Obesity SURGERY

STORIES OF ALTERED LIVES

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Obesity Surgery

University of Nevada Press
Reno & Las Vegas

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University of Nevada Press, Reno, Nevada 89557 USA

Manufactured in the United States of America
Design by Louise OFarrell

Library of Congress Cataloging-in-Publication Data
Meana, Marta, 1957–
Obesity surgery : stories of altered lives / Marta Meana and Lindsey Ricciardi.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-0-87417-739-8 (hardcover : alk. paper)
ISBN 978-0-87417-740-4 (pbk. : alk. paper)
1. Obesity—Surgery—Patients—Interviews. I. Ricciardi, Lindsey, 1976– II. Title.
[DNLM: 1. Bariatric Surgery—psychology—Interview. 2. Obesity, Morbid—psychology—Interview. 3. Obesity, Morbid—surgery—Interview. 4. Weight Loss—Interview. WD 210 M4830 2008]
RD540.M432 2008
617.4'3—dc22 2007048452

The paper used in this book is a recycled stock made from 30 percent post–consumer waste materials and meets the requirements of American National Standard for Information Sciences—Permanence of Paper for Printed Library Materials, ANSI/NISO Z39.48-1992 (R2002). Binding materials were selected for strength and durability.

First Printing
17 16 15 14 13 12 11 10 09 08 5 4 3 2 1

This book is dedicated to the gracious women and men in these pages who gave so generously of their life, time, and stories so that others could benefit from their experience.

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Preface

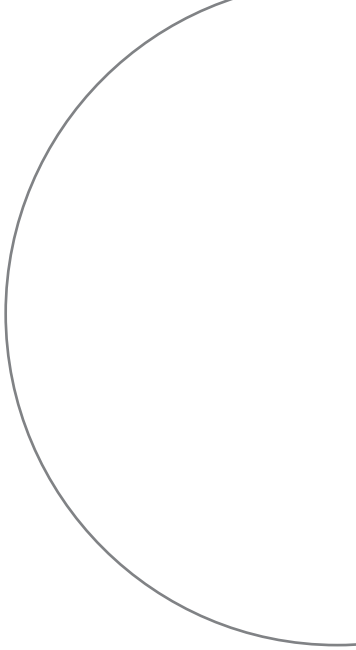
This book has no agenda other than to provide the reader with a collective account of life before and after obesity surgery from the perspective of a group of individuals who are likely to be representative of many people opting for this surgery. This is neither a pro- nor an anti–obesity surgery book. It aims simply, or perhaps complicatedly, to explore how this procedure can affect lives. As a matter of fact, every one of the individuals we interviewed, regardless of all manner of postsurgical dilemmas, told us they would have the surgery all over again in a heartbeat. But almost all of the people we interviewed also said that they were completely unprepared and flabbergasted at the psychological and social upheaval of losing that much weight so quickly. This was true even when the changes were long wished for. That is the focus of this book. We simply wanted to know what happens to the psychological and social lives of people who step out of clinically severe obesity.

Part I consists of five chapters organized around the interviews we conducted and the stories our interviewees told us about life before and after the surgery. These chapters cover the motivations for surgery and then the changes that the weight loss caused in relationships and in their self-concept. Part II consists of two chapters: One summarizes our interviewees' experiences into a model of the postsurgical process and delineates the path that most of their experiences appeared to follow. The last chapter presents a step-by-step program to help individuals who are considering surgery, or who have already had it, prepare for and cope with the changes they will experience. We hope that this account of pre- and postsurgical life and our recommendations will accomplish the following:

1 contribute constructively to deliberations about whether or not to have the surgery
2 help prepare and equip individuals who are either waiting for or have just undergone weight loss surgery
3 validate the experience of those who have gone through it
4 inform the interventions of health care professionals who treat and support individuals through this process
5 help partners, relatives, and friends understand and support the psychological journey their loved one is undertaking.

In addition to the men and women who shared their stories with us, we are indebted to a number of other important people and one institution in the writing of this book. First and foremost, we would like to thank Dr. Barry Fisher for giving us entry into the world of his patients and for sharing his insights. This research project would have been impossible without him. Dr. Chris Heavey, our dear friend and valued colleague at the Psychology Department, University of Nevada–Las Vegas, convinced us that this story needed to be told more widely. This research project might never have become a book without his insistence. The University of Nevada–Las Vegas granted the second author a President's Fellowship during the last year of her graduate training, and this assistance greatly facilitated our work. Finally, we would like to thank our husbands, Tim and Dominic, for their emotional support and intellectual contributions during data collection and manuscript preparation. Thank you all. We are deeply appreciative.

Obesity Surgery



Introduction

If I only had the heart, the brain, the nerve . . .
—THE WIZARD OF OZ

Six years ago, we attended a prospective-patient seminar on gastric bypass surgery. Our training in health psychology had made us a little skeptical of surgical interventions for behavioral problems, but we wanted to learn more about the procedure and the people who were considering it. Sure, we were aware that, for some folks, obesity was partly genetic. We knew that only a minority of dieters maintained their weight loss. Clearly, the whole enterprise was difficult, yet eating and lifestyles remained behaviors amenable to change. We were believers in the power of psychological interventions, of willpower buttressed by emotional support and solid behavioral techniques.

Sitting among the audience of severely obese individuals and a smattering of significant others, we found ourselves humbled by the challenges these individuals had faced in the past and were about to confront in their near future. As we walked back to the parking lot and drove to our offices at the University of Nevada—Las Vegas, our discussion veered far from the concerns we had brought to the seminar. We didn't discuss whether this surgery was really necessary or whether these folks would be better served by a good lifestyle-modification program. We wondered what their lives were like and the ways in which these lives would be changed by weight loss. Six years ago we went looking for a story about losing weight and found a story about finding self—a story about what happens when you get rid of the one thing you are convinced is standing between you and your dreams.

Obese or not, most of us have at some point wished we could change

something about ourselves. We fantasize about how much better our lives would be if we could just make some significant adjustments to our looks, our finances, our careers. Entire industries are built on our chronic dissatisfaction with ourselves and our lives. Reality television also nurtures our self-dissatisfaction and our fantasies about the consequences of radical "self-improvement." Transformations are elusive, though. Most of us are left tinkering with minor alterations and daydreaming about the happiness that might have been ours had we been able to fulfill a wish. But what happens when this wish comes true? Would our lives really be easier or better if we became transformed—reborn?

The people we met at that obesity-surgery seminar were banking on it. They were willing to risk their lives (at the time, the surgery had a higher death rate)[1] to finally experience some positive life changes they had long fantasized about. The extent to which the reality of living on the "greener" side of the fence measured up to these fantasies was the question that interested us. The surgery would make them lose weight, but would the weight loss result in the fulfillment of those preoperative wishes?

In one way, the odds looked pretty good to us. Losing weight would surely improve many aspects of these individuals' lives—they would be healthier, have more mobility, feel more attractive, and so on. The list seemed endless. We live in a society that is openly prejudicial and cruel to people who are clinically obese. Losing a significant amount of weight seemed likely to result in dramatically positive changes both in self-perception and in the perceptions of others. However, we also had a sense it might get a little complicated. As psychologists, we started our research knowing too much about psychological processes to ever expect the surgery to be a fix-all. There are no fix-alls.

So six years ago when obesity surgery was pretty rare, we set out to ask a simple question that no one had asked before. How did your life change when you lost anywhere from 85 to 350 pounds? Was it what you thought it would be? Obesity surgery represents one of those rare opportunities in life in which we get to shed the part of ourselves that we dislike and for which the world discriminates against us. How does all that play out? The question

is more relevant now than ever in regards to weight loss, simply because so many more people are opting for the surgery.

Over the years during which we conducted our research, we saw the popularity of obesity surgery skyrocket, partly as a function of the following:

1 media attention
2 the normalizing impact of celebrity disclosures
3 technological advances in obesity surgery
4 a growing concern about the rise in obesity in the United States (currently one third of American adults are obese, and 5 percent are severely obese)[2]

At the time of our first interviews, there were no Carnie Wilson, Al Roker, Randy Jackson, or Sharon Osbourne celebrity disclosures. It was by no means the topic of television newsmagazines and print articles. The situation was quite the opposite. There seemed to be a cloak of secrecy surrounding the procedure. The general perception was that it was a desperate move reserved for individuals practically on their deathbed because of obesity. All of that has changed dramatically.

It is estimated that in 2005, 170,000 weight loss surgeries were performed in the United States—nearly five times as many as in 2000.[3] These numbers are expected to continue to rise. Between 1998 and 2002, the number of bariatric (the word *bariatric* refers to the branch of medicine dealing with the causes, prevention, and treatment of obesity) surgeons in the American Society for Bariatric Surgery rose from 258 to 641.[4] Research on obesity surgery has also grown exponentially, as have patient-support services. Accompanying the growth in popularity have been remarkable advances in surgical technology, especially in regard to laparoscopic procedures. In contrast to traditional "open" surgery, which involves a large incision through the midsection, these procedures involve tiny incisions sufficient to allow the entry of the surgical instruments and a camera.[5] Such procedures significantly reduce complications and recovery periods. The introduction of the Lap-Band procedure has also revolutionized obesity surgery by providing the option of constricting

the stomach by way of a band, rather than surgical reduction.[6] The band is designed to be adjustable to varying levels of constriction, and, if necessary, it can be removed altogether.

Despite the general boom in obesity surgery over the past six years, a sprinkling of more sobering stories is surfacing. Recently, patients have started speaking out about the emotional and psychological complexities of life after surgery and dramatic weight loss:

- Al Roker cried on national television discussing the emotional process that accompanies the surgery and weight loss,
- The May 16, 2005, issue of *New York* magazine featured an article on how stomach surgery "gets you thin but not necessarily happy"
- The *Pittsburgh Post Gazette* of June 29, 2005, printed an article on how gastric bypass surgery patients often find "it's not a cure for depression"

Comedian Jessica Fisher has a stand-up comedy act available on DVD that delves into the unanticipated ways in which dramatic weight loss changed her life.

Weight loss surgery is clearly very effective at helping people lose enormous amounts of weight, but it does not fix all the problems in their lives. Through our interviews we learned that it might even create some. That is not an argument against the surgery, but rather a precaution. It may not be the panacea or all-encompassing solution that many people expect it to be. There is also an alarming trend to regain weight approximately two years after the procedure. What leads to this regain? We think the answer might be in the extent to which individuals are able to successfully navigate the psychological, emotional, and relational challenges that the surgery and weight loss pose.

We were fortunate to make the acquaintance of an exceptionally psychologically minded bariatric surgeon practicing in Las Vegas, Dr. Barry Fisher. Dr. Fisher was as concerned with the psychological and social lives of his patients as with the physiological outcome of his surgical handiwork. His thinking was that if the quality of life of his patients did not significantly improve after surgery, they would eventually regain the weight. He was not in-

terested in simply helping people lose weight in the short run—he sincerely wanted to improve the lives of his patients holistically.

Obesity-surgery patients remain on a very restrictive diet after the procedure, and they need to have sufficient motivation to adhere to the difficult diet.[7] This seems a little ironic, since most of them had not dieted successfully prior to the surgery. Why would they be successful now? Together with Dr. Fisher, we suspected the answer might be in the improved quality of their lives. The surgery gave the weight loss a big kick-start. As the weight started to drop, patients would experience significant improvements in their lives. These improvements would then provide the motivational fuel that made them stick to their diet.

We are grateful that Dr. Fisher wished to collaborate with psychologists who were as interested as he was in the ways in which his patients coped with the consequences of weight loss. Because of his profound interest in the psychological and social outcome of this surgery, we were given access to the world of his patients. They, in turn, gave generously of their time and privacy to allow us to piece together what happened before and after they left the operating room and returned to surprisingly altered lives.

We conducted in-depth individual and group interviews with twenty-four women and nine men. The fact that the majority of patients we accessed were women is no accident—it reflects the gender ratio of individuals who seek to have obesity surgery. Despite the fact that just as many women as men in the United States are severely obese, 80 percent of weight loss–surgery patients are women.[8] The reasons for this discrepancy have not yet been determined in any scientific way. It seems likely that the gender difference is attributable to one of several potential reasons: Women tend to seek help for personal and health problems more frequently than men;[9] severe obesity can interfere substantially with one's ability to parent children, and women tend to be the primary caregivers; or men suffer fewer detriments to self-image and less societal discrimination than women do as a function of being grossly overweight.[10] Perhaps it is a combination of all of these factors that results in the overrepresentation of women in obesity surgery.

Our youngest interviewee was thirty years old, and our oldest was fifty-

three, with the average age of the group at forty-one years. All were heterosexual. Thirty were European American (Caucasian), and two were Hispanic American. There was a mix of married, divorced, and single individuals, and just over half of them had children. We interviewed people with a variety of occupations, including stay-at-home moms, entrepreneurs, teachers, clerical workers, attorneys, architects, students, nurses, security guards, real estate professionals, hairdressers, and a couple of individuals who were unemployed at the time of the interview. Many walks of life and income levels were represented in our group.

All of our interviewees underwent Roux-n-Y gastric bypass surgery. There was a fair amount of variation in terms of preoperative weight, weight lost at time of interview, and time passed since the surgery. The preoperative weight of the individuals we interviewed ranged from 225 to 525 pounds, with the average being 372 pounds.

- 17 percent of the group had a preoperative weight of under 300 pounds
- 46 percent weighed between 300 and 400 pounds
- 37 percent had weighed more than 400 pounds at the time of surgery
- three individuals weighed more than 500 pounds preoperatively

Weight lost at the time of interview ranged from 85 pounds to 350 pounds, with the average weight lost at the time of interview being 177 pounds. Time since surgery ranged from six months to ten years, but the majority of the folks we interviewed (60 percent) were less than three years out of surgery. Two of our interviewees had had the surgery ten years previous. We thus had the perspective of lightweights and heavyweights, rookies and veterans. However, it is important to note that our sample of people was considerably heavier than the average person seeking or considering obesity surgery today. Although the lightweights in our study tended to experience less dramatic life changes with the weight loss, the changes tended to occur in the same domains with similar, though perhaps less intense, effects.

We asked all of these folks the same basic open-ended question: In what ways has your life changed consequent to the weight loss after obesity sur-

gery? Their answers were rich and varied. Most started by telling us what their lives were like before the surgery and what drove them to opt for the procedure. We taped all the interviews and transcribed them. We then read over each one carefully, and, using a methodology called "grounded theory," we coded the interviews for the emergence of certain themes—some were common to many interviewees, and some were unique to an individual.[11] We then put all of these data together to construct an overall picture of what generally happened to folks before and, in more detail, after the surgery. Toward the end of the book we present a theory of how we think the consequences of the surgery may be related to long-term outcomes. In the last chapter, we propose a series of steps to help those who opt for obesity surgery prepare for and cope with the many changes they will face.

Through this methodology, we hope to communicate the complexity and richness of these individuals' experiences as faithfully as possible. No two individuals reported an identical experience. However, their stories gave us a definite sense that there was a commonality of experience that speaks to universal concerns about the construction of self and how our sense of who we are is shaped by our relationships, both superficial and intimate.

In order to protect the confidentiality of the individuals we interviewed, we changed their names and any other potentially identifying details in their quotes. We also occasionally edited the quotes to correct normal grammatical errors made in speech or to shorten the length of a particular story. Other than in the case of these minimal changes, every quote is taken verbatim from the transcripts of the interviews we conducted.

An obvious omission in the chapters that follow is the struggle to maintain the strict dietary regimen necessitated by the surgery. Many people uninformed in the realities of obesity surgery think that this reconfigured tiny stomach or newly constricted passage eliminates cravings for the types and portions of food that are likely to result in weight gain. This is not true. As Carnie Wilson's book title, *I Am Still Hungry!* so aptly states, obesity surgery is a tool that greatly facilitates weight loss and reduced consumption, but it does not eliminate cravings. Providing further evidence of this, Wilson was a guest on a television show in which celebrities who want to lose weight

compete with each other to do so. And, in her case, this was years after having had weight loss surgery!

As mentioned previously, a significant number of people start regaining the weight approximately two years after the surgery. This regain has typically been attributed to a failure to maintain the postoperative dietary regimen. Although the capacity of the stomach is significantly reduced, it can accommodate grazing (snacking continuously throughout the day) and poor food choices. This book has purposefully avoided the topic of postsurgical diets. Central though the postsurgical dietary struggle is, we were specifically interested in the life changes that may make the required, lifelong dieting worth it or not. There are other resources that offer dietary advice, and we provide a list of them at the end of this text.

A brief summary of the lessons the men and women in this book taught us has already been published in the academic press[12] and has been presented at national and international conferences.[13] However, none of these abbreviated forms of communication gave us the opportunity to make the interviewees' voices widely heard and with all the richness and detail we had listened to. In the next few chapters, we pass the microphone back over to them.

Part 1

Getting There from Here