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LIFE PERSPECTIVES OF PEOPLE WITH OBESITY AFTER BARIATRIC SURGERY

*Perspectivas de vida de pessoas com obesidade após a cirurgia bariátrica**Perspectivas de vida de las personas con obesidad después de la cirugía bariátrica*Luciara Fabiane Sebold¹ Caroline Linhares de Jesus² Kelly Raquel Przybsz³ Bárbara Mohr da Silveira⁴ Barbara Guimaraes Saporí Lage⁵ 

RESUMO

Objetivo: conhecer as expectativas de vida para o futuro das pessoas com obesidade, no perioperatório de cirurgia bariátrica.**Método:** estudo qualitativo, descritivo e exploratório, realizado em um hospital universitário no Sul do Brasil, com 14 participantes. A coleta de dados ocorreu por meio de entrevistas semiestruturadas. **Resultados:** três temáticas foram construídas para a discussão: Resgate e fortalecimentos de relacionamentos pessoais; Saúde para viver melhor; Autoimagem: apresentar-se para o mundo. **Considerações Finais:** a cirurgia bariátrica representa, para os participantes, uma oportunidade de restaurar relações pessoais e profissionais, melhorar a saúde e reformular sua autoimagem. Esses achados destacam a importância da atenção dos profissionais de saúde, especialmente da enfermagem, no suporte a essas pessoas.**DESCRITORES:** Autoimagem; Cirurgia bariátrica; Doença crônica; Enfermagem; Obesidade.^{1,2,3,4}Universidade Federal de Santa Catarina, Florianópolis, Santa Catarina, Brasil.⁵Universidade do Sul de Santa Catarina, Palhoça, Santa Catarina, Brasil.**Received:** 2025/03/12. **Aceito em:** 2025/05/23**CORRESPONDING AUTHOR:** Bárbara Mohr da Silveira**E-mail:** barbamohrs@gmail.com**How to cite this article:** Sebold LF, Jesus CL, Przybsz KR, Silveira BM, Lage BGS. Life perspectives of people with obesity after bariatric surgery. R Pesq Cuid Fundam (Online). [Internet]. 2025 [cited year month day];17:e13847. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v17.13847>.

ABSTRACT

Objective: to understand the life expectancies for the future of people with obesity, in the perioperative period of bariatric surgery. **Method:** qualitative, descriptive and exploratory study, carried out in a university hospital in southern Brazil, with 14 participants. Data collection occurred through semi-structured interviews. **Results:** three themes were constructed for the discussion: Rescuing and strengthening personal relationships; Health to live better; Self-image: presenting yourself to the world. **Final Considerations:** bariatric surgery represents, for participants, an opportunity to restore personal and professional relationships, improve health and reformulate their self-image. These findings highlight the importance of attention from health professionals, especially nursing, in supporting these people.

DESCRIPTORS: Bariatric surgery; Chronic Disease; Nursing; Obesity; Self concept.

RESUMEN

Objetivo: comprender las expectativas de vida para el futuro de las personas con obesidad, en el período perioperatorio de cirugía bariátrica. **Método:** estudio cualitativo, descriptivo y exploratorio, realizado en un hospital universitario del sur de Brasil, con 14 participantes. La recolección de datos se produjo a través de entrevistas semiestructuradas. **Resultados:** se construyeron tres temas para la discusión: Rescatar y fortalecer las relaciones personales; Salud para vivir mejor; Autoimagen: presentarse ante el mundo. **Consideraciones finales:** la cirugía bariátrica representa, para los participantes, una oportunidad para restablecer las relaciones personales y profesionales, mejorar la salud y reformular la autoimagen. Estos hallazgos resaltan la importancia de la atención de los profesionales de la salud, especialmente de enfermería, en el apoyo a estas personas.

DESCRIPTORES: Autoimagen; Cirugía bariátrica; Enfermería; Enfermedad crónica; Obesidad.

INTRODUCTION

Obesity is considered a chronic disease of multifactorial etiology, characterized by the excessive or abnormal accumulation of body fat, i.e. it is a complex condition that results from the interaction between genetic, metabolic, behavioural and environmental factors, affecting people of different age groups, genders and socioeconomic backgrounds, as well as representing a significant risk factor for the development of various comorbidities, such as type 2 diabetes mellitus, hypertension and cardiovascular diseases, impacting on quality of life and also on mental health.^{1,2}

It is understood that the population's ageing process has been increasingly compromised by the maintenance of inadequate lifestyle habits, such as sedentary lifestyles and unbalanced diets, which are risk factors for the development of obesity and, consequently, the increased need for effective therapeutic interventions to reduce weight.³

In this context, bariatric surgery is considered an effective approach for the treatment of severe obesity, showing superior results to non-surgical methods in weight reduction and improvement of associated comorbidities.⁴ In addition to significant weight loss, surgery requires changes in patients' lifestyles, and changes in eating habits, physical activity and the search for emotional balance are essential for the success of the surgery.⁵

The two most commonly used surgical procedures today are vertical gastrectomy and Y-de-Roux gastric bypass. Both techniques can be performed openly, laparoscopically (minimally invasive surgery) or robotically (robot-assisted surgery).⁶

Within the Unified Health System (SUS), the criteria for indicating bariatric surgery are regulated by Ordinance No. 425, of March 19, 2013, and by Resolution of the Federal Council of Medicine (CFM) No. 2. 131/2015. According to these regulations, the surgical procedure is indicated for the following profiles: People with a Body Mass Index (BMI) equal to or greater than 50 kg/m²; People with a BMI equal to or greater than 40 kg/m², regardless of the presence of comorbidities, provided that they have failed longitudinal clinical treatment conducted in Primary Care and/or Specialized Outpatient Care; People with a BMI of more than 35 kg/m² and associated comorbidities, such as high cardiovascular risk, Diabetes Mellitus and/or Systemic Arterial Hypertension that is difficult to control, obstructive sleep apnea or degenerative joint diseases, who have not been successful in longitudinal clinical management, and for eligibility for the surgical procedure, it is required that the patient has undergone clinical follow-up for a minimum of two years, following established therapeutic protocols, without achieving success in weight reduction and control of associated comorbidities.^{7,8}

Given the complexity of the surgical procedure and the need for continuous pre- and post-operative monitoring, the work of the multi-professional team is considered fundamental in assessing the patient's nutritional status, clinical conditions and mental health. As established by Ordinance No. 492, of August 31, 2007⁹, the multi-professional team should be made up of doctors, nutritionists, nurses and nursing staff, psychologists, social workers, pharmacists, among other health professionals. In this way, the multidisciplinary approach becomes indispensable for the success of bariatric surgery, helping to reduce risks and complications, as well as preventing weight regain in the post-operative period.^{10, 11}

In this context, nurses play a fundamental role in monitoring patients throughout the perioperative period, covering the preoperative, transoperative and postoperative phases. Their work makes it possible to offer individualized care, aligned with the established therapeutic objectives. In addition, nurses are present from the moment the patient enters Primary Care, considered the gateway to the health system, to the secondary and tertiary care levels, ensuring continuity of care and the effectiveness of interventions, with a view to obtaining satisfactory clinical results.¹²

In this way, nurses play an essential role in monitoring and caring for people with obesity throughout the bariatric surgery process. Their work allows them to consider the person's expectations for the future in a holistic way, enabling them to design and implement appropriate nursing care strategies. In this way, nurses contribute significantly to the success of the surgical procedure and to promoting the quality of life of these people, guaranteeing comprehensive and humanized care.

Thus, the research question that guided the study was: What are the expectations for the lives of people with obesity after bariatric surgery?

The aim of this study was to find out about the life expectations of people with obesity after bariatric surgery.

METHOD

The research was guided by the criteria included in the Consolidated criteria for reporting qualitative research (COREQ) checklist, as it is considered a reference in methodological rigor for the construction and evaluation of studies using the gold standard qualitative approach.¹³

This is a qualitative, descriptive and exploratory study carried out in the Surgical Clinic unit and the bariatric surgery outpatient clinic of a university hospital located in the southern region of Brazil. The study involved 14 obese people who were in the perioperative period of bariatric surgery.

Participants were selected randomly, and the inclusion criteria were: male and/or female, aged 18 or over, who were in the perioperative process of bariatric surgery and regularly participated in multi-professional follow-up groups, or who were hospitalized in the surgical clinic where the procedure was performed. Children and adolescents under the age of 18 were excluded from the study, as were those who were not present on the days stipulated for data collection.

The invitation to take part in the study was made in person and individually. The aim was to ensure a quiet and reserved environment, guaranteeing the privacy and comfort of the participants while they answered the survey instruments.

Data was collected through semi-structured interviews containing open questions related to the context of bariatric surgery, such as: "What does being obese mean to you?", "What does having bariatric surgery mean to you?", "What do you think your life will be like after bariatric surgery?" and "What are your plans for the future?"

All the interviews were conducted in person, lasting approximately 30 minutes, and were recorded with the prior authorization of the participants. The recordings were then transcribed in full into text documents for analysis. The interviews took place between July and October 2022.

The data obtained was analyzed using Bardin's¹⁴ Content Analysis technique, following the stages of pre-analysis, exploration of the material and interpretation of the findings, with the aim of identifying the meanings and positions expressed by the participants. From this analysis, recording units were extracted and categorized into thematic axes that synthesize the central ideas of the statements.

The study followed the ethical principles established by Resolution 466/2012 of the National Health Council. All participants signed an informed consent form (ICF). To ensure anonymity, the participants were identified by the letter "P", followed by an Arabic numeral corresponding to the order of the interviews. The study was submitted to the Human Research Ethics Committee of the Federal University of Santa Catarina (UFSC), and was approved under CAAE: 01042818.3.0000.0121 and Opinion no. 2.986.086.

RESULTS

After organizing and categorizing the data, three themes were established for discussion: Rescuing and strengthening personal relationships; Health to improve quality of life; Self-image: presenting yourself to the world.

Rescuing and strengthening personal relationships

In this category, participants highlighted the importance of interpersonal relationships established throughout life, covering the family, love, professional and academic contexts. Among these relationships, the most mentioned was family, in which the reports showed that obesity was a limiting factor in participating in leisure activities with loved ones, resulting in restrictions that deprived them of simple but meaningful daily experiences.

[...] I have three children, two of whom are still young, and I want to make my dreams come true with them. To play running on the beach, to get back on the bike. I stopped because I was afraid of falling and hurting myself, not now, I want to cycle with them, play a lot [...]. (P2)

[...] my daughters ask me to go for a ride in the square, I used to go, now I can't because I feel pain [...]. So I'll be able to go out with my girls. I'll be able to do lots of things." (P3)

The plan for the future is to spend a lot of time with my family, in good health. (P10)

I have two daughters who are developing, one is almost a teenager and the other is a child. So I wanted to have bariatrics to play with the children, because they have memories of their father playing on the floor, running around with them, and that's not possible with me. So my plans are to be able to sit on the floor and play with them and be healthier." (P11)

Mobility difficulties emerged as the main motivating factor for the decision to undergo bariatric surgery. Many participants expressed the desire to play with their children and lead a life they considered normal, carrying out activities common to other parents, but limited by being overweight. In each report, it was possible to identify a strong desire to recover their lost quality of life.

Another relevant aspect identified was the difficulty in establishing and strengthening romantic relationships, associated both with the participants' self-perception and with socially imposed aesthetic standards. Some of the testimonies highlighted the desire to experience emotional relationships and the expectations placed on post-surgical weight loss as a potential factor in facilitating these interactions.

I think I'll be in a better mood and I also want to find a boyfriend, it'll be easier (P8).

Find a boyfriend. (P14).

When it comes to relationships, especially romantic ones, body image plays a fundamental role for the participants, since it is directly related to self-esteem. The absence of a

positive self-image can compromise self-confidence, making it difficult to find emotional bonds. In this sense, many see bariatric surgery as an opportunity not only to change their body composition, but also to transform the way they are perceived by society, in the expectation of greater social acceptance and appreciation.

Another topic highlighted by the participants was the possibilities of work and study, which are also listed as a form of interpersonal relationship.

I want to enjoy life with my children, get a job and be very happy. [...]. (P2)

[...] I'll be able to work again. I can't work these days because there's no job that you can miss because you're in pain, and I'm in pain all the time. So I'll be able to go back to work [...] And take some courses, because I finished school after a certain age and then I didn't go to college, nothing, because I was unable to. So I intend to go to university, something to improve my life. (P3)

Finish the degree I'm doing, work if I have to and have my child. (P9).

Along with the above, studies and a job would be another way of trying to recover lost relationships. The discrimination suffered by people with obesity often leaves them on the margins of society, excluded from social circles. Based on this, the participants believe that after the surgery, they will be able to integrate into the work and academic context, thus having more opportunities in life.

Health to improve quality of life

In this category, participants express their desire to achieve a healthier and better quality life, highlighting the importance of health as the main motivation for having bariatric surgery. However, the concept of health can vary from person to person, encompassing not only physiological aspects, but also other dimensions that contribute to general well-being. Thus, a healthy life is not limited to biomedical parameters, but also involves leisure time, social interaction and emotional balance, essential factors for promoting quality of life.

It means more time for life and health, improving the quality of life. I'll have more health and disposition, even to do basic routine things. (P1)

I know things will be better and I'll have more health to make my dreams come true. (P2)

I'll be healthier and in a better mood, as well as improving my self-esteem [...]. (P4)

Having more energy and enjoying life. (P6)

I think it will be much better, I'll have more disposition and health to carry out my daily activities and especially to play with my daughters, which is my biggest goal [...]. (P11)

It will be a fresh start, I'll be able to look after my son and be healthier to see him grow up. (P12)

[...] although I've lost little (weight), it's really helped my routine, my life. (...) the amount of medication I need to take, we end up forgetting sometimes, but it's changed a lot, as I said, in my routine, in my quality of life, in my work, I work in early childhood education, it requires a lot of resistance, so it's changed a lot. (P13)

I'm going to have a better quality of life, better health. Enjoy life more. (P14)

It can be seen that most of the statements highlight the interdependence between health and mood, showing how compromised health impacts on various dimensions of the study participants' lives. This phenomenon reinforces the notion that health balance is fundamental to overall well-being, influencing physical, emotional and social aspects throughout the life process.

Self-image: presenting yourself to the world

Bariatric surgery is a procedure that seeks to restore a person's health from various aspects, not just biological, but also involving emotional and psychological issues. The study participants revealed in their testimonies that, with the weight loss, the possibility of being able to wear clothes of their choice, improved self-esteem and the feeling of looking in the mirror and liking their image.

I want to be healthier and look better too. The best thing is to look at yourself in the mirror and see that you're wearing clothes and you feel good, your self-esteem goes through the roof [...]. (P4)

[...] I had plans and I achieved them. They were just a few things, but it was to wear a pair of pants that would fit me, that I could go into the store and say "I want that garment over there". Now I can go and ask for it [...]. (P5)

[...] my plan for the future is to get plastic surgery. My belly, my breasts, but it's difficult. (P13)

It is clear how challenging it is for people with obesity to live with this condition, especially in a society that often associates beauty with thinness. In this context, bariatric surgery represents an opportunity for transformation, allowing not only a change in lifestyle, but also the development of acceptance and the construction of a more positive perception of oneself.

DISCUSSION

The accounts of the participants in this study show that the experience of liberation for people with obesity is intrinsically related to the expectations created in relation to life after bariatric surgery, especially when weight is no longer the only dimension that defines their existence. Weight loss is perceived as an emancipatory process, allowing them to overcome the physical limitations and social stigmas associated with obesity. In addition, participants highlighted the expectation of recovering and strengthening interpersonal bonds, covering both family and emotional relationships, as well as interactions in the workplace and opportunities for academic and professional development.

In this context, the priorities of people undergoing bariatric surgery are directly related to bodily transformations, often guided by the search for a socially accepted aesthetic standard. Adapting to this ideal is often seen as a determining factor in establishing romantic relationships, entering the job market, going on to higher education or strengthening family ties. From this perspective, the thin body becomes socially associated with health and well-being, while the obese body is often stigmatized as a pathological condition that requires intervention.¹⁵

The aesthetic and health standards widely disseminated by the media directly influence people's eating practices and body perception, establishing models of beauty and well-being that are often unattainable. In this context, people with obesity can experience intense social pressure to conform to these standards, which leads them to seek changes in their lifestyle and self-image. Corroborating this perspective, a study carried out in the state of Paraná, Brazil, analyzed the meanings attributed to the transformations experienced after bariatric surgery. The results showed that the changes were not limited to weight loss, but involved subjective and social aspects, such as improved physical disposition, stronger social interactions and increased self-confidence. These changes were decisive in improving quality of life and broadening opportunities for social interaction.^{16, 17}

Body image is intrinsically related to the construction of individual identity and the sociocultural environment in which the subject is inserted, and is influenced by multiple factors, including aesthetic standards, cultural norms and social values. This construction process is sonorous and reflects the predominant conceptions of society. Being overweight, when confronted with the prevailing aesthetic ideals, can generate feelings of inadequacy and dissatisfaction with one's body image, resulting in psychological suffering and

feelings of inferiority in social relationships. In this context, thinness has come to be valued as a useful attribute, often associated with success, social facilities and well-being. On the other hand, obesity is often linked to body dissatisfaction and self-deprecation, reinforcing stigmas that impact on quality of life.^{18,19}

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High consumption of unhealthy foods can be associated with various social, emotional and demographic aspects which, although they have distinct individual impacts, tend to interact in a complex and interrelated way, influencing both the perception of one's own image and prevailing aesthetic standards.²⁰ In this context, thinness has come to be valued as a useful attribute, often associated with success, social facilities and well-being. On the other hand, obesity is often linked to body dissatisfaction and self-deprecation, reinforcing stigmas that impact on quality of life.^{21,22}

In this context, bariatric surgery represents an effective intervention in reducing the comorbidities associated with metabolic syndrome, as well as promoting significant improvements in quality of life and in people's perception of their body image. Considered a more efficient therapeutic approach for the treatment of severe obesity, surgery offers a more favorable cost-benefit ratio compared to clinical treatment, especially for patients who do not achieve excessive results with conventional approaches. In addition, this surgical procedure is associated with greater weight loss and higher rates of remission of metabolic diseases, reinforcing its role as a key therapeutic strategy in the management of obesity and its complications.²³

The reports of the participants in this study showed various aspects related to quality of life, including improvements in physical disposition and mobility. In this sense, bariatric surgery not only promotes weight reduction, but also triggers significant transformations in people's daily lives, with direct impacts on their physical, emotional, professional and social health. The understanding of these changes and their re-signification in the patients' life experience are associated with improved clinical conditions, improved body image,

increased self-esteem and stronger interpersonal and social relationships. In addition, there is a positive influence in the sphere of sexuality, reflected in increased sexual desire and the perception of general well-being.²⁴

However, it is essential to raise awareness that the remission of comorbidities and the maintenance of weight loss after bariatric surgery are directly related to the adoption of healthy lifestyle habits and continuous monitoring by a multidisciplinary team. Thus, health care must take a comprehensive approach, considering not only the physiological aspects, but also the psychosocial factors that influence the person's adaptation to the new post-surgical reality. Health professionals must be attentive to the psychological demands associated with this process, since the internalization of lifestyle changes may not be fully accepted by all patients. Difficulties in this adaptation can result in the recurrence of inadequate behavioral patterns, contributing to weight gain and potentially aggravating depression, or reinforcing the need for ongoing psychological support.^{24,25}

Another expectation highlighted by the participants in this study is the way in which they present themselves to the world, which demonstrates their self-esteem. Relatedly, a study carried out by Bressan and Trevisol, with people after bariatric surgery, sought to demonstrate the influences of surgery on the recognition of body identity and on the processes of self-esteem and depression during the post-surgery period, and found that the evaluation of self-esteem was homogeneous, considering that most of the participants had scores consistent with moderate self-esteem, i.e. the perception of one's own body can influence the way one perceives the environment, including modifying relationships with other people.²⁵

In this sense, it is essential that nurses are present at all stages of care for patients with obesity, playing an essential role in the care process. This professional must have in-depth theoretical and practical knowledge of the proposed treatment, ensuring a comprehensive and planned approach. In addition, nurses need to be fully aware of all phases of care - pre-, trans- and post-operative - in order to offer effective, patient-centred care, contributing to optimizing results and promoting a safe and satisfactory recovery.^{25,26}

On the other hand, there are many challenges faced by nurses when caring for obese people undergoing bariatric surgery. In addition to nursing care, there are the psychological and social implications that bariatric surgery can have on the person and their family, including changes in body image and family dynamics. Therefore, it is essential that nurses practice health education, provide emotional support and adequate counseling, helping the person to cope with these changes.

CONCLUSION

Bariatric surgery is an intervention that can promote significant changes in people's lifestyles, enabling them to lose weight and, consequently, bringing them closer to fulfilling their expectations for the future. In this context, there is a feeling of hope among patients who experience this process, since surgery represents the opportunity to experience a new reality, free from the limitations imposed by obesity. This transformation allows them to expand the possibilities of participating in leisure activities, strengthen family relationships, improve social interactions and develop a more positive self-perception.

Throughout this study, we sought to understand the experience of people with obesity as a whole, with an emphasis on expectations related to bariatric surgery. For these people, the procedure represents not only a physical change, but also an opportunity to recover and strengthen personal relationships previously impacted by their condition, covering both physical and emotional aspects.

The limitations of this study include the limited number of participants, as well as the scarcity of literature addressing this issue in depth. However, this work does not end with this analysis, but points to the need for future research that explores, in a broader way, the meanings attributed to bariatric surgery by people with obesity, contributing to a better understanding of this experience

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