Quality of Life Assessment, of Ileogastrostomy

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Twenty of 26 (77%) consecutive patients undergoing ileogastrostomy, performed by the same surgeon (IGMC) between February 1989 and May 1992, responded to a mailed quality of life survey. Average present weight was reported as 50.9 kg less than a mean preoperative weight of 139.7 kg. Mean time of follow-up was 24.75 months. When comparing perceptions before and after surgery, several quality of life improvements were noted in the areas of vocation, relationships, emotional well-being and physical well-being. Post-surgery, jobs were rated more satisfying, eating habits improved, self-image and self-confidence increased and body disparagement declined. Satisfaction with sexual relations increased, as did frequency. In general, relations with partners, co-workers and friends seemed to improve. Exercise also increased significantly. In contrast, foul flatus, bloating, and bowel movements regularly hampered activities or caused embarrassment when in public. Despite these physical side-effects, we observed that a large majority of persons undergoing ileogastrostomy noted significant improvements in quality of life.

Key words: ileogastrostomy, morbid obesity, quality of life.

Introduction

Surgery for the severely obese must take into consideration the quality of life impairment associated with overweight persons. Clearly, an improved self-image, ability to perform tasks of a physical nature, vocational effectiveness, and realignment of relationships should follow any surgery that adopts psychological as well as physical standards in outlining what has been an effective intervention. Weight loss represents the primary goal of obesity surgery. However, the consequent psychological and social benefits of obesity surgery must not be discounted.

We concur with Stunkard and Wadden who state that “distressingly little information about the psychological aspects of severely obese persons”1 exists and would argue that a psychological impact assessment of various forms of obesity surgery is a necessary part of their overall evaluation. In this present report, 26 consecutive patients were mailed a survey which examined the psychological impact of ileogastrostomy. Clearly, this type of survey is “both subjective and situational”, taking into account the “social, physical, and psychological functioning”2 of severely obese persons who have undergone such surgery. However, it is an acknowledgement that patient perceptions associated with this surgery are extremely valuable in its evaluation.

Surgical Procedure

Ileogastrostomy [Figure 1] has been developed by several surgeons associated with our research group and represents an effort to avoid the development of a blind loop syndrome, the most serious of complications associated with surgery. In our first publication reporting 50 cases, we noted that all patients encountered significant weight loss (>60% of excess weight), comparable to the most successful jejunoileal bypass operations, while reducing the frequency of electrolyte imbalances, associated renal and liver diseases, stomal ulceration, and arthritic or skin complications.3

Subjects and Methods

A series of 26 patients who had undergone ileogastrostomy (all performed by Dr I.G.M. Cleator) between February 1989 and May 1992 were mailed a survey examining their ability to perform physical tasks, job status, self-image, and satisfaction with relationships. Five patients did not respond or could
surgery (similarly all unemployed before surgery were unemployed after surgery). However, those persons possessing jobs noted improvements at work post-surgery. Twelve of 15 persons described themselves as very satisfied (3) or satisfied (9) with their present positions (Table 1). Twelve of 14 persons (one worker did not report) described their present position as much more satisfying (6) or more satisfying (6) than their position prior to surgery. Only one individual described the present position as less satisfying than prior to surgery (three assessed job pre- and post-surgery as the same on a satisfaction scale). Ability of persons to function in the workplace greatly improved in seven cases and improved in four more instances. Income levels were reported by 12 persons. In seven cases there was no change, four reported increases of $0–10,000, and one reported a decrease in salary between $0–10,000.

Relationships

Relationships with partners, friends and co-workers were examined. Comparing treatment by co-workers post-surgery versus pre-surgery, 14 of 14 respondents described their present level of satisfaction with others treatment as very satisfied (7) or satisfied (7) (Table 1). A slight increase in the number of friends was registered. Five of 19 described themselves as having more friends after surgery. Twelve reported having the same number of friends, and two observed a decline in friends post-surgery.

Within marriages some interesting behavioural and self-perception changes were noted. Frequency (Table 2) and satisfaction with sexual relations increased after surgery. Before surgery only four persons described themselves as very satisfied (1) or satisfied (3) with their sexual relations. Afterwards, 13 were either very satisfied (5) or satisfied (8). These changes seemed to translate into a greater self-esteem in the context of these partnerships. Ten ranked their partners satisfaction level with the relationship as very satisfied (3) or satisfied (7). This is in comparison to only five persons (all five were 'satisfied') responding similarly when considering partners satisfaction pre-surgery. Two persons obtained a divorce prior to surgery and the same number were divorced post-surgery (plus one separation).

Results

Vocation

Of those responding to the survey 15 (75%) held jobs prior to surgery. This figure remained the same after

Emotional State

Persons responding to the survey overwhelmingly described their confidence, self-assertiveness and