Bands on the Book- Themes Found in a Facebook Laparoscopic Adjustable Gastric Band Support Group

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Abstract

Bariatric surgery is a tool used when comorbidities and excess weight negatively impact the health of a patient. While there are several different bariatric procedures, the focus for this study are patients who had the laparoscopic adjustable gastric banding [LAGB]. This study examined a group on the social media format Facebook, the "Lapband Support Group" where members use the platform to communicate and offer support throughout their journeys. A literature review revealed common themes seen in this population and these were compared to posts found on the support group page. An IRB was obtained, and permission was given by the administrators of the group to monitor posts for three months. The posts from the members of the group were collected and analyzed for common themes and concepts. The research question that drove this study is, "What are the responses and themes found in a Facebook laparoscopic band support group of bariatric surgery patients"? The analysis was done with a team using Colazzi's method. The concepts revealed were, "Fill fluctuations and frustrations", "Life with a band", and "Community collaboration". These themes can drive a discussion about the journey bariatric patients face and how it impacts them mentally and physically. These findings can also be used by nurses and providers to offer patient specific care for all bariatric patients. They may be able to promote better use of social media platforms to reach patients and support them post operatively.

Introduction

As obesity rates in America increase, medical technology must be developed to help patients achieve a healthier lifestyle. The severity of obesity is defined by the Body Mass Index (BMI). This is a calculation of a ratio of a person's body weight to their vertical height (Weir & Arif, 2019). A patient considered "Class I, Obesity" ranges from "30-34.9", "Class II, Serious Obesity" between "35-39.9", and "Class III, Severe Obesity" is any patient with a BMI of "40 and greater" (American Society of Metabolic and Bariatric Surgery [ASMBS], Body, 2020. para. 5). These classifications are what drive medical professionals in their care and treatment of patients and are increasing rapidly.

Increasing BMIs may be due to the convenience and low cost of unhealthy fast food. Coupled with sedentary lifestyles, obesity has led to an epidemic of health concerns and comorbidities. Hypertension, heart disease, strokes, and diabetes are just a few of these health concerns that are commonly found in obese patients. The development of bariatric surgery is a step towards a healthier lifestyle (Lewis, 2017). Obesity is a prevalent topic in health care, specifically amongst nursing due to its impact on treatment and specific care that is required by obese patients.

Background

Bariatric surgery comprises many different procedures including gastric bypass, gastric sleeve, gastric banding, and gastric balloons. The health consequences of obesity have been shown to be lessened if not resolved through bariatric surgery (Lewis, 2017). This research project will focus mainly on the procedure known as laparoscopic adjustable banding. The procedure involves placing a band around the "upper portion of the stomach" that can be increased or decreased to make "a small pouch above the band" (ASMBS, Adjustable, 2020,

para. 1). This is in effort to decrease the amount of food eaten (ASMBS, Adjustable, 2020). The smaller pouch is designed to help the patient eat less while still feeling full to promote healthier eating and weight loss. Many patients have grown accustomed to eating larger than average portion sizes which have consistently growing (Young & Nestle, 2002). The laparoscopic band works to reverse this by limiting how much food fits into the stomach as once. In conjunction with healthier eating habits and lifestyle change including increased physical activity, the goal of laparoscopic banding is to assist in weight loss and resolution of comorbidities. In short, the band is used as a tool to assist in weight loss, not as a single solution.

In one study, the range of percent of body weight lost at 3 years post-operative with a laparoscopic band was between 35% and 68%. Following 15 years after the procedure there was a range of 47.9%-52.6% weight loss (Furbetta et al., 2020). This is significant weight loss and would indicate a moderate to high level of success. Further success can be taken from subsequent models of laparoscopic bands having decreased complication rates due to changes and advancements made in the technology (Beitner et al., 2016). Trends found in literature show higher success rates in the immediate recovery phase after the surgery. Overtime the chances and instances of complications and failure to maintain weight loss begin to drive down the success rate.

While there is reported success, the procedure can cause many harmful side effects. These include severe acid reflux, the physical band moving out the proper position, and food sensitivity (UCLA Health, 2020). The Bariatric and Metabolic Center of Colorado reports other symptoms of laparoscopic banding as "esophageal dilation, food trapping, stomach stenosis, stomach necrosis, abdominal pain, nausea and vomiting, constipation, and hiatal hernia" (The Bariatric, 2020). Most of the symptoms come in moderate forms and can be managed through

behavior and diet. However, there is a large population that have severe symptoms that result in revision of the band, removal of the band, or revision of the band to another bariatric procedure.

In the state of New York, a study found 20.22% of patients in follow up have a revision. Of that, 32.77% had the band completely removed (Altieri et al., 2016). In a sample of 267 patients with a laparoscopic band 37.1% had their band removed over a 10 year follow up period (Cho & Kim, 2019). In addition to the removal rate being statistically high, in a group of 81 patients with a laparoscopic band, 12 patients underwent a revision surgery to convert to another bariatric procedure (Gonzalez et al. 2015). The risk for having major complications exemplified by these studies is not slim. The Center in Colorado (2020) also reports that 25% through 43% of patients experience ineffective weight loss or subsequent weight regain. This ties into the trends found in other literature that the chance for long term success is low. With the chances of complications and failure being so high and the need for major lifestyle changes so adamant, it is possible that patients will need a major support system and guidance.

Patients with the laparoscopic banding will need support. Due to the stress, physical symptoms, and changes required to have a successful outcome, it is unlikely this will be possible without others for support. This can come from their family, friends, medical providers, or many others. The best way to understand what someone else is going through is to also have experienced it before. This leads to the idea that the best support system for patients is other bariatric surgery patients. Robinson et al., (2020) found that further research needs to be done into the support that can be provided to patients going through bariatric procedures through online forums such as Facebook.

Following the ideas and themes in the narrative review, this project involved surveillance of a Facebook group "Lapband Support". This group consists of individual members who joined

because they have a laparoscopic band or are considering getting the procedure (Lapband Support, 2011). There are a set of rules that members must follow as well as administrators who regulate members and their posts. It is common to see members posting before and after photos from their weight loss, questions regarding symptoms and complications, dietary choices, or words of encouragement. As of January 8, 2020, there are 6,858 members in the group.

Admittance to the group is approved by the administrators who also regulate posts.

Purpose of Study

The purpose of this research was to review the posts made in the Facebook group with the goal of identifying how often, what the specific topics are, and what resolutions are made when members post with regarding fills, support, complications, and revisions. This identified issues associated with the laparoscopic banding procedure that can be used by health care professionals to better care for and educate their patients. Better care can be defined as offering other resources, providing consultation with other specialties, or treating specific symptoms that have gone unaddressed. More information is key in providing accurate care for the best chance of long-term success in bariatric patients.

Research Questions

The questions that guided this research include: What are the posts topics associated with the below key words obtained from a literature review. Do more than one of these key words appear in posts? How do the posts that contain these words vary? These key words were formulated through a literature review. What themes can be developed from the reoccurring key words and how do they relate to the patient's quality of life?

<u>Fill(s)</u>- the process of adding fluid to the band, this will key word will also cover the group members discussing fill removals.

<u>Complication(s)</u>- What negative side effects has the group member dealt with post operatively.

<u>Revision(s)-</u> What the group member has done following experiencing "complication(s)" to solve the problem.

Methodology

A qualitative descriptive design was used to analyze data gathered by doing keyword searches in the group for posts uploaded starting in June of 2020 for three months. Posts were monitored on a daily basis. From these posts information was recorded qualitatively for the key words identified, for the level of negative impairment, and the types of revisions the members underwent. A team used a modified Colazzi's method was used to determine reoccurring themes. To complete this data collection, the student researcher was added to the faculty advisors existing IRB. Permission from the administrators of the group was obtained for the student research to follow and collect data from the group anonymously. The data was then recorded in a document according to date, the inclusion of the selected key words, and the overall topic of the post for later analysis. Once collection was complete, the team worked individually to highlight common words and topics noticed in the documented posts as well as notice trends or patterns amongst member's discussions. Highlighted sections were color coded based on the topic. Based on the most reoccurring high light colors the team worked together to share and compare found topics. Through this discussion themes were drawn and defined from the posts.

Results

The qualitative analysis by the research team of the phases revealed three major themes. The first was "Fill fluctuations and frustrations" which is defined as, the process and difficulties of maintaining adequate and comfortable amounts of fluid in the band to achieve maximum weight loss. The second theme is "Life with a band", daily struggles faced with the band. Topics include feeling sick, feeling as if food is "stuck", having major complications, and having subsequent procedures. The final theme, "Community collaboration", includes members of the group posting in search of advice and other's experiences, asking questions, and supporting one another along their journey. Most of the posts had at least one part of the post pertaining to a theme as stated above.

The theme "Fill fluctuations and frustrations" was formed from the commonality of members unable to maintain the correct amount of fluid in their band. Injecting fluid into the band creates a restriction of food allowed in a smaller pouch of the stomach. If there is too much fluid this can lead to a feeling of discomfort, indigestion, and nausea or vomiting. If there is not enough fluid, the amount of food will not be restricted and there will be less of a chance of the patient will lose weight.

Examples from posts include-

"Had fluid removed in August due to vomiting,"

"I had to have fluid removed from mine due to complications."

"I had an emergency port revision and unfill on Thursday."

"I have no fill"

"can't have any more fills"

"Had mine unfilled for a year and gained 65 lbs."

The most common topic related to fills was the member completely having the fluid removed due to symptoms. With members experiencing various issues with fills they are not able to use the band as originally intended, health promotion through weight loss. The high level of stress related to the band's complications can lead to other symptoms creating a negative impact on the patient's quality of life. These symptoms and stress tie into the second theme "Life with a band".

When patients undergo a laparoscopic banding procedure, they are beginning what is typically a long term or lifelong journey. The theme "Life with a Band" stemmed from members posting about daily experiences or inconveniences associated with the band. In most cases these are things the members have experienced for a substantial amount of time due to the nature of the procedure and are learning to manage. In others this resulted in the member having revision procedures to remove, alter, or have another bariatric procedure completed. Many of the issues are mild symptoms while others are major medical conditions that pushed members to have the band removed.

This theme is exemplified in these excerpts from posts-

"I am constantly getting food stuck every time I eat."

"My doctor thinks it was a failed surgery"

"There was a slip but it repositioned itself"

"I am in the process to get it (band) removed"

"Had it removed and getting mini bypass soon"

"Started having acid reflux really bad at night"

"I had terrible esophagitis from the band"

"I am being converted to the bypass because of reflux issues"

"I've not been able to hold anything down"

The list is inexhaustive and not all members experience these symptoms. The posts made by members reporting their experiences is part of the healing for many of them and using others to find new methods to manage symptoms.

"Community Collaboration" is a self-explanatory theme that represents the Facebook groups purpose all together. Members engage and work together to heal, learn, and be successful. Members often share tips or tricks they have learned, activities they enjoy, and even foods they have found tasty and nutritious. Due to the symptoms and complications some of the members face there is a need for them to gain support from others going through or have gone through the same thing. Since this procedure is also the start of a long-term process, members provide support to others along their journeys. Members ask questions and engage in conversation to share ideas and experiences.

This is exemplified in these excerpts from posts-

"Anybody else have this problem?"

"Okay guys I need some help"

"Congrats on the weight loss!"

"I'm in the same boat boo,"

"Wow, I've never heard of this. Best of luck!"

"Has anyone ever been in my shoes?"

"Hope all goes well for you!!"

"has anyone experienced this.... what was the outcome?"

The comment section on most posts contain several responses from other members and there are new posts from members every day. There is a high number of active members and the group serves as a connector to members from various parts of the United States and other countries. Because of this access to others in similar situations, many members may be able to be more successful in their journey than they would be with the lack of community support.

Discussion

There are many important points that be taken from the analysis of the posts in the Facebook group. The first and most notable is the degree of negative impact and symptoms the members are posting about. A consideration to include is that members may be more compelled to post when there is something going wrong because they are looking for help or they need to ventilate their feelings. It may be less likely that someone who is not experiencing harsh impacts or is losing weight successfully will post. With that in mind, there is still a large percentage of members in the group experiencing impactful side effects from the band. These need to be considered and discussed with medical professionals to ensure health of the patients.

Another important note is the potential for health care providers to use support groups like these as an extension of care. There is always the chance that patients do not feel completely comfortable sharing personal details with medical professionals. It also could be possible they are not sharing the right information and are leaving out details that are important to know when providing care. Having access to an open forum where patients are able to freely discuss and ask questions may make it easier for them to express concerns to health care professionals. It may offer a better understanding to both patient and provider about the situation and generate a safe environment for discussion. When including how to navigate providing care during a pandemic, these support groups can offer means of communication when unable to physically meet in the office or clinic.

A main component for success for patients who receive the band is education. Patients must learn new eating habits, healthy lifestyle activities, general health knowledge specific to their situation, and how incorporate these things into their life. For patients who have eaten a certain way or done certain things their entire life, this can be extremely challenging. Providers can examine the information they are sharing for correctness and if they have the correct understanding of the actual process and procedure. Most notably providers can see if there is there a gap in knowledge that resources can be provided for. The Facebook group can serve as a new and interactive way to offer care and recourses to meet the patient where they are and set them up for the highest level of success possible.

Conclusion

In conclusion, the themes developed from a qualitative analysis on posts from a lab band support group are "Fill fluctuations and frustrations", "Life with a band", and "Community Collaboration". All have an overarching theme of working together with other members to discuss issues and find solutions through others and their experiences. The Facebook group offers members a place to discuss freely and ask questions. This gives an insight to an overwhelming number of members who are experiencing serious and life impacting side effects and who are looking for help in resolving these issues. The group also sheds light on the growing population of members who have undergone revision procedures due to issues faced with the band, failure to lose adequate weight, or to promote further health improvement. While there are still many issues and health complications related to the band; the Facebook page offers a support system to patients through their journey and can offer new insight to medical professionals on how to best serve their patients. Social media support groups should be utilized

more into practice and information taken from them should be heavily considered when offering care to patients.

References

- Altieri, M. S., Yang, J., Telem, D. A., Meng, Z., Frenkel, C., Halbert, C., Talamini, M., & Pryor, A. D. (2016). Lap band outcomes from 19,221 patients across centers and over a decade within the state of New York. *Surgical endoscopy*, 30(5), 1725–1732. https://doi.org/10.1007/s00464-015-4402-8
- American Society for Metabolic and Bariatric Surgery. (2020). Adjustable Gastric Band.

 Bariatric Surgery Procedures. Retrieved February 15, 2020, from

 https://asmbs.org/patients/bariatric-surgery-procedures
- American Society for Metabolic and Bariatric Surgery. (2020). Body Mass Index (BMI).

 Disease of Obesity: Patients. Retrieved February 10, 2020, from

 https://asmbs.org/patients/disease-of-obesity
- Beitner, M. M., Ren-Fielding, C. J., & Fielding, G. A. (2016). Reducing complications with improving gastric band design. Surgery for obesity and related diseases: official journal of the American Society for Bariatric Surgery, 12(1), 150–156.
- Cho, E. J., & Kim, S. M. (2019). Explantation of Adjustable Gastric Bands: An Observation Study of 10 Years of Experience at a Tertiary Center. *Yonsei medical journal*, 60(8), 782–790. https://doi.org/10.3349/ymj.2019.60.8.782
- Furbetta, N., Cervelli, R., & Furbetta, F. (2020). Laparoscopic adjustable gastric banding, the past, the present and the future. *Annals of translational medicine*, 8(Suppl 1), S4. https://doi.org/10.21037/atm.2019.09.17
- Gonzalez-Heredia, R., Masrur, M., Patton, K., Bindal, V., Sarvepalli, S., & Elli, E. (2015).

 Revisions after failed gastric band: sleeve gastrectomy and Roux-en-Y gastric

- bypass. *Surgical endoscopy*, *29*(9), 2533–2537. https://doi.org/10.1007/s00464-014-3995-7
- Lapband Support (Private/Closed). (2011, July 28). Home [Facebook page]. Retrieved from https://www.facebook.com/groups/LapBandSupportClosed/.
- Lewis, S.L., Dirksen, S.R., Heitkemper, M.M., Bucher, L., & Harding, M.M. (2017). Medical-Surgical nursing: Assessment and management of clinical problems (10th ed.). St. Louis: Elsevier.
- Robinson, A., Husband, A. K., Slight, R. D., & Slight, S. P. (2020). Digital Support for Patients

 Undergoing Bariatric Surgery: Narrative Review of the Roles and Challenges of Online

 Forums. *JMIR perioperative medicine*, 3(2), e17230. https://doi.org/10.2196/17230
- The Bariatric & Metabolic Center of Colorado. (2020, October 21). Lap Band Complications How Safe Is Lap Band Surgery?: BMCC. Bariatric Surgery | The Bariatric & Metabolic Center of Colorado. https://bariatricsurgeryco.org/bariatric-surgery/lap-band-surgery/lap-band-complications-risks/.
- UCLA Health. (2020). Lap Band Revision. Obesity treatment. Retrieved January 8, 2020, from http://surgery.ucla.edu/bariatrics-lap-band-removal.
- Weir, C. B., & Arif, J. (2019, December 7). BMI classification percentile and cut off points.

 Retrieved February 15, 2020, from https://www.ncbi.nlm.nih.gov/books/NBK541070/
- Young, L. R., & Nestle, M. (2002). The contribution of expanding portion sizes to the US obesity epidemic. *American journal of public health*, 92(2), 246–249. https://doi.org/10.2105/ajph.92.2.246