2 - BODY IMAGE AFTER BARATRIC SURGERY

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Introduction

Up until the end of the nineteenth century, obese male and female bodies used to be seen as a beauty pattern and a symbol of fertility, that is, obesity was linked to aesthetic issues. In the twenty-first century, there was a change towards a slender silhouette and a concern with the pathological aspects related to the excess of body weight.

Today, obesity is known to be a chronic degenerative disease marked by the excess of fat. Obesity stems from modern life, and the World Health Organization (WHO) regards it as the second most common cause of death in the world. The WHO uses the body mass index (BMI) and the associated mortality risk to classify obesity. A person is obese when the BMI is above 30 Kg/m^2. As for severity, the WHO defines three degrees of obesity: Grade I, with BMI between 30 and 34.9 Kg/m^2; Grade II, with BMI between 35 and 39.9 Kg/m^2; and Grade III when the BMI is above 40 Kg/m^2.

In the past decade, the obese population has also been increasing in third world countries like Brazil. According to the WHO (1998), one third of the Brazilian population is unhealthily overweight today. All age groups are affected, but it is prevalent in middle-aged people. According to the Ministry of Health, 6% of men and 12% of women over 18 suffer from the disease. Moreover, due to its epidemic characteristics, it attacks many people living in the same area and its causes are not fully known. Obesity instigates the scholars of different areas to investigate its prevention and treatment.

It is of foremost important to understand the aspects which interfere in the symptoms of obesity. It would take a long time for that to happen, says Mc Ardle (2000). The chances of being obese in the adult phase of life are three times higher when there is excess of fat during childhood. Children of obese parents have twice as much risk of being obese as well. That is due not only to genetic aspects but also to bad eating habits and a sedentary lifestyle. Besides the genetic and environmental aspects, there are other factors like race, differences in the resting metabolic rates, diet-induced thermogenesis, level of spontaneous activity (agitation), basal body temperature, cellular ATP levels, lipoprotein lipase (and other enzymes), metabolic active brown adipous (fatty) tissue") tissue, and body image.

Obesity brings many risks to health which are known as morbidity. Some examples are: deteriorated cardiac function (resulting from more mechanical work and dysfunction of the left ventricle), hypertension and EVA, diabetes, kidney disease, lung disease, and dysfunctions (as a result of more effort to move the thoracic wall).

Thinking in a collective sense, obesity brings a high cost to the health system in general, for the obese people usually arrive at the hospitals in serious conditions, needing continuous use of medication, thereby becoming an expense for the country's economy, as VASCONCELOS (2006, p.23) says. Thus, public policies which comprehend the prevention of the disease and the access to the many kinds of treatment must be created.

Because obesity is "a complex multifactorial disease in which there is an overlaying of genetic, behavioral and environmental factors" (Andrade, 2006 p.15), its treatment involves several approaches (nutrition, use of medications, and practice of physical activity). However, several patients do not respond to these therapeutic maneuvers, requiring a more efficient intervention. A great help in the clinical course of some cases of obesity has been the technique of bariatric surgery. It is said to be the most efficient treatment for obesity, weight reduction, morbid obesity, as well as its maintenance, therefore becoming the most frequently performed procedure in the world (SANTOS et al., 2006, p.188).

Morbid Obesity and Bariatric Surgery

The criteria to be submitted to bariatric surgery, according to Resolution no. 1.766/05 of the Federal Council of Medicine relate to the BMI, that is, only patients with a BMI over 40 Kg/m^2, or 35 Kg/m^2 associated to co-morbidities (pulmonary arterial hypertension, dyslipidemia, type 2 diabetes, sleep apnea, among others), with ages between 18 and 65 years old (ARASAKI et al., 2005, p.287) can do it. In addition, a follow up of at least five years of the evolution of the obesity and a history of the failure of conventional treatment are necessary.

There are many kinds of bariatric surgeries and they are classified as disabsortive, restrictive, and mixed. The gastric band is a prosthesis made of plastic material with an inflatable balloon which is placed around the stomach, forming a ring that, when inflated, narrows the passageway where the food leaves the stomach, making it look like an hourglass. Like the principles of Dr. JoAnn Manson's surgical technique, it consists of a "clamp" which creates a little entrance path for food ingestion, making the patient feel full more quickly. There is less weight loss, for the patients can ingest caloric liquids instead of solid foods. The weight loss is about 25% of the total weight. The advantage is that the gastric band can be placed through videolaparoscopy. The disabsortive technique allows the person to eat large amounts of food and intends to alter the absorption of the food ingested, resulting in great weight loss. However, it may cause metabolic disturbances. It is not the first choice of surgery and it is also known as intestinal bypass surgery.

Another technique used to lose weight is the placement of the intragastric balloon through an endoscopy, without the need of hospital admission. It is a balloon-shaped silicon prosthesis which is placed in and later inflated with saline solution. Thus, it fills a part of the stomach, giving a feeling of satiation. It is removed every six months. Moreover, it is suitable for very obese patients who need to lose a lot of weight before the surgery so as to reduce complications.

Recent studies indicated that the Capella technique is the most efficient one, as it brings restriction and disabsortion together. Clamps are used to cut and divide the stomach into two. The excluded part of the stomach stops being part of the digestive pathway and the remaining part of the stomach, with the capacity for 30 ml (1 oz.), is linked to a segment of the small intestine. Besides limiting the deflation, it restricts the volume ingested, since a polypropylene screen cloth is placed around the remaining stomach. Currently, this technique is the one which provides the most weight loss (about 50% of the total weight).

The operated patient can not lose weight or s/he may even regain the weight s/he had before, according to his/her organic and psychological characteristics and the type of operation performed. Other post-operational changes are depression and unwanted behavioral or nutritional alterations. The psychological profile of the patient must be taken into consideration before the surgery since, according to the Latin-American Consensus on Obesity (Coutinho,1999,p.4), the obese person has a

psychological suffering resulting from the social discrimination against obesity as well as against the characteristics of his/her eating habits.

However, in spite of the fact that it is known that obese people have higher levels of symptoms like depression, anxiety, food disorder and personality disorders, the literature is still scarce in studies which can help the patient to know and understand himself/herself better, to adhere to the treatment in a more efficient way, involving and making him/her responsible for the creation of a new identity and stimulating him/her to effectively participate in the process of weight reduction.

It can be said that the morbidly obese present body-image alterations, that is, the way the individual sees himself/herself and feels toward his/her body (FERREIRA, 2005, p.25). These alterations may be some of the factors which cause obesity, or are even caused by it.

Objective

To use a case study to inquire on the representations of the body image of people with morbid obesity who were submitted to bariatric surgery.

Methodology

The qualitative studies, according to Ludke and André (1986, p.18), are "developed in a natural situation, being rich in descriptive data and having an open and flexible plan, as well as focusing on reality in a complex and contextualized way".

Monteiro (1998, p. 7) says that the qualitative investigations are those whose research strategies favor the understanding of the meaning of social phenomena beyond their mere explanation in terms of cause and effect relationships. In the case of Education, the qualitative investigation aims to understand it in terms of its process and of the human experience.

Upon beginning our studies concerning the relationship between morbid obesity and bariatric surgery, we sought for a case study with the objective of studying people who had been submitted to this surgical procedure and their body image.

To Ludke and André (1986,p.45), "analyzing qualitative data means" working with "all of the material obtained during research, that is, the accounts from the observations, the transcriptions of interviews, the analyses of documents and other information available."

Analysis and Data Description

A 38 year-old woman was interviewed. She is 1.60m tall (5'2") and weighs 73 Kg (161 lbs.) after having been submitted to the bariatric surgery of Capella kind one year before. Her health insurance covered the surgery performed by a private doctor. She went from 135Kg (297 lbs.) to 73Kg (161 lbs.). After her operations, she underwent a series of plastic surgeries over the period of one year and a half.

She has a good social and economic status and a college degree. She also owns a store which sells frozen food, spices, and cold cuts among other things. She had been obese since her childhood, and there were other obese people in her family:

Ever since I was about nine I've known it runs in the family. I've been chubby since I was nine. I'm not the only one in the family. My brother was submitted to a stomach reduction operation. I did it first and he followed suit. The other siblings are fat too.

From this account, we can see not only the genetic predisposition but also how the environmental aspect interferes with obesity, that is, the eating habits and physical activity she has had/done since childhood and the close relationship she has had with food up to now (taking into account that the interviewee owns a frozen foods store).

Most obese people spend a great deal of their lives getting on diets, taking up physical activities and starting treatments whose main objective is to fight obesity. As she states,

I've always done some sort of exercise, for example: before betting married, I used to live in Rio and I always worked out there. Then I came here and kept doing water aerobics. I stopped practicing it at times… for a couple of months in the winter, or when I had to work more, but I always resumed my exercise routine. I've never quit for good.

This going back and forth is very common concerning the practice of physical activities, and so is the search for several methods with intent to lose weight, which, in most cases, is not achieved.

I know any doctor in Juiz of Fora you can mention. I've been to Weight Watchers a dozen times and then I gave up... Diets? My whole life. I would see doctors, nutritionists... I grew tired of seeing endocrinologists... I went on diets by myself, but I always went to an endocrinologist....If anyone told me s/he was seeing some doctor, I would see that doctor too! I would. Hell, I would!.. In Rio too. After I moved here, I've been to five or six doctors. … I lost weight sometimes. If I stopped taking the medicine or if I interrupted the treatment, the weight would come back... Like Weight Watchers... I love them. I think, let's say, that it is for those who need to lose only little weight.

Several studies show that the death rate for bariatric surgery is 1%, as Reis points out (2006, p.73). However, the failure of conventional treatments and the dissatisfaction with the body make the patient think that the surgical procedure is his/her "salvation". In an extreme situation, the surgery is necessary and it is worth running the risk.

The only thing that went through my mind was dying and leaving my one-year old daughter! But I also knew that the risk of being obese was much higher than that of the surgery. So, I kept thinking sometimes that I would probably not be walking around if I hadn't undergone the surgery because I weighed 135 Kg (297 lbs.). I would not... it's foolish to think I would!

This body dissatisfaction and the image that the person has of his/her body is built over the years according to the environment and social demands. According to Almeida, et al. (2004, p.290), historically, the cultures tend to stigmatize traces or behaviors which are considered negative or deviant. In this perspective, the perception of body size has been associated with strong cultural values. In certain periods, being "plump" meant being beautiful and powerful and therefore, having a positive self worth, in contrast with the depreciation and demands which have characterized the last decades, which tended to value slim and slender bodies. With this negative connotation, obesity generates feelings of dissatisfaction which start in childhood and persist until the person is an adult. Besides, studies point to an association between this dissatisfaction and a discrepancy between the perception and the desire concerning size and body shape.

I don't remember wearing a bikini... I do remember that when I was about nine or ten I was chubby. I might have worn a bikini, but then I would get embarrassed. I started wearing a one-piece bathing suit but when I got older then there was nothing else I could wear (...) Now, people like me, people who have always been fat, can dream...dream of wearing a top and no bra underneath… I'd never worn tank tops before.

With the social and cultural norms perpetuating the stereotype of the association of thinness with positive attributes, especially in women, improving the physical appearance decreases the discontentment with the body and people are not discriminated against. Many of those wishes are said to come true after the bariatric surgery.

Like the day that I tried to go through the bus turnstile with my daughter and I could not do it. It was me or her. Then a

lady took her in her arms and she went through over it. I got stuck there. So, I cried the first time I went through it with her after the surgery! If I went to a bar - my husband loves it - I got all worried about those white plastic chairs. Going to bars was a torture for me. I did not have anything that fit me. (...) I used to come to my store and sit all day. Then people would say, 'Your husband is so handsome and you are so fat.' One day, this lady came to me and said that one day I would not be able to pass under the counter. All of these things add up. There are several factors that continue to add up. Especially self-esteem! I did not want to buy any clothes or go out....then it all changed! I kept thinking that I would not be able to play with my daughter, sit on the floor and play with her and the dolls, or get into her play house...

The distortion of body perception is also present. In spite of being in the ideal weight bracket and having a stable weight, our interviewee still dreams of losing a little more weight. This happens, perhaps, due to a search for the positive self concept and even for the status of being a subject.

Sometimes I get to the conclusion that I can lose more than I have so far. I stopped losing weight a long time ago. You lose 40% of your weight…I lost practically 50%. So I've lost more than what is considered normal or natural. I've known it since the beginning. Doctors say that we are operated on not to look like a miss in a pageant, but to be healthy (...)

Last year, I underwent all the plastic surgeries that I had to. I spent about a year and a half doing that. Then you want to improve, to remove the excess of skin until it is all right. So, I think... for instance, when I had my last plastic surgery I ended up with 70 kilos (154 lbs.). Then I gained about three kilos (6.6 lbs.). My doctor told me that might happen and that after being submitted to a lot of plastic surgeries we do lose weight. Then it got more difficult. I am very worried. I am afraid of putting on weight...but I want to lose these three kilos. Those 70 kilos I had after the last operation really agreed with me.

Final Considerations

It can be said, then, that bariatric surgery brings many advantages to people with morbid obesity, providing them with a new quality of life concerning their bodies. However, these aspects had to be followed up by specialists like nutritionists, endocrinologists, physical education professionals, and psychologists, among others. The interdisciplinary practice is important because it does not matter how much a specialist knows about other fields of knowledge, s/he does not know them all well enough. Besides, this need reflects the preoccupation with the total health of the individual and results in a more efficient treatment. This follow-up after the surgery is important, initially, in the control and maintenance of the weight and in the monitoring of the co-morbidities that persist. Moreover, the relationship between the person and his/her “new” body, its dimensions and idealizations will demand special attention. That happens because the obese people usually do not accept their bodies the way they are, and after the surgery, they still see the old body and live with the fear of re-gaining the weight they have lost. Then they begin looking for aesthetic patterns that do not coincide with their own, which might result in frustration, distorted self-image, and even depression.

During the study, the aforementioned symptoms were seen, denoting more clearly the need that professionals of different fields, who work with morbid obesity, intensify their studies in search of a better understanding of the body representation of the obese.

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BODY IMAGE AFTER BARATRIC SURGERY

ABSTRACT:

The changes the world has been going through in the last few years are very visible, especially in terms of body-related issues. Today, obesity has achieved epidemic proportions, and a large part of society is at risk. This paper aims to study the representations of body image of people with morbid obesity who were submitted to bariatric (gastric bypass) surgery. A qualitative investigation was carried out by means of a case study. Bariatric surgery provides the obese with improvements in

terms of not only their general health but also their self-esteem. However, those people usually see the surgery as a solution to all their problems, which is certainly not true. A search for a dream or ideal body takes place then, but rarely does it comes true. It is when that ideal is not attained that self-image deviations, frustration and depression may arise.

IMAGE CORPOREL APRÈS CIRURGIE BARIATRIC
RESUME:

Les changements que le monde a subis aux dernières années sont visibles, principalement en ce qui concerne les questions relatives au corps. Actuellement l'obésité a pris des proportions épidémiques mettant un grand part de la population en danger. On a eu pour but, dans cette étude, de rechercher les représentations de l'image corporel de personnes avec obésité morbide qui se sont soumises à la Chirurgie Bariatrique. On est passé à l'investigation qualitative à travers l'étude de cas. On a repéré que la Chirurgie Bariatrique pourvoit l'individu obèse d'améliorations soit dans le cadre de santé générale, soit l'amour-propre. Pourtant, il envisage, très souvent, la chirurgie comme la solution pour tous ses problèmes, ce qui n'arrive pas. Une quête pour le corps « rêvé » et « idéalisé » qui le plus souvent ne se concrétise pas. A ce moment, surgissent les déformations de l'auto-image, la frustration et la dépression.

IMAGEN CORPORAL DESPUÉS DE CIRUGÍA BARIÁTRICA
RESUMEN:

Son visibles los cambios por los cuales pasa el mundo en los últimos años, principalmente en lo que toca a las cuestiones relativas al cuerpo. Actualmente la obesidad ha aumentado hasta alcanzar proporciones epidémicas, poniendo grande parte de la población en riesgo. En este estudio, se objetiva investigar las representaciones de la imagen corporal de personas con obesidad mórbida que se sometieron a la Cirugía Bariátrica. Se procedió a la investigación cualitativa a través del estudio de caso. Se observó que la Cirugía Bariátrica proporciona al individuo obeso mejorías tanto en el ámbito de la salud general como en la autoestima. Sin embargo, él vislumbra, muchas veces, en la cirugía la solución para todos sus problemas, lo que no ocurre. Se inicia entonces una búsqueda por el cuerpo “soñado” e “idealizado” que en la mayor parte de la veces no se concretiza. Surgen en este momento, desvíos de auto-imagen, frustración y depresión.

IMAGEM CORPORAL APÓS A CIRURGIA BARIÁTRICA
RESUMO:

São visíveis as mudanças que o mundo vem sofrendo nos últimos anos, principalmente no que se refere às questões relativas ao corpo. Atualmente a obesidade tomou proporções epidêmicas colocando grande parte da população em risco. Objetivou-se, neste estudo, pesquisar as representações da imagem corporal de pessoas com obesidade mórbida que se submeteram à Cirurgia Bariátrica. Procedeu-se à investigação qualitativa através do estudo de caso. Observou-se que, a Cirurgia Bariátrica proporciona ao indivíduo obeso melhorias tanto no âmbito da saúde geral quanto na auto-estima. No entanto, ele vislumbra, muitas vezes, na cirurgia a solução para todos os seus problemas, o que não ocorre. Inicia-se uma busca por corpo “sonhado” e “idealizado” que na maioria das vezes não se concretiza. Surgem neste momento, desvios de auto-imagem, frustração e depressão.