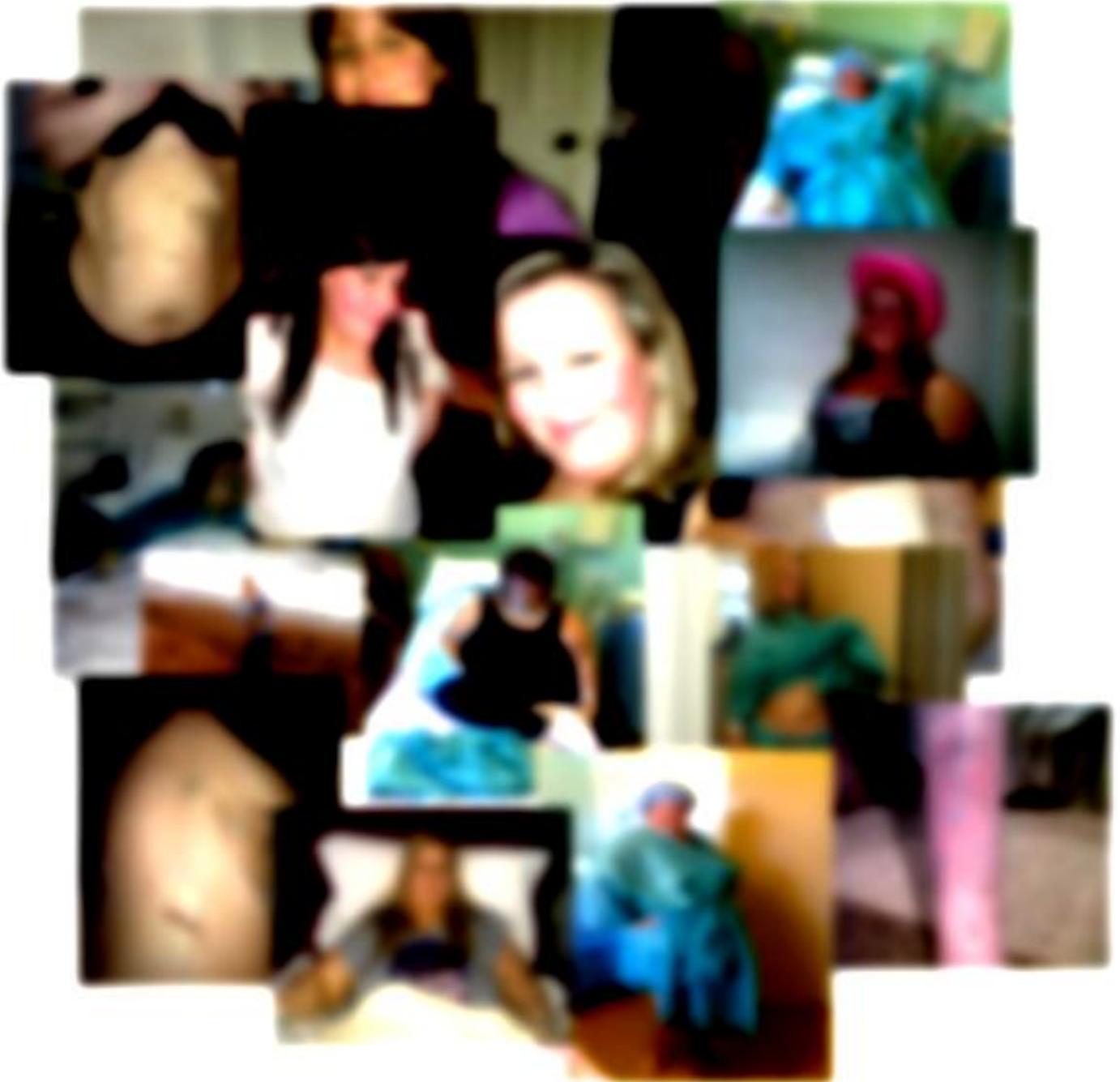


Evaluation of the Bariatric Care Pathway: *Prospective Patients*

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Executive summary

This study involved blogs and interviews which explored the views of patients who were currently on the Bariatric Care Pathway (BCP).

Eleven participants took part: seven female patients and four male patients. Participants were asked to blog their weekly progress on a specially created website and follow up interviews were carried out every month.

Five main themes emerged from analysis of the blogs:

- Relationship with food
- Making changes
- Experiences of the BCP
- Support network
- Impact of surgery

Three main themes emerged from analysis of the interviews:

- Weight loss
- Service characteristics
- Life after the BCP

All of the participants were different, each had different reasons for starting the BCP and each had different motivators and sometimes these individual issues were missed in group sessions.

Motivation was highlighted as key to patient's weight loss success. In particular, attention should be given to the advice patients receive around coping in social situations, lapses in diet and post pathway support.

Psychological support was considered to be one of the most important parts of the BCP and it was felt that more was needed. Patients felt that the BCP was let down by the lack of support post surgery and the discrepancies in some of the information they received. This included psychological, medical and dietary support and advice.

There was a positive attitude throughout the BCP by most patients. This was especially apparent in the language they used in interviews and blogs.

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1. Introduction

Obesity is one of the biggest public health issues affecting England. In England in 2006 the prevalence of overweight in people aged 16 and over was 38% (approximately 15.4 million people), with and a further 24% obese (approximately 9.8 million people). Furthermore, this prevalence is increasing; the Health Survey England (HSE) 2008 Adult Trend tables show that in England there was a marked increase in the proportion of adults that were obese, from 13% in 1993 to 24% in 2008 for men; and from 16% to 25% for women (HSCIC 2010).

The incidence of obesity has both severe financial and health implications; the cost of obesity in the UK is now estimated to be over £1billion per year (Shan 2008). Additionally, obesity is related to several chronic health diseases, in particular diabetes and cardiovascular disease. In total there are 18 co-morbidities which are commonly associated with obesity, including type II diabetes, cancers, asthma, osteoarthritis and chronic back pain (Guh et al 2009).

The Department of Health recommend that obese patients should be advised on and attempt interventions on healthy eating, physical activity and behaviour change. Drug therapy, such as Orlistat should only be considered as an addition to lifestyle intervention not as an alternative. Furthermore, bariatric surgery should only be considered once all other interventions have been exhausted and patients must show commitment to being able to make lifestyle changes.

NICE (2006) recommends structured weight loss programs delivered by health care professionals which aim to reduce calories, usually at around 600 kcal/day deficit. Whilst popular commercial weight loss programs, e.g. Weight Watchers have been found to reduce users' weight at a moderate level, success rates are often significantly impacted by adherence and commitment to the diet (Dansinger et al 2005). Structured weight management strategies which work with patients not only by providing dietary advice but also helping in understanding the reasons behind overeating and emotional eating can have much more long term positive benefits to the patients (McDonald 2009). Furthermore by addressing patients' common misconceptions about meals, these strategies can further assist in producing a lifestyle change rather than a quick fix diet which is not achievable in the long term (Cook 2009). Patients are all different and a one size fits all approach should not be used, often underlying issues need patience and understanding from health care professionals and patients often have different needs in terms of how much support they require (McDonald 2009).

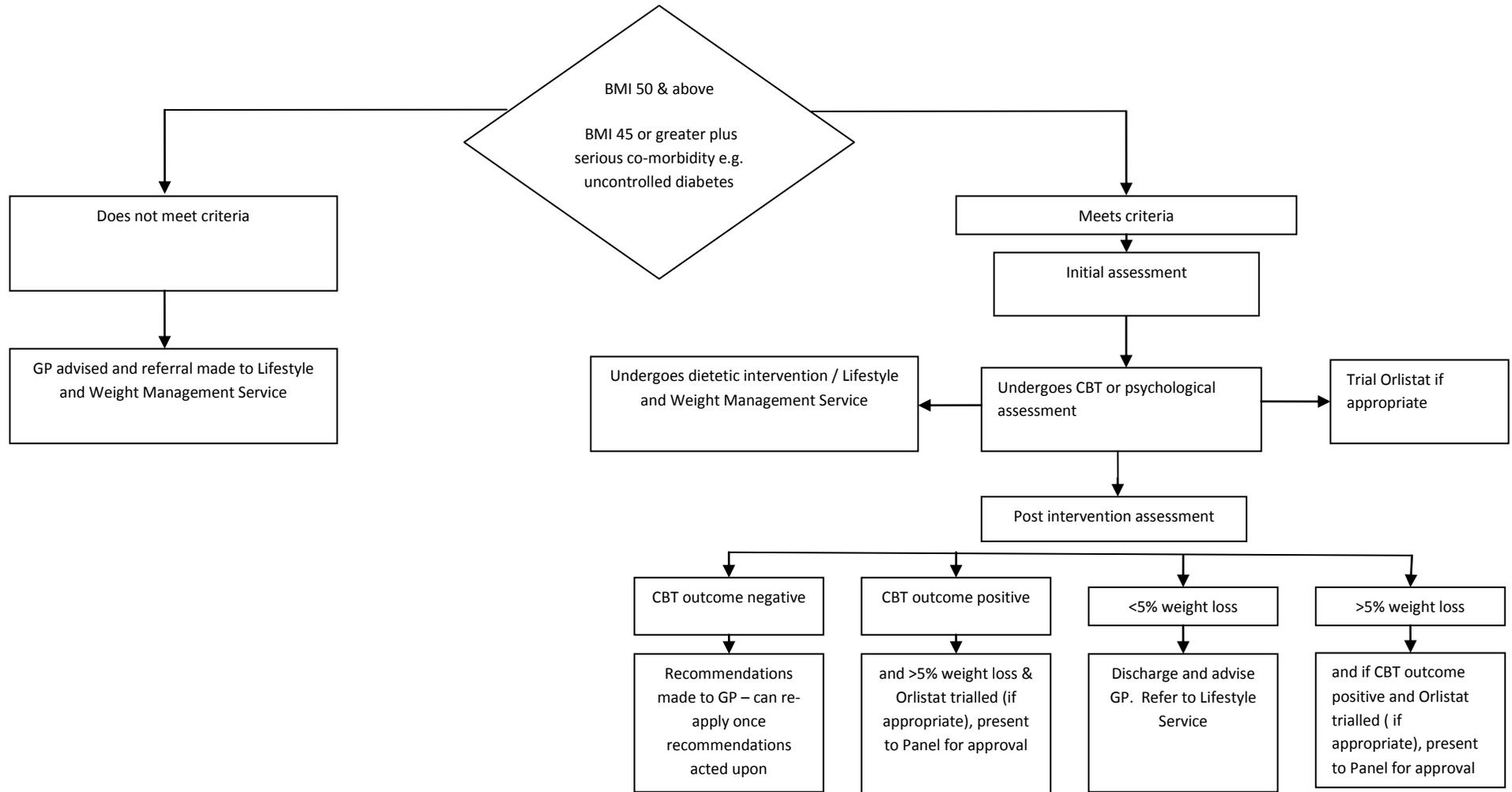
NICE (2006) recommends that everyone should take part in some form of physical activity, for those who are obese this is particularly significant. An increase in body weight cannot be solely attributed to diet; exercise is also a key component in reducing obesity. Furthermore physical activity is associated with improved motivation and therefore a more compliant diet, an improved metabolism and improved body shape, (Stear 2004). Only 35% of men and 24% of women report achieving the recommended physical activity levels, (30 minutes of moderate activity 5 times a week). Evidence has shown that physical activity coupled with

healthy eating has a bigger effect on weight loss than interventions that focus only on healthy eating (Goodpaster 2010) supporting the need for a multicomponent approach to weight loss interventions.

Those patients for whom healthy eating, physical activity and drug therapy are not sufficient, bariatric surgery is recommended (NICE 2006). There are many different surgical procedures including the gastric band, gastric bypass and duodenal switch. Surgery can cause complications including respiratory disorders and psychological disorders (Colquitt et al 2009). However surgery results in greater weight loss than conventional weight loss methods (e.g. healthy eating and exercise) in moderate (body mass index greater than 30) and severe obesity. Furthermore reductions in co morbidities, such as diabetes and hypertension, have also been demonstrated post surgery. Two years post surgery, patients' quality of life was also found to have significantly improved (Colquitt et al 2009).

NHS Wirral's Bariatric Care Pathway (BCP) is a weight management programme (Figure 1) which includes lifestyle and weight management education, drug therapy and potentially bariatric surgery. NHS Wirral commissioned an independent study of the BCP from Liverpool John Moores University to evaluate the effectiveness of the project.

Figure 1: NHS Wirral's Bariatric Care Pathway (BCP)



1.1 Aims

The main aim of this report, which forms one part of the overall evaluation of the Bariatric Care Pathway (BCP), is to explore the patient experience of the BCP. In the first instance the BCP is a 12 week weight loss programme; the pathway can also include cognitive behavioural therapy (CBT), drug therapy and bariatric surgery. In order to be considered for bariatric surgery, two specific criteria should be met: namely achieving a 5% reduction in bodyweight and being considered psychologically suitable for this type of surgery. If these criteria are met, the final step on the pathway is case review and selection by a panel of health professionals. A secondary aim of this evaluation is to consider whether those patients who took part in the study interviews (both those who did and did not have surgery) have benefited (based on self reported outcomes from interview and blog data) and what the impact of the BCP has been on both the individual and their family.

2. Method

A qualitative approach to data collection and analysis was taken, the aim of which was to describe the views of patients who are currently on the Bariatric Care Pathway.

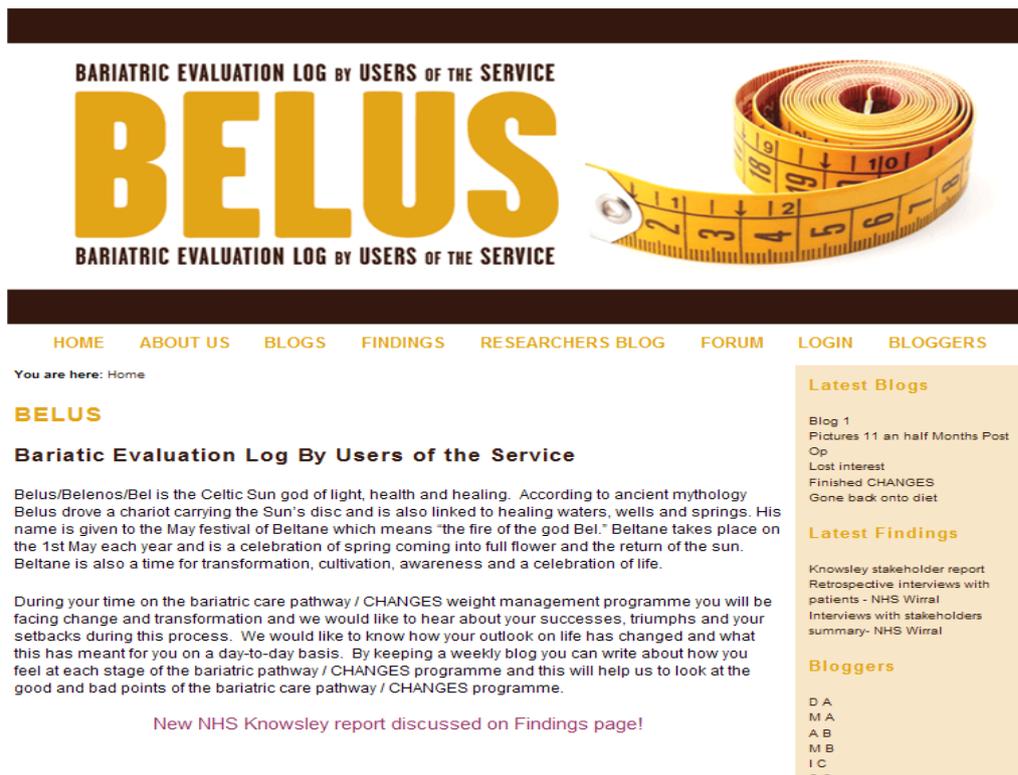
2.1. Data collection

Eleven participants took part. There were seven female patients and four male patients. Participants were asked to blog their weekly progress on a specially created website. (Figure 2). The website, named BELUS¹, an acronym for **Bariatric Evaluation Log by Users of the Service** was created by staff at Liverpool John Moores University. After agreeing to take part in the research, participants were emailed a username and password for the website and instructions on how to blog (see appendix 1). Participants were reminded to blog through email, text, telephone calls and blackberry messenger. Participants were also encouraged to upload pictures, poetry or paintings which illustrated their journey on the Bariatric Care Pathway. A forum was set up and participants were encouraged to post questions and use this function to socialise with each other (Figure 3). In addition, interviews were carried out every month to tease out and obtain further details on information provided in the blogs. The number of interviews varied between participants². Interviews were also carried out with participants who did not have access to a computer and mostly occurred in participants homes. Interviews were semi structured in nature and focused on participant's perceived strengths and weaknesses of the Bariatric Care Pathway (see Table 1 for interview schedule).

¹ Belus is a Celtic Sun God whose May festival is a time for transformations, cultivation and a celebration of life.

² Those participants who were prolific in their blogging needed less follow up interviews.

Figure 2: BELUS home page



BARIATRIC EVALUATION LOG BY USERS OF THE SERVICE

BELUS

BARIATRIC EVALUATION LOG BY USERS OF THE SERVICE



HOME ABOUT US BLOGS FINDINGS RESEARCHERS BLOG FORUM LOGIN BLOGGERS

You are here: Home

BELUS

Bariatric Evaluation Log By Users of the Service

Belus/Belenos/Bel is the Celtic Sun god of light, health and healing. According to ancient mythology Belus drove a chariot carrying the Sun's disc and is also linked to healing waters, wells and springs. His name is given to the May festival of Beltane which means "the fire of the god Bel." Beltane takes place on the 1st May each year and is a celebration of spring coming into full flower and the return of the sun. Beltane is also a time for transformation, cultivation, awareness and a celebration of life.

During your time on the bariatric care pathway / CHANGES weight management programme you will be facing change and transformation and we would like to hear about your successes, triumphs and your setbacks during this process. We would like to know how your outlook on life has changed and what this has meant for you on a day-to-day basis. By keeping a weekly blog you can write about how you feel at each stage of the bariatric pathway / CHANGES programme and this will help us to look at the good and bad points of the bariatric care pathway / CHANGES programme.

[New NHS Knowsley report discussed on Findings page!](#)

Latest Blogs

- Blog 1
- Pictures 11 an half Months Post Op
- Lost interest
- Finished CHANGES
- Gone back onto diet

Latest Findings

- Knowsley stakeholder report
- Retrospective interviews with patients - NHS Wirral
- Interviews with stakeholders summary- NHS Wirral

Bloggers

- D A
- M A
- A B
- M B
- I C
- S C

Figure 3: BELUS forum

You are here: Home | Forum

BLOGGERS

FORUM



Jenny Brizell

Welcome new bloggers

Added on 28 September 2011



Jenny Brizell

Significant other interviews

Added on 12 May 2011



D J

post surgery pitfalls

Added on 30 April 2011



R T

Adjustments To blogs after they have been published.

Latest Blogs

- Blog 1
- Pictures 11 an half Months Post Op
- Lost interest
- Finished CHANGES
- Gone back onto diet

Latest Findings

- Knowsley stakeholder report
- Retrospective interviews with patients - NHS Wirral
- Interviews with stakeholders summary NHS Wirral

Bloggers

- D A
- M A
- A U
- M R
- I C
- S C
- C E
- P E
- M G

Table 1: Interview Schedule

1. Can you tell me about how long you have been on the Bariatric Care Pathway (BCP) (1 st interview only)
2. What has sped up or slowed down your progress at each stage of the BCP so far? (1 st interview only)
3. Can you tell me about your experience of the BCP over the last 2 months?
4. Can you tell me about the weight you have lost over the last 2 months?
5. What has been the most effective step on the BCP so far and why? (1 st interview only)
6. What has been the least effective step on the BCP so far and why? (1 st interview only)
7. In what ways has the BCP affected your health and health care over the last 2 months?
8. Can you tell me about how you have been involved in decisions about the treatment options you have received on the BCP over the last 2 months?
9. Can you tell me about any alternative measures you have taken to lose weight in the last 2 months?
10. Can you tell me what do you think has been good about the BCP over the last 2 months?
11. Can you tell me what do you think has been NOT so good about the BCP over the last 2 months?
12. Over the last 2 months has there been anything that could have been done to make the BCP better for patients?
13. Can you tell me whether you think the BCP represents good value for money? ³

2.2. Data analysis

Data were analysed using a framework analysis approach to identify emergent patterns and themes (Ritchie and Spencer 1994). This five stage process involved familiarisation with the data; the generation of a thematic framework; indexing of all transcripts; charting data and mapping data extracts to the framework; followed by a process of interpretation.

2.3. Ethical approval

The protocol was presented to Northwest 12 Lancaster Ethics Committee (NHS REC) who deemed the work a service review and advised that NHS REC approval was not required in this case. Subsequently, ethical approval for this research was granted by Liverpool John Moores University Research Ethics Committee.

2.3.1 Confidentiality

To preserve confidentiality, a code was allocated to each participant and was used on all recordings and ensuing documentation. The list of master codes is known only to the research team. The master codes and corresponding names are kept in a locked filing cabinet and on a password protected university PC, accessible only by the research team. Interview recordings were available and listened to only by the researchers and when not in use stored on a password protected PC and destroyed after transcription. All interview transcripts are securely stored in locked filing cabinets and on University password protected computers. According to Liverpool John Moores University guidelines, research

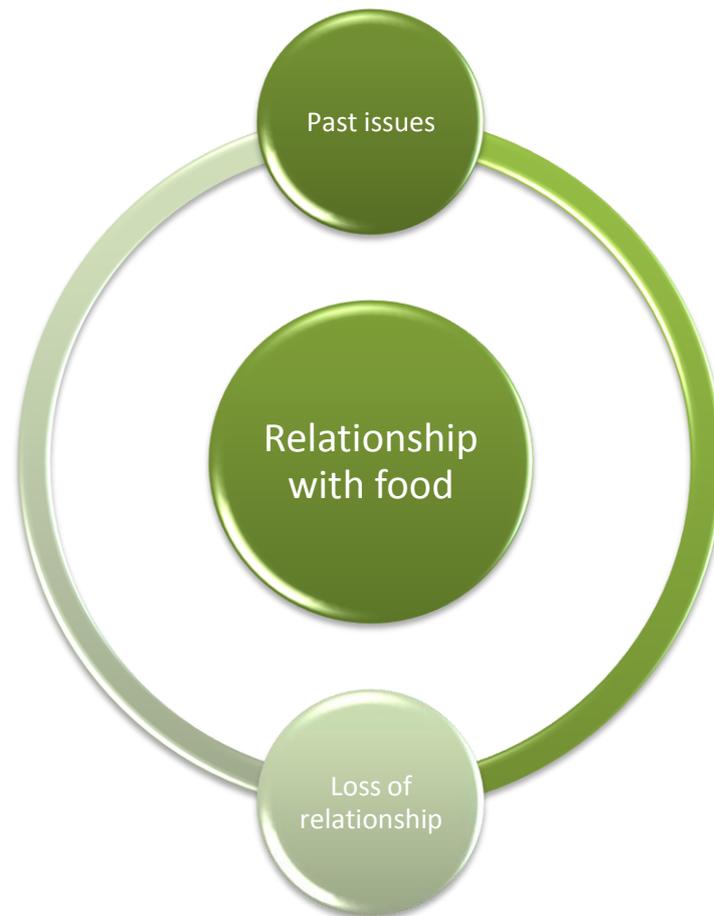
³ When asked this question patients felt that the BCP was good value for money. However they found it difficult to justify this response therefore responses to this question were not included in the results section.

3.2 Blog analysis

Framework analysis of the data elicited five main themes each with a number of subthemes.

1. Relationship with food
2. Making changes
3. Experiences of the BCP
4. Support network
5. Impact of surgery

3.2.1 Theme 1: Relationship with food



Subtheme: Past issues

There was a high level of awareness as to how individuals had become obese and these reasons differed greatly between participants, e.g. anxiety, addiction or injury (not mentioned in blogs but in follow up interviews). Some participants also recognised that sometimes the reason was simply overeating and whilst they did not want to make what they deemed as excuses, they stated that they liked food and enjoyed eating. Further, some participants felt that food was an addiction, similar to alcohol or tobacco. However, the issue with an addiction to food is that the body needs it and a person cannot cease eating in the same way that they can cease drinking alcohol or smoking.

I hate the fact I have let myself get this overweight in the first place and I am not going to blame my penchant for over indulging on my troubled childhood or hard life that invariably followed for my

addiction to food. Personally I think people are too quick to judge that a fat person eats because they have issues. I like food, I like food A LOT and I eat when I am hungry which albeit is 9 times out of 10...The problem with having an addiction to food is you can't cut it out of your life completely say like alcohol or cigarettes lucky for me (not) food is something the human body cannot function without. I am addicted to the very thing that's sustains my life, how cruel is that?⁴

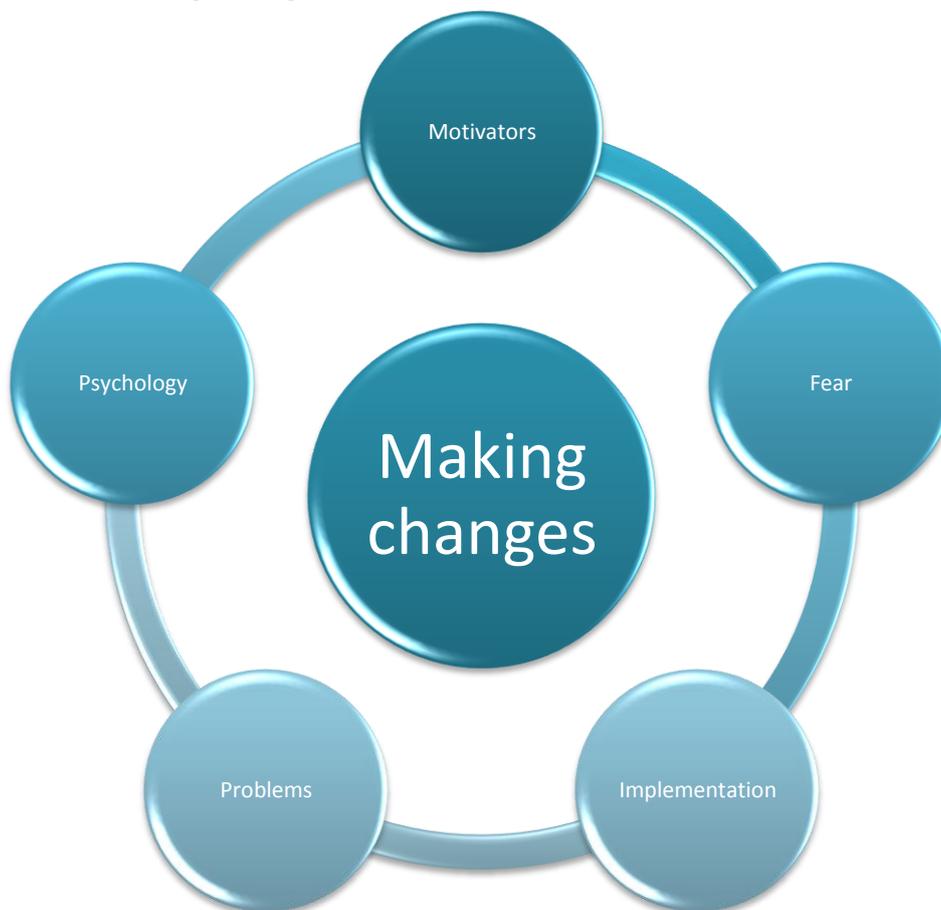
If I was anxious / upset or even happy I turned to food, I felt it was my only comfort

Subtheme: Loss of relationship

At times, patients described food using language akin to how one may talk about a relationship. Participants discussed how food was there for them in their times of need and how they suffered feelings of loss when they could no longer use food as an emotional crutch. This highlights the deep psychological associations some patients had with food. However, the fact that they could recognise and acknowledge these issues suggests that their ties with food had been somewhat broken.

How I long to rewind 6 months ago to a time when I could eat a portion of chips, or to savour a slice of chocolate cake. My need and want for you have never wavered until of late because I had to do something and I am truly sorry that I've had to cut you out of my life

3.2.2 Theme 2: Making changes



⁴ Quotes have been edited throughout for ease of reading. This includes corrected grammar and spelling.

Subtheme: Motivators for changes

Different motivators had driven patients to decide to lose weight, this included health reasons, self image and friends and family. In particular, one participant discussed how their child had been the main motivator behind them losing weight as they wanted to see him grow up and did not want to be the 'fat mum' picking their child up at the school gates.

The only thing that has kept me from pressing the self destruct button is my little boy [name removed]. For a 4 year old he's incredibly insightful and has this innate ability of making me feel so much better because ultimately he is the sole reason I am undertaking this vital transformation.

I have had a great week been to the hospital seen the surgeon for my op [operation], go in on the [date]. Oh happy days. You may think me odd but when I met the other people they all felt like me, wanting to look like most people and if possible just fit in. This makes my health seem a lot less of a problem because it will start my new life over

Subtheme: Fear of change

Whilst many patients expressed excitement about the prospect of losing weight and improving their health, they did still express concern about what lay ahead (particularly those who were considering surgery). Patients knew that their weight loss would take time and that it wouldn't always be easy. However there was recognition that a radical change was needed and on the whole patients kept positive throughout the process.

What's that saying again? "A positive patient is a healthy patient" there's a lot to be said about positive thinking and a person's road to recovery so with that in mind if I keep a positive attitude I should theoretically sail though this and my worries will be unfounded....

Category: Fear of surgery

Patients demonstrated knowledge to indicate that they were aware of the risks of surgery. This suggests that they had been adequately prepared during the BCP.

I'd be lying if I said I wasn't worried but If I am honest I am absolutely cacking myself. The horror stories I've heard about what can go wrong from these kinds of surgery's but for each tale of misery there is a feel good story for each of the more successful ones. You see I'm taking a chance having this operation it may go horribly awry and I am only fully too aware of the possible pitfalls that may lay ahead but what about the risks I'm subjecting my body to at this moment in time by remaining the obese size that I am?

Subtheme: Implementation of change

Patients discussed how useful the information they had received during the BCP had been. Patients considered themselves to be making positive changes to their lifestyle and for those patients who were considering surgery, there was awareness that surgery was not a quick fix and that only through making positive lifestyle changes would they lose weight.

I've learned a lot over the last 12 months in regards to the lifestyle changes I needed to make in order to receive the now imminent surgery and the changes I need to continue with long after because if there is one thing I'm certain about this operation is, that it is by no way means a quick fix to lose weight

In preparation for this overhaul I have already embedded a lot of the changes as I have been attending the gym for the last 6 months now at least 3 times a week but primarily when my childcare permits (thank god for my mother) I have adjusted my diet accordingly by opting for the healthier versions of everything I eat already. I don't class it as a diet merely a healthier lifestyle maybe that's why I have lasted as long as I have without relapsing back into the all too familiar pattern of eating all of the wrong types of foods

I have a few other thing to get sorted next week to help with some more weight lose sorting out gym and swimming classes out..

Subtheme: Problems with change

Whilst patients generally reported making changes to their lifestyle and often commented on how successful they had been, there were instances in which patients had lost the motivation to eat healthily and undertake exercise. In these cases, patients often found that once their willpower had gone, it led to periods of self loathing which only further served to decrease motivation. Furthermore patients found motivation difficult to re-establish, however usually after a period 'off the wagon' patients in time did regain their motivation. Other patients found that by not considering the change a diet and allowing themselves a treat every now and again helped to keep their motivation going.

I really don't know where my will power has vanished. I'm thinking that it's disappeared on holiday with no postcards advising of its imminent return because it wasn't just one setback. Every day since then I've been having an odd chocolate bar or bag of crisps. I loathe myself for rebelling against the perfectly well groomed lifestyle change that has encompassed my life solidly for the last 6 months.

I carried on with my healthy eating I realized it wasn't a bind (like a diet) but a change of lifestyle and I grabbed it with both hands and embraced it and I even had a little bit of what I liked now and then (in moderation of course). I also found when I had the cravings for certain bad foods I could have a little then that would stop me going off the rails and binging out on it

Category: Problems with exercise

Often patients in the early stages of the pathway reported that due to their weight, they physically could not carry out any exercise. When appropriate, patients should be made aware of low impact exercises that they could perform.

Would love to be able to go to a gym but because of my weight it is too much for me. I have tried to on my own treadmill but can only manage 5 minutes. I look forward to doing more as I lose my weight.

Subtheme: Psychological change

Throughout the course of the evaluation patients became more self aware and were able to recognise different psychological changes they were undergoing. Patients discussed how they had previously used food as a crutch but were now beginning to realise that food was just fuel for the body. Patients sometimes struggled to accept these changes, for example a patient described a time when while she knew was not hungry yet, when offered food found it was difficult to say no. She found it hard to accept that overeating did not have to

be a part of her day to day life anymore. Patients also discussed how CBT had made them think more about their lives and how they could make positive changes to improve their situation.

Before seeing her [dietician], food to me was kind of like a crutch or a poison depending which way you look at it. If I was anxious / upset or even happy I turned to food, I felt it was my only comfort and at that point I was unable to exercise regular due to excessive weight gain and obviously not exercising was piling the weight on kind of like a vicious circle I thought my life was over as I felt like a freak and didn't know how I could get out of this nightmare. She also helped me to view food differently and I started to think of it as a fuel, nothing more nothing less.

I obviously refused because physically I couldn't eat said pizza no matter how much I wanted to but therein lay the thing, I didn't want it, my stomach felt sated from my liquidised tasty meal but I'm thinking I should be doing something and it isn't eating or is it?

You know you get the obligatory phone call Sunday morning "Fancy a meal at the pub?" and now it won't be, not for a while anyhow. I'm beginning to think that maybe my over eating was down to the ritual of actually eating rather than craving the stuff because take my hunger away and I'm still kind of at a loss thinking I need to be eating when in fact I don't, the mind boggles.

Finding a little hard this after my CBT session made me think really hard about life and how it's not going how I would like it, not being able to do things that I want to do, like playing in the garden with the kids but now the weight is coming off it's raised my hopes that hopefully not this summer but next summer I will be able to do a lot more with them as long as the weight keeps coming down.

I have this hang up and it's called fatter brain I always assume I'm bigger or look bigger than I am whether its pictures or picking a top or pair of pants I assume a certain size won't fit me but it does so it's a nice surprise. I think because sub consciously I've always been disappointed and had to wear not what I wanted but the biggest I could find and hope it fits it's still there in the back of my head somewhere. I struggle as well with my own identity I don't have my own sense of style also because I was always use to making do.

Researcher Note – During the evaluation process, researchers saw an increase in confidence in the participants. For example, one participant did not want to meet for the first interview due to a lack of confidence and so interviews were conducted over the phone. At later interviews however, the participants requested to meet face to face.

Category: Confidence

Patients reported an increase in confidence whilst losing weight and the more weight they lost, the happier and more confident they became (see Researcher Note). However, some issues still remained, e.g. participants reported not feeling confident enough to go swimming and on occasion suggested that they would have enjoyed attending a swimming group or water aerobics class with their BCP group.

As I started losing weight quite quickly (but not too quickly) I started to become a happier person and my confidence started growing slowly.

I am dying to just go swimming emerging myself in water and having a good old swim but unfortunately I haven't yet got the confidence to match my drive... In a few weeks I'm going away for four days as a mid week girlie break and there is a pool and spa there but I don't think I'm brave enough to bare all I feel so ugly enough with my clothes on I perish the thought of being in a swimming costume in public

3.2.3 Theme 3: Experience of the BCP



Subtheme: Decision making

For those patients who were considering surgery or who underwent surgery, they found that they were involved in the decisions about surgery. Prior to having surgery, patients were given advice on the different procedures and the risks involved.

I came away with another appointment booked in 2 weeks with my consultant and anaesthetist, were we would discuss in detail my choice of surgery (as nothing is set in stone yet) and what it would entail for me on a personal level, given the fact that no person's surgery is ever the same.

Subtheme: Increased awareness

Throughout the BCP, patients became increasingly aware of the impact obesity was having on them. This was not limited to day to day situations, e.g. not being able to play with their

children, but also in the increased risk of different co-morbidities such as diabetes and high blood pressure.

Diabetes, heart failure, joint pain, high blood pressure and cholesterol are to name a few of the glorious ailments of being fat has to offer.

Subtheme: Information satisfaction

Patients, on the whole reported being pleased with the information they had received during the BCP and demonstrated increased knowledge in nutrition. There were some instances particularly post surgery when patients felt that they had not received all the information available and that other options that they had not known about may have been available to them. Whilst much of this information came from internet forums, it may be of value to allow patients to ask about different weight loss programmes or post surgery diets to dispel myths and highlight the importance of following the information provided during the BCP.

The better the stuff you put in, the better the results you get out! It was all about portion control, variety and cooking in a healthy way and I quickly began to realise I could eat anything I wanted in moderation

Thinking back, the lifestyle weight management, I was one of these people who would go into the supermarket or shops and go pick, pick, pick whereas now I look at what the fat ingredients is and how healthy it is for you, so it has, the programme did help me in that way in my eating habits. I have scoured the internet for people in similar situations and it transpires Americans who have had this surgery only live on protein shakes for the first 4 weeks post op, and then introduce food at this point. Why don't we do that over here in England?

Category: Information consistency

On occasion, participants felt that the pathway did not always run as smoothly as it should and found that they were given different information from different health care professionals. In the quote below, this participant explains how they were told to see the psychologist, only to then be told this wasn't necessary. Often the health care system can be confusing for patients and information provided needs to be clear and consistent with advice from other health care professionals.

I had a bit of a blip because I was feeling very, very depressed and my bariatric dietician said we'll put a stop to it (the pathway), she wanted me to put a stop to it. I've since seen the psychologist and he said well I don't know why she's sent you to see me because you seem fine.

Subtheme: Health improvements

At the beginning of the pathway, patients viewed their potential weight loss positively in particular with regards to the impact it would have on their health. Patients felt that by losing weight this would help with such ailments as hernias, diabetes and blood pressure. During the evaluation, as patients began to lose weight, many patients began to experience improved health such as reductions in medication and enhanced mobility.

My hernias been playing up, it plays up daily but it's just something I've got to get on with until I get the bariatric surgery done and then I get this done so it's just something I've got to live with until it's fixed.

My health has been ok this week. Still having injections for my diabetes had swine flu injection the other week. Can't wait to not having to have all this medication...touch wood my back pain I have had in recent weeks isn't to bad at the moment. My wife says it will get a lot better when I lose weight.

Started to stop medication feel great

Got a lot more energy than normal before I started losing weight

Health ok just two diabetic tablets instead off two injections and ten tabs for type two

I have been doing a lot more mobility wise I'm really noticing the difference now my movement has really improved over the last few weeks

Category: Weight loss

The discussion of how much weight patients had lost was not a prominent feature of the blogs; patients more often discussed how weight loss had affected them in relation to their health and day to day life. In those instances when patients did discuss their weight loss it was either very positive or very negative, i.e. how little or how much weight they had lost. Patients should be made aware of the expectations regarding weight loss prior to starting the BCP. Patients who do not lose sufficient (in their opinion) amounts of weight may become demotivated by the pathway.

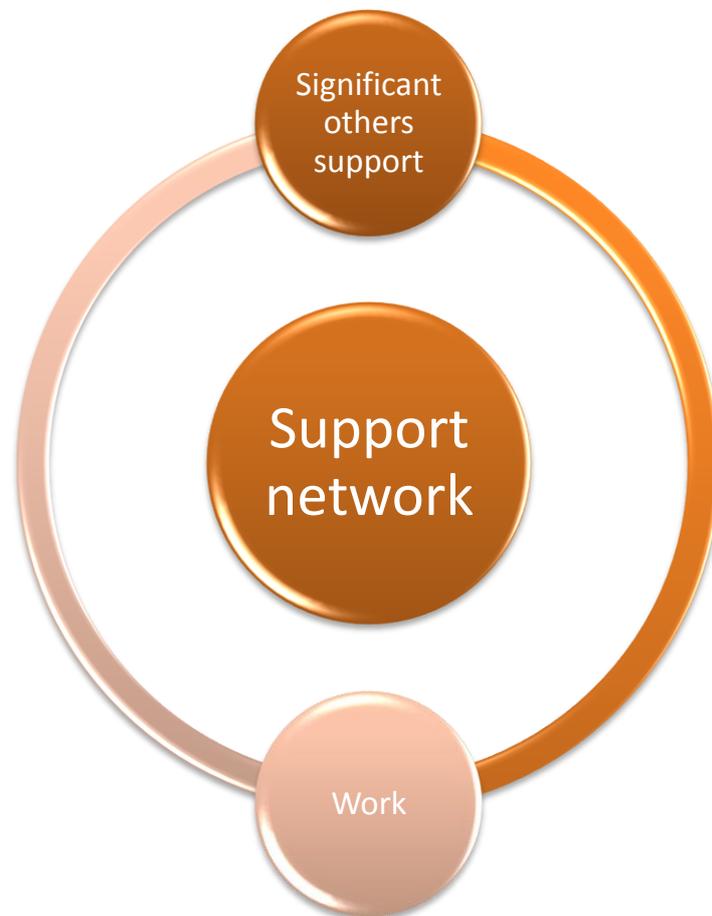
My health has been pretty good so far weight coming of slowly walking is getting better...sorted my holiday clothes and they are fitting me a lot better and I am feeling a lot more comfortable I am getting out a lot more becoming more mobile and it feels great. I am now 22 stone 7lbs and have reached that point where its starting to come off very slowly and in all its about 12 stone I have lost and I'm very proud of myself.

When I got my first appointment at the hospital about starting the bariatric program I was 214.4kg which was a lot more than I thought I weighed in between that appointment and the next was only a week and I thought that I had cut not all but most of the wrong things I was eating and drinking, but I had put 3.3kg on. From that appointment to my last was 6 week and yet again I had gained weight now weighing 218.8kg so now at the point of what to do next?

Still dieting but very slow but staying steady

I'm so frustrated with myself I've stopped losing weight kind of like I've stabilised I know I haven't put it on and that's good but I feel like before my surgery I lost a load of weight and since I went through all that pain and suffering post op nothing has come off. It feels like I've gone through it all for nothing.

3.2.4 Theme 4: Support network



Subtheme: Significant others⁵ support

Once patients leave the BCP, they have to rely on their own motivation and support from their friends and family. Patients mentioned their significant others several times throughout their blogs and it was evident that friends, partners, parents and children were a great source of support. However, patients also reported that their significant others were not always supportive. For example, significant others did not always understand why patients were putting themselves through the risks of surgery and did not always support them in their changed lifestyle by encouraging them to go back to their old way, e.g. eating high calorie food and drinking large amounts of alcohol. It may benefit both patients and their significant others if patients were encouraged to bring their significant others along to sessions with the dietician and / or surgical team. This would help to increase understanding and also to allay any fears surrounding surgery that significant others may have.

My partner is being a great support throughout the time I've been on the programme

Furthermore it doesn't help when your support system, that is your 'friends', advocate this momentary lapse in judgement, so wine it was, followed by copious amounts of shots. Not such a clever decision the morning after, my hangover was testament to that.

⁵ Significant others can include family, friends, work colleagues etc. The whole support network that an individual may have.

The hospital had rung to tell me my surgery was scheduled for the 8th March less than 6 days away, FRICK. Obviously the first person I rang was my mum to advise her of my news which was greeted with 'oh, right' not the response I was expecting but you see, Mum is from a generation where being overweight was more socially acceptable and they had the simplistic approach of eating less food and exercising, your basic foundation for any weight loss regime. Gastric bypasses and bands were unheard of in her day so is somewhat sceptical about the medical advancement in aiding people to lose weight, she is more worried about the possible complications that can arise.

Category: Home life vs BCP

Whilst writing their blogs, patients often discussed their personal life and talked about things of importance that were present at that time. It became apparent that patient's home lives could easily have a direct influence on their levels of motivation. Many patients on the BCP are in their 40's and 50's and this can often be an age when parents may start to suffer from ill health. Participants discussed having to care for unwell parents and mentioned that sometimes this could impact upon how well they stuck to their healthy eating regime. Whilst it should be accepted that unexpected events in life could hinder a patient's motivation, it would be useful for the BCP to prepare patients for this and discuss how to keep motivation going, even through difficult periods of their life.

My week has been a bit upside down. This week my mum who is 85 has just found a lump in her breast and has to go on treatment and have an op to remove it. I find I have to try harder not to eat a lot more than I should.

I have been real busy and looking after my mum she has COPD and suffers frequent chest infections. One of her lungs has collapsed and she battles with it getting worse every day all I can try and do is be there for her like any daughter should be. She is a wonderful woman and she saved me in a lot of ways, she's been amazing with me over the years she's not just a great mum but my best friend.

I've got my Dad here ill; he's just had a hernia repaired on Monday so I'm helping him a lot

I am having a bad time at the moment loads of hospital visits [mother in law] eating has become hit and miss

Subtheme: Support from work

Some participants taking part in the evaluation were working. It became apparent that for those participants who did work, how their work responded was vital. For example the quote below is from a patient who had just had surgery and was having a phased return to work. They stated that their workplace was understanding and that this was paramount in ensuring they recovered from surgery well. However, not all people may be lucky enough to have such understanding employers. Whilst the BCP cannot change the way in which workplaces run, they could help ensure that patients are allowed suitable time off by giving the patient information about their recuperation process to pass on to their employers.

I've been back at work now for 4 days and I feel like I could sleep forever, I can't complain really, work have been great and have allowed me to return to work with phased hours to aid me in my recuperation process. What employers are that generous these days given the economic climate?

Category: Ability to work

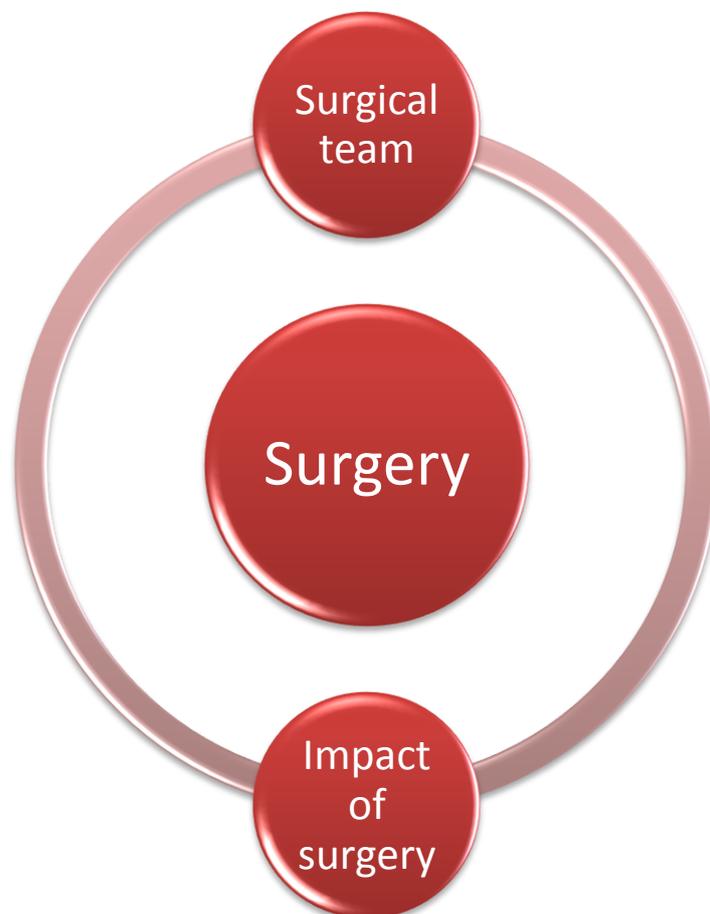
There were differences in patients' ability to work. Some of those taking part in the evaluation were working prior to the BCP; however they did find that losing weight often made it easier and more enjoyable for them to carry out their work. Other participants were not working and felt that post BCP, they would be able to work. More than this however, was the overwhelming sense that patients were getting their lives back, whether that was through working, having children or just enjoying life.

It's more of a pleasure at the moment doing my job as a taxi driver due to my back not being as painful

Then I went into [name of Hospital] to have my procedure and here it was, finally. The first day of the rest of my life and I couldn't wait!!!! I finally felt ready. Finally I thought I will get everything most people take for granted every day. The chance to be a mum and have a career of my very own, because for so long I became numb and didn't allow myself to look forward

Hopefully one day I'll now get to be a mum and I have decided I'll want to become a counsellor its not going to be easy, But I want to help people in the way I was helped, And I'll never take life for granted again.

3.2.5 Theme 5: Surgery



Subtheme: Surgical team

When mentioned, patients were complimentary of the surgical team stating that they made them feel at ease and helped to alleviate any fears that they had.

Any apprehension or fear I was experiencing quickly evaporated because of how relaxed the surgical team made me feel. As part of walking into theatre you get to meet your surgeon, anaesthetist and the anaesthetist's nurse who by the way was fecking hilarious. They had this innate ability of allaying any fears and the butterflies that had taken up residence in the pit of my stomach a few hours prior well it was either that or the over whelming rush of anaesthetic

Category: Post surgical support

However, patients were not so complimentary of the post surgical support that they received. Patients felt that they were given conflicting information about who they needed to contact for help. Additionally, patients felt during the pathway they were very well supported, however post surgery they felt abandoned. This included both dietary and psychological support.

I phoned the hospital and begged for help and was told to go to my local hospital if I wasn't feeling well, I felt like all the promises that were made to me (i.e. always on hand in case of any problems) were all fake and pointless and I felt more alone than I had ever felt in my entire life and I was regretting having my surgery. I just wished that I had carried on with my path pre op because the reason I didn't is even though I was losing weight at one point the loss would have slowed right down and may have even stopped

Since my operation I find that it's a waste buying and cooking certain stuff for just myself because I can only eat such little portions, so I tend to just eat what's there and available at the time. and also I thought I can afford to have bad stuff sometimes because I've done so well and I've had an operation that helps my body not to absorb everything. But that's no good to be honest I feel I've let myself slip for all the wrong reasons and I know I'm eating the wrong stuff sometimes and I hate it I feel physically and emotionally disgusting and I find before my operation I had all sorts of support i.e. dietary advice etc but now I feel I'm left on my own to figure it all out.

Subtheme: Impact of surgery

Whilst patients' blogs suggested that they were prepared for surgery and its associated risks, this was not always evident post surgery. Patients discussed a range of different problems they had experienced post surgery and whilst some had a positive attitude and felt that they would get through them, others felt their future was more bleak. Due to issues such as hair loss, infections and excess skin, some patients felt 'uglier' now than they did before losing weight.

Surgery isn't a quick fix as most people think you still have to put the work in to get the results you want out and it does come with its own set of problems but hopefully problems I can overcome in time

I feel more ugly and gross now than I ever felt when I was 34 stone.

I also have been noticing my hair is falling out when I wash it. It always has done a bit but now lots comes out I only have to run fingers through it and I have a handful. But it doesn't end there now I discover after days of really bad headaches and a sore face and a bit of the sniffles I have a viral

infection it feels like ever since my surgery although for losing the weight I'm a lot more mobile I also have a lot more infections since October when I had my surgery I have had 2 ear infections, tonsillitis, stomach and bowel infections 3 chest infections and too many water infections to count I just can't seem to shake anything off my immune system is at rock bottom

Category: Adjustment

Patients occasionally discussed how the change in diet was affecting them. In most instances, patients did not experience any major problems with changing their diet. However there were some issues regarding lack of energy from a reduced diet and adjusting to smaller portion sizes.

I'm a dippy blonde enough as it is so with the lack of food helping the brain matter function properly I'm even worse, much to my colleagues amusement. Thing is though regardless of the tiredness I'm experiencing, when I first get up for the day I do feel full of vim and vigour and I know that has only come from the weight loss.

Four weeks after op three weeks off mushy food now starting on normal foods i.e. muesli but very small portions, eyes still think I can eat more than body can take, weight seems to be dropping so are my pants have had to get braces

Category: Health issues post surgery

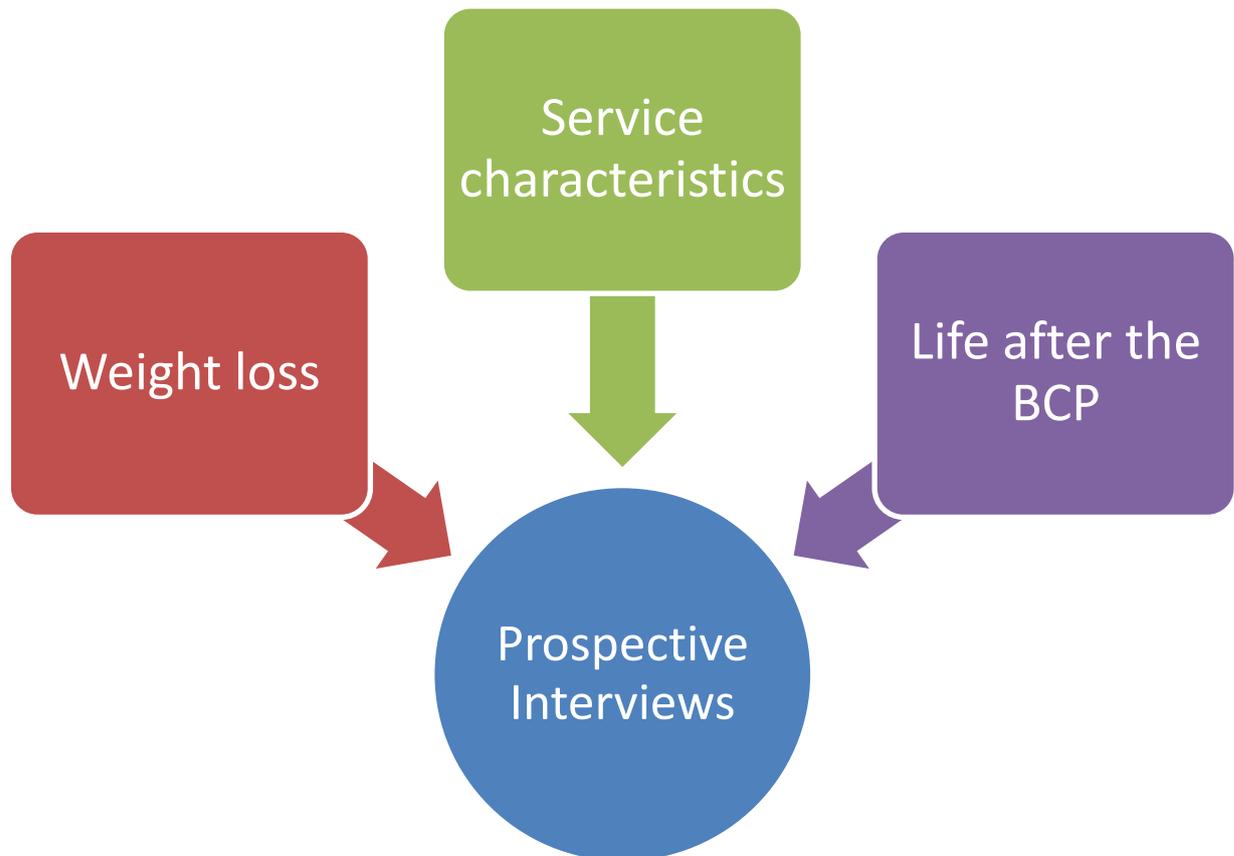
Few patients reported having any serious health issues post surgery. However the patient below described how they were in and out of hospital for a while with different issues post surgery. The patient described that they were left to feel like they had done something wrong e.g. eating more than they should, and stated that even when it was determined what the problem was, they were still prescribed incorrect medication which only served to make the problem worse. This particular patient felt like the information regarding their health was incorrect and inconsistent. However because the patient was unable to see their surgical provider, they perhaps did not receive the specialist advice they needed.

I was in for ten days and it seemed like years to me and every day I felt I was losing hope and getting no better just worse. Test after test showing up with nothing made me feel like it's just me I'm a weak pathetic wimp...So they realised I had a Thiamine deficiency and they said in their defence that they didn't think it was very likely as they hadn't seen it in a patient before. I stopped retching and they discharged me with extra supplements I would have to take for life

Following leaving hospital I was still having problems when I was taking the pain relief they had prescribed me. I got a GP out of hours out to see me and he told me I should never have been prescribed Codeine Phosphate as they were particularly bad for people who had undergone stomach operations and he pointed it out to me in the leaflet prescribed with this medicine. He also said it most definitely could have been the cause of the ulceration and I was to stop taking them immediately and I did! I do feel I was not treated very well by certain professionals but the way I see it now is in the end they realised their error. For me as long as they learn from their mistakes with me, so that no one else had to suffer the way I did.

3.3 Interview analysis

Framework analysis of the data elicited three main themes.



3.3.1 Theme 1: Weight loss

This theme centred on how much weight patients had lost, what were the motivators behind them wanting to lose weight and how well they kept their motivation going both during and after their time on the BCP.

Subtheme: Motivation for weight change

During interviews, patients described various reasons behind why they wanted to lose weight. Some of the reasons given were; health issues, their appearance and for their family. This suggests that even within this relatively small sample of patients, there are varying patient profiles and those who deliver care during the BCP should be aware of patients individual motivators. In addition, one patient who had withdrawn from the BCP early stated that whilst the programme was good, it was not the right time for her to do it. This highlights the need to identify patient levels of motivation prior to patients starting the BCP.

I don't want my son being the fat kid taunted whose got a fat Mum

I was sick of looking the way I was, I wanted to be normal. It's funny because I know once I've lost the majority of my weight and I get down to a healthy weight that's deemed healthy by the NHS and I'm not medically obese, there's going to be other issues that I'm not happy with, my nose, my hair - always something that you're not happy with

My second chance is I want to see these lot grow up, 3 grand kids, 2 girls 1 son and I want to see them grow up. If I don't have the operation I know for a fact you know I'm going to die of something

Perhaps one thing it was the wrong time for me

In addition, patients also discussed different reasons behind why they had put weight on in the first place.

I just went along because my weight was getting out of hand and because of that being diabetic the more weight I was putting on the more insulin I was having to take and the more insulin I took the more weight I put on because insulin puts weight on you anyway. So I was getting involved in a vicious circle until I went on the course

I've always been a sporty lad, I've never been - I was born in the gym, born on a field training, playing rugby and all that and now coming to be 52 being damaged as I am, I thought to myself I shouldn't play rugby. They tell you to keep yourself fit, you don't realise, yeah you keep yourself fit, you have your injuries through the years but they don't tell you the consequences afterwards... My back's going to be damaged that much that I'll be in a wheelchair; you will just sit there and stick the weight on, what the hell... It's only since 1990s since I had an accident, a real bad one, I broke my back in 3 places that I ended up sticking the weight on

I mean I was always like what my mother called well made, but I was only a chubby girl I wasn't fat. But once I've had each child I've piled weight on

Subtheme: Continuing motivation

Both during and after the pathway, patients occasionally discussed how difficult it was to keep motivated particularly in social situations or at times when over eating is expected such as Christmas.

I do know what I need to do but as I say at the moment I'm just trying to do that. With the run up to Christmas as well, I'm not too bothered even if I just stayed this weight for a bit I'm happy you know I was 24 stone this time last year I'm now 14 so you know it's one of them.

Category: Patient support groups

One suggestion that was derived from discussions around motivation was the idea of patient support groups. Participants liked this idea, firstly to be with people who were in a similar position as themselves as secondly to assist in keeping motivation strong post pathway.

Yeah a bit like an AA meeting I suppose, once a week, how you getting on you know how you finding it, just as it wouldn't have to be set every week you if you just felt that you wanted to go you know and see if people are in the same position

Subtheme: Satisfaction with weight loss

Patients were pleased with the weight they lost during the pathway and were positive about future weight loss.

You feel your body shape changing

I've lost a stone since I've gone to the thing, I've lost a stone in weight

No I started at 151. I'm 146.1 - She reckons I've lost about 14 pounds.

I haven't lost as much weight as I'd hoped to but I've lost it gradually. She said [dietician] you haven't put any weight on at all, you've lost it gradually which is a better thing than losing it all in one go, because you maintain it more. If you lost it all in one go then you're bound to go back onto the food. So I've lost, each time I've been weighed I've lost which I'm made up with

Category: Health

One of the key reasons behind patient's decision to access the BCP was due to health issues relating to obesity. Patients reported improved health during the BCP and for those at the beginning of the pathway, there was a feeling that the BCP was going to impact positively upon their health.

I'm diabetic, I've got high blood pressure, I've had a small heart attack in the past, I've got angina. So all that goes against me so hopefully if I gradually lose the weight then my other health issues might sort themselves out. Losing weight isn't just going to affect me in one way, it should affect my health in many ways.

Subtheme: Confidence

Whilst patients appeared to improve in confidence during their time on the BCP, there were still some residual confidence issues particularly around attending a gym or swimming pool. As previously discussed in 3.2.2, participants were keen on the idea of having closed access to the general public whilst their weight management group used the swimming pool.

I've got the form to join a gym by me but the size I am and the weight I am at the moment, I'd feel very very self conscious going into a gym

When you're sort of this size and you go into a swimming pool or a swimming baths, people do look at you...I know it's my fault I'm this size but it is very hurtful the way they look at you.

Yeah they should have a fat pool somewhere. No I don't mean that nasty I mean you know where people like us could go and not feel looked at or stared at... They have it for old age pensioners the open pool just for pensioners

3.3.2 Theme 2: Service characteristics

The second theme looks at patient's opinions of different aspects of the BCP including sessions with the dietician, cognitive behaviour therapy and surgery, and how this has impacted upon them.

Subtheme: Lifestyle and weight management

Patients generally praised the lifestyle and weight management information and found it extremely valuable. There were also instances when patients who had finished the course were still using the information learnt and finding it helpful. In addition, patients commended the dieticians as being helpful, friendly and informative. However, although in the minority, there were some comments regarding the information not being specific enough and patients being unhappy with how they treated if they needed to cancel appointments.

Yeah the lifestyle. We have learnt a lot actually because my lifestyle food now has changed so much it's unbelievable where I end up, where I used to have a plate like that I've got a plate like that and I eat more salads, more veg than anything else I ever done and I'm finding it's nice

I've got to say the weight and lifestyle management programme that I was put on beforehand was very insightful and I've learnt a lot from that, it's funny because you don't bother to look at the packets of food in Asda or anything like that

I've been more self conscious about food labelling, it's not one thing that I would have looked at before I started this but I do look at, especially pre-packed food, the salt levels, the carbohydrates, the saturated fat. With being diabetic also the sugar levels 'cause that's not one thing I would have looked at before starting this

The help and motivation you get from the staff. They don't sort of blame you for the weight you are. They're very helpful, very nice, they don't look down at you to say well you know you're a fat person, you don't matter to anyone. They're dead nice... You aren't judged by anyone

I was delighted when I thought I was going to go to a dietician because I thought I could go to someone and speak to them about the things that upset my stomach really and that she would try and work out something with me that we could hopefully try and lose weight but also it would accommodate some of my health conditions. Like I couldn't, if I have 5 lots of fruit and vegetable a day I'd never be off the loo, do you know what I mean but could I get her off this blasted place, could I heck

I can see where you are at the moment but if you rang up and asked to change an appointment it was almost like they were threatening you. They were saying well you know you've got to keep these appointments to stay on the programme and all this and I thought don't speak to me like that I'm 71, I'm not doing this on purpose, I'm not having health issues on purpose as not to go.

Subtheme: Psychological support

Most patients found the psychological support received invaluable. Some patients felt that CBT was not suited to them and did not wish to delve into past issues to search for a reason behind their weight loss. However on the whole, the psychological input was viewed as one of the most important aspects of the BCP.

Excellent, absolutely. She {CBT therapist} was really and she was a woman you could speak to

I wasn't looking after myself. I haven't looked after myself for years.

She thinks because I'm big, very protective about my family, she thinks that's why I'm big but I couldn't get it through to her that I've always been a big lad, I've never been... I think she's looking for a little lever to say that's why you're big and she's put it down that I was angry and all that

But as I say the main thing for me seems to be some therapy afterwards, not that I'm struggling, I'm kind of fumbling in the dark you know from bits off the internet and I'm just waiting to see my consultant

Category: Loss of a relationship

Some patients discussed how since being on the BCP, particularly post surgery they felt that they had lost a friend in food. Participants likened this to the loss of a relationship.

I'm quite self aware to acknowledge the fact I have got an eating problem, it's like when you go out with a bad boy, you know you shouldn't have it but you want it

I was really upset the fact that like the romance I once had with food has now gone. It's like I don't rely on it the same way, food's food, it's not a social aspect anymore for me.

Subtheme: Post surgery

One criticism from patients was that whilst they felt supported during the BCP, once they had left the pathway the support system was taken away. Patients often reported feeling abandoned and felt that in particular, psychological support post surgery was necessary. In addition, some patients felt that they may not remember to ask all the right questions beforehand and needed someone to talk to post surgery about issues such as excess skin.

But yeah I've embedded all the lifestyle changes, the only thing I would say as criticism is I don't feel I've had much support after, a lot. Ok I've got the consult in-between, it's the initial worry of am I doing this, am I doing that. I feel like I was rushed through the consulting times with him. 'Cause things like I thought right I need to ask that, completely forget at the time and then even when I'm taking stuff down it feels like it's rushed

Both but you only got one session after it then that's it the cut off is end. It's no well we can help you with this, that, you know what happens if I get excess skin, what are you going to do for that?

Maybe some of that afterwards 'cause you're still carrying your behaviour so even though you know what you need to be doing and as you say a lot of people know what to say to get what they get you know like you know what the doctors want to hear type of thing. But nothing you know 'cause I mean you know me I was well prepared. I was dead excited about it but even with all this information and knowledge it doesn't prepare you and I can't explain that to someone. They go well you know what you should be doing but in reality it's a completely different ball game

There's quite a bit of intense support the first 6 weeks, well not even that I'd say 'cause as soon as you're kicked out the hospital you get on with it. There's nothing, I'd say it's more needed for when you get to the 4 month era 'cause then you've got the appetite back and you're like or you're scared to be because you've got your appetite and then you shouldn't be eating this and it is I think there should be something more maybe CBT therapy afterwards because your behaviour, you're picking up new behaviours and this new way of eating which it isn't necessarily the good way because you haven't dealt with the bad behaviours, does that make sense?

Category: Regret

Whilst most patients were happy with their time on the BCP, there were some patients who described feelings of regret particularly around their decision to undergo surgery. Whilst in the minority, some patients felt that they should have continued losing weight through healthy eating rather than enduring bariatric surgery. Mainly patients felt happy with the weight they had lost but missed the social aspects of eating and felt like something was missing in their life. This further highlights the need for support post surgery and also adequate preparation prior to surgery.

I still stand by I would never recommend anyone do it, if I could do this again I wouldn't have the surgery...As much as I'm having this positive, I just miss certain aspects but then I think give me another 12 months maybe once I'm settled into a routine and the cravings aren't there as much and I won't feel like that. But for a while I'm still feeling like I'm missing something. It's like I've lost something and with time I'll get used to that you know what I mean

I'm happy with results but I still, if I had my time over again I wouldn't do it. I'd stay on the healthy eating plan

Category: Excess skin

Some of the patient who underwent bariatric surgery expressed dismay at their excess skin. However, patients were usually realistic and accepted that they could not do anything about this for three years post surgery and that their improved health was more important.

The only thing that is bothering me in the saggy skin situation as much as I'm trying to tone up it's not going to do it itself but obviously I can't even look at doing anything on that until three years post op if I wanted to but I'm not going to let it get me down.

I don't know what I'm gonna look like so I shouldn't really worry about too much of the excess skin, its only superficial and the main point here is my health and not what I look like.

3.3.3 Theme 3: Life after BCP

The third theme is concerned with how patients adjusted post BCP focusing on how their changed lifestyle impacted upon their own life and those around them.

Subtheme: Socialising

One of the biggest adjustments those patients who had undergone surgery had to make was to their social life. Patients discussed how they sometimes felt excluded from social occasions such as work nights out because they were no longer able to eat and drink as much as they could previously. Patients had occasionally 'tested' their surgery by overindulging and either eating or drinking too much but, found the consequences were not pleasant. However, patients soon adjusted and quickly became aware of their limitations with regards to food and alcohol.

Sometimes it just annoys me 'cause we've got out Christmas dinner in here, we've all booked it a three course meal, I can't book it, I can't eat it it's a waste of money. I feel like I'm being a miser but I'm not I just refuse to pay for things that I can't eat you know I can't eat a normal sized little meal let alone

I have noticed though like I try drinking wine every now and again but now I can't have a glass of wine without feeling violently ill, I just don't touch it now, I don't drink so that's the one thing I can say, I don't drink.

I have tried things like pizza and McDonalds and things but as soon as I've eaten one mouthful as much as I've chewed it to it none existent it makes me sick. So it's just a natural repulsion to grease and sugars, just can't do it

Category: Money saving

Whilst patients did feel like their social life was impaired, they did state that one benefit of losing weight was the money they had saved now they were buying much less food.

I just hope now I mean I can't half notice the difference in my money in regards to food, I'm saving at least £200 a month seriously

Subtheme: Work

There was a mixture in patients' working background. Some patients did not work and had not worked for a considerable time and others were at work. For those patients who had

not previously worked, there was a consensus that they were feeling more optimistic about their working future and for those who were working, they felt that as their weight was decreasing, the easier and more pleasurable they found work.

I've been out of work now since 1990, I did have a go at going back but with all the pressure and all that, my legs and all that, it started really getting to me so I had to pack it in. The doctor recommended I packed it in anyway and I just want to go back to work. I'm fed up of sitting in the house or driving this lot everywhere they want to go. You get fed up of it.

That is my end goal, to go back to work.

Subtheme: Impact on significant others

Participants discussed how their time spent on the programme had effected their significant others. Significant others had on occasion been put under stress whilst the patient was undergoing the surgical procedure. However, the change in lifestyle had also had positive effects on patients significant others.

Honestly I thought she was dying in that hospital, it was horrible. Even when I rowed with that woman she went to me I think you're blowing it out of proportion, I went have you got kids? Is it your child that's been crying for 3 weeks writhing in pain?

You know [son's name removed] pretty much the same, he'll eat what I eat so it's projecting into what he's eating. He'll say to me I won't have these sweets Mum and he's always telling people Mum, Mum you're losing weight aren't you Mum? And I'm being healthy too.

Funnily enough my best friend she's round about 22 stone, she's taller than me, she's massive and her family have seen the way that I am and they've been pushing her to have it done and I've said to them it's not a quick fix

It's also been better for me because I know exactly what to go and buy and the cakes are out, the biscuits are out. We don't buy no cakes, no biscuits and if we do have any we wait for him to go to bed

4. Discussion

Patient profiles

Patients were able to clearly explain both how they had become obese and also why they had decided that this was the right time for them to address their weight issues. Even within this small sample of patients, there were very different explanations for weight gain such as injury or having children and also motivators behind wanting to lose weight, e.g. for their children, to look like everyone else or for their health. When delivering information, NHS Wirral need to be aware of these different patient profiles particularly when seeing patients in a group setting. Furthermore, although in the minority, there were some patients who did not feel the group sessions were suitable for them as the information they received was not specific enough to their associated health issues.

Patient motivation

Across the different themes, motivation was continually highlighted as being key to patients weight loss success. In the first instance, patients need to be set clear targets and expectations for weight loss in order to prevent disappointment and demotivation. On the whole, when discussing weight loss, patients were often very positive about how much weight they had lost so far. Patients generally felt that they were given achievable targets and having a target to work towards kept them motivated. However, there were some negative comments from patients concerning how much weight they had lost. It is difficult to ascertain whether the discrepancies between what patients reported is due to some patients not having clear expectations set out at the beginning or whether some patients were, either due to commitment issues or other circumstances, not meeting their targets.

Secondly, patients need to be adequately equipped to deal with any setbacks that they may face during their weight loss process. Sometimes, patients 'fell off the wagon' and this could lead to feelings of failure which, could in turn mean that patients became further demotivated with the weight loss process. Furthermore, patients sometimes discussed times when they were going through disruptive periods at home, e.g. ill parents etc. This often impeded patient's motivation as their own health was no longer taking priority. Patients need to be prepared to deal with setbacks and distractions to ensure that a lapse in diet does not lead to patients completely relapsing and returning to their previous lifestyle.

Post BCP, patients recognised that their support system would be themselves and their significant others. Some patients discussed how their friends and family had not understood their change in lifestyle or their need for bariatric surgery. Often, patients found this very difficult to deal with, particularly in social situations when friends were encouraging them to drink alcohol or join them for meals. Patients of the BCP should be encouraged to bring their significant others along to sessions with the dietician so they can gain an understanding of what the patient is trying to achieve. In addition, if patients significant others are unable to attend it would be beneficial for NHS Wirral to provide literature discussing the key aspects

of the BCP. Whilst NHS Wirral do allow patients to bring their significant others to sessions already, it is the researchers' opinion that this should be actively encouraged.

Experience of the BCP

One of the key aspects of the BCP is the cognitive behavioural therapy (CBT). On the whole, patients were complimentary of the psychological support stating that it made them become more self-aware and understand their relationship with food. However, for those patients who had bariatric surgery there was a consensus concerning the lack of support post surgery, both psychological support and dietary advice. Moreover, there was an overwhelming feeling that patients did not know who to contact post surgery and often reported receiving incorrect and inconsistent advice. One of the solutions for this was the idea of patient support groups. Patients felt that this would help them in two ways; firstly by being with people in similar situations as themselves so they could support each other and share knowledge, and secondly to assist in keeping motivation high. During the BCP, it was obvious that attending a weekly or biweekly class helped to keep patients' motivation levels at an optimum. Introducing patient groups post BCP could assist in keeping patients enthused about the lifestyle changes whilst providing the much needed support system. On a more positive note, patients applauded the surgical team stating that they made them feel at ease and relaxed about their impending surgery. Whilst it may not be in NHS Wirral's remit to offer support post surgery, patients need to be signposted to appropriate services who can offer additional psychological support. Further, it should be ensured that patients know who they can contact if they have any problems (particularly those of a medical nature) post surgery.

Confidence

Throughout their time on the BCP, patients visibly increased in confidence. However there were still some residual confidence issues discussed, predominantly around exercise. Patients stated that they would like to carry out some exercise but felt too embarrassed to go to the gym or swimming baths. One suggestion for this was the introduction of BCP patient sessions at local sports centres. This would mean that patients can exercise with people who are in the same position as themselves. Not only would this assist with weight loss but it should also help in confidence as the more comfortable patients feel attending leisure centres, the more likely they are to attend on their own post BCP.

5. Conclusions

In conclusion, it was evident that there are different patient profiles within the BCP weight management service. This can lead to individual issues being neglected particularly in group settings and it is crucial to ensure that appropriate steps are in place for patients to receive advice on a one-to-one basis. However, many of the patients in the present study reported that the BCP had helped them to make positive changes to their life. Furthermore, patients enjoyed their time on the BCP and it was apparent that patients had lost weight and improved in confidence throughout the evaluation. There were some concerns regarding support post BCP, and more specifically post surgery. In particular this was with regards to patient motivation and health and psychological issues post surgery.

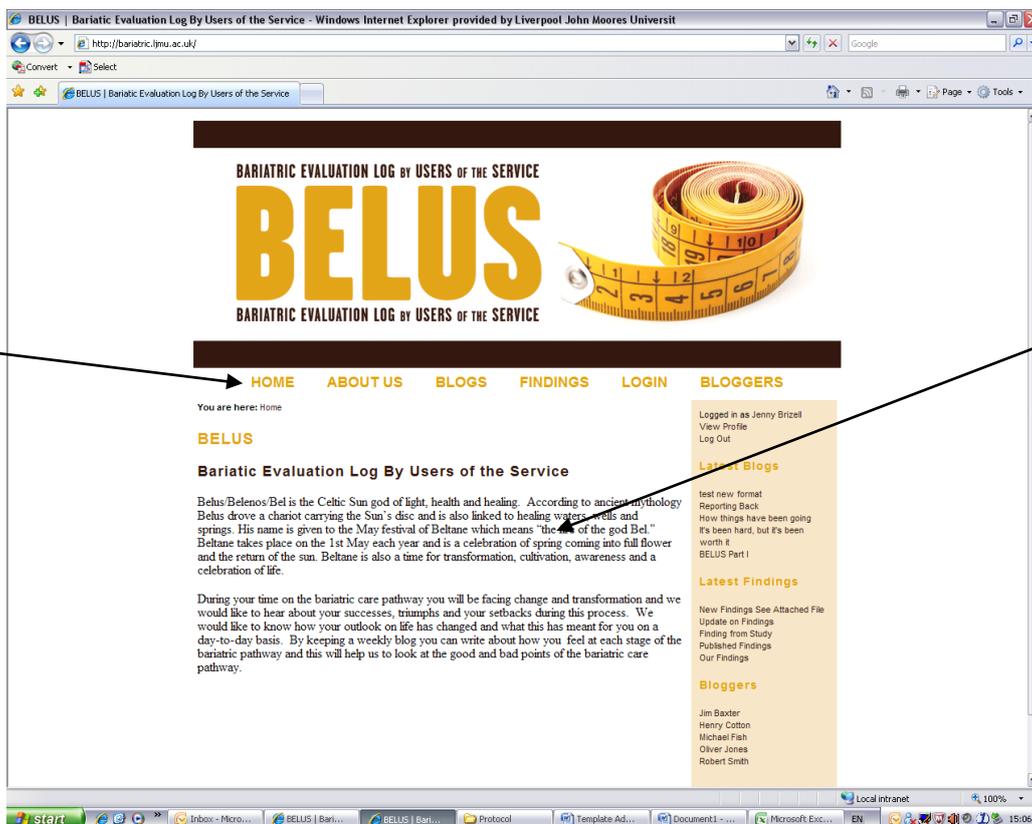
6. References

- Colquitt, J.L., Picot, J., Loveman, E., & Clegg, A.J. (2009). Surgery for obesity. *Cochrane Database of Systematic Reviews*, Issue 2.
- Cook, D. (2009). Adult obesity 2: treatment and management options for weight loss and maintenance. *Nursing Times*; 105: 46
- Dansinger, M.L. (2005). Comparison of the Atkins, Ornish, Weight Watchers and Zone Diets for Weight Loss and Heart Disease Risk Reduction. *JAMA*, 293:1, 43-53.
- Goodpaster, B.H. (2010). Effects of Diet and Physical Activity Interventions on Weight Loss and Cardiometabolic Risk Factors in Severely Obese Adults. *JAMA*, 304;16, 1795-1802
- Guh, D.P., Zhang, W., Bansback, N., Amarsi, Z., Laird Birmingham, C., & Anis, A.H. (2009). The incidence of co-morbidities related to obesity and overweight: A systematic review and meta analysis. *BMC Public Health*, 9:88.
- McDonald, P. (2009) .A diet-free approach to weight loss. *Practice Nurse*; 37: 32-35.
- NICE (2006) [*Obesity: The Prevention, Identification, Assessment and Management of Overweight and Obesity in Adults and Children*](#)
- Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman and R. Burgess *Analyzing Qualitative Data*, pp173-194.
- Shan, Y. (2008). Tackling the obesity crisis in the UK. *Primary Health Care*, 18:8, 25-30
- Stear, S. (2004). The importance of physical activity to good health. *Nursing in Practice*; 14: 47-50.
- The Health and Social Care Information Centre, (2010). *Statistics on obesity, physical activity and diet*. Leeds, England, The Information Centre.

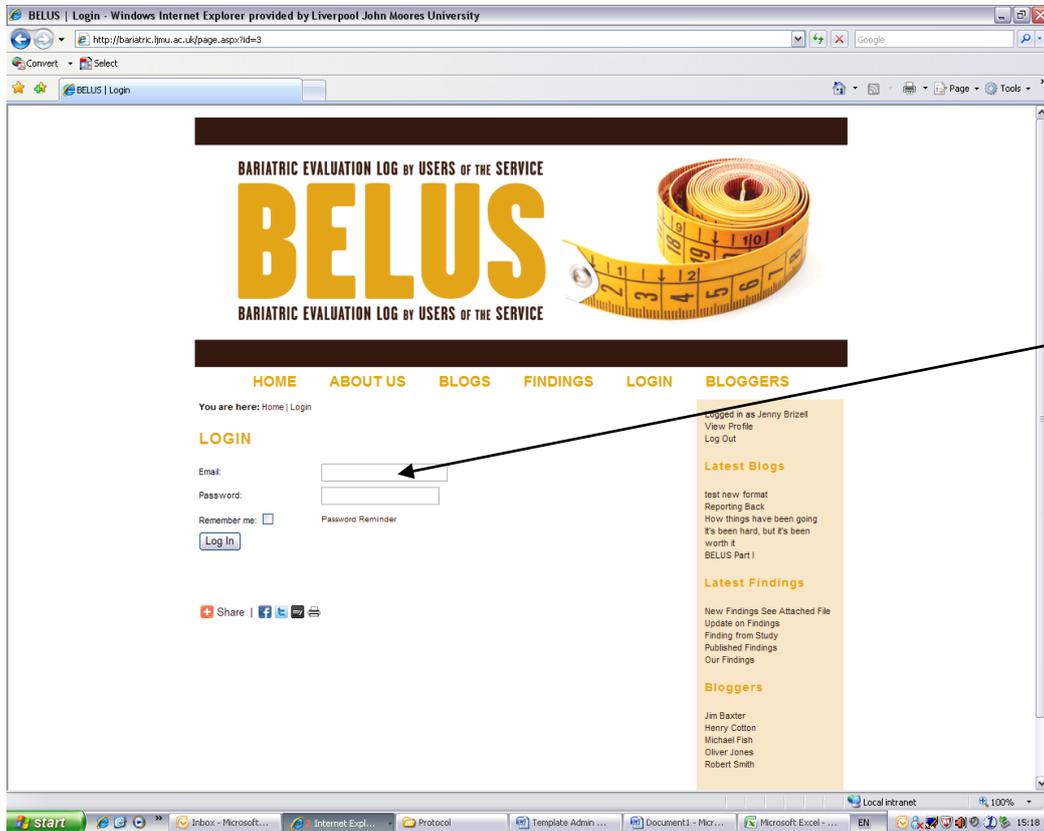
7. Appendix 1

BLOGGERS USER GUIDE

1. **HOME PAGE:** Go to the website <http://bariatric.ljmu.ac.uk>. The home page will tell you a little bit about BELUS and also about keeping your weekly blog.
2. Along the middle of the **BELUS HOME PAGE** there is a list of different pages you can click on
 - The first page is **HOME** which will take you back to the **BELUS HOME PAGE**
 - The second page is **ABOUT US** which will tell you about the researchers who are carrying out the Bariatric Care Pathway evaluation
 - The third page is **BLOGS**. This is where you can see your blogs and also other people's blogs unless they have marked them as private
 - The fourth page is **FINDINGS**. This is where the researchers will put up-to-date findings from the research
 - The fifth page is **LOGIN**. This is where you can login to your blog account and write new blogs, upload pictures etc
 - The sixth page is **BLOGGERS**. This is where can view the profiles of other Bloggers who are using the website.



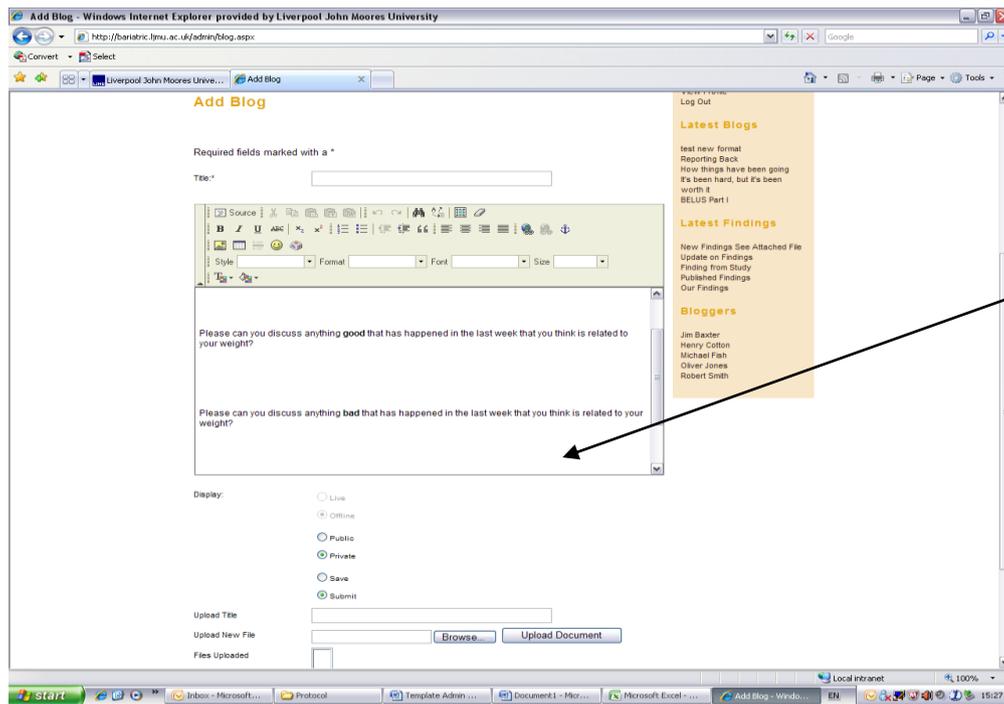
3. **LOGIN.** After clicking on the login icon you will be asked to provide your **EMAIL ADDRESS** and **PASSWORD.** Your email address is the address you provided to researchers and the password will be bariatricljmu. You can change this password after the first time you log in. If you don't want to have to remember your password every time you login you can tick the **REMEMBER ME** box.



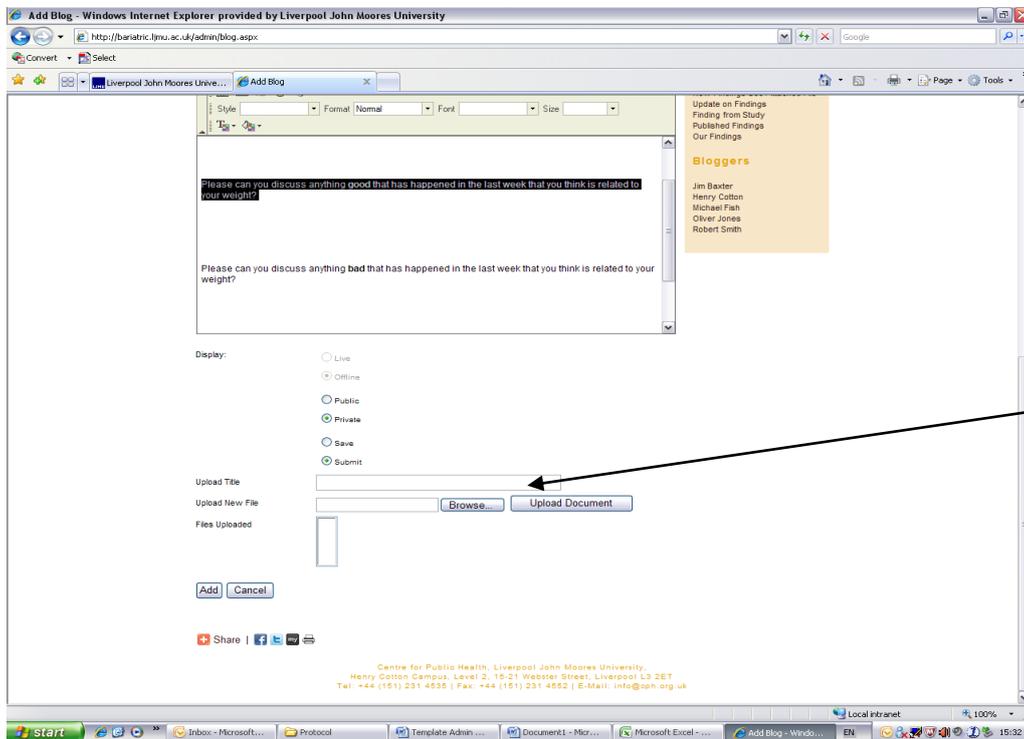
4. Once you are logged in you can ADD NEW BLOGS, EDIT YOUR PROFILE and VIEW OLD BLOGS etc. To ADD A BLOG click on VIEW PROFILE from the right hand list on the website.
5. From the VIEW PROFILE page you can EDIT YOUR PROFILE, ADD BLOGS and look at SAVED BLOGS that you are currently writing.
6. EDIT YOUR PROFILE. Once you have clicked on edit your profile you can upload a picture of yourself, update your email address and change your password. Click UPDATE to make any changes.



7. **ADD BLOGS.** Once you have clicked on the add blogs you are able to write your weekly blog on the website. You can give it a title and then fill in the answers to the questions listed, e.g. *Please can you discuss anything **good** that has happened in the last week that you think is related to your weight?* Here you will also be asked for your current weight. You can mark your blog as **PUBLIC** or **PRIVATE** depending on whether you want other people to see your blog or not and you can **SAVE** or **SUBMIT** your blog. If you are not finished writing you blog you can save it and comeback to it later. If it is finished you can submit it. Once you have finished then click **ADD**.



8. You can also **UPLOAD** any pictures, photographs, poems or anything you like relating to your feelings and experiences during the bariatric pathway. Just click **BROWSE**, find where you have saved your picture etc and then click **UPLOAD DOCUMENT**. Once the document is uploaded then click **ADD**



9. You can also look at **SAVED BLOGS**, These are blogs that you haven't finished writing but you can go back, finish writing and then **SUBMIT** them.