



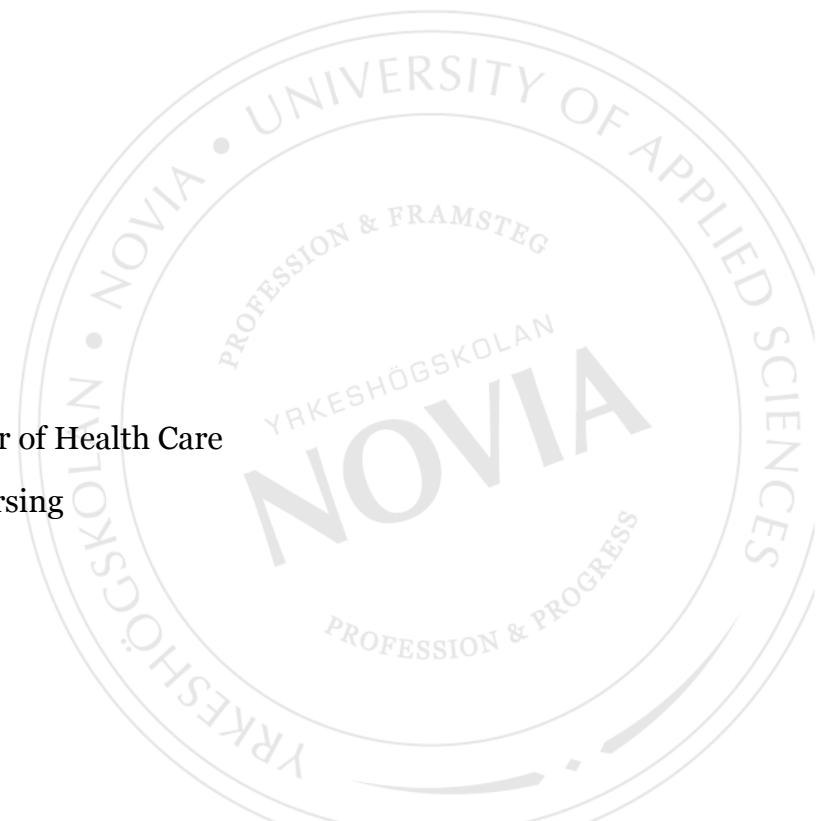
Assessment of the Quality of Life of Patients who underwent Gastric Bypass Operation

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Summary

This study assesses the quality of life of patients who underwent gastric bypass operation. It specifically answered the questions about the quality of life of patients prior to gastric bypass operation and how information is given to them and their quality of life after the gastric bypass operation. It utilizes a researcher-made questionnaire and an unstructured interview and it uses content analysis in analyzing the data gathered.

The data gathered showed that the patients did not receive enough information about the side effects of bypass operation. In the content analysis, it was found that patients were not prepared for the kind of life they will have to live after the operation. They were also not provided with a dietary plan in order for them to avoid the foods that will make them feel uncomfortable.

It was concluded that appropriate information about gastric bypass operation should be provided to patients since this will help them prepare for the kind of life that they will have to live after their bypass operation.

Language: English

Key words: gastric bypass, bariatric, obesity, weight loss, life after gastric bypass, assessment, quality of life, self-care and Dorothy Orem.

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1. Introduction

According to the National Obesity Observatory (2012), the case of obesity continues to be prevalent in all parts of the world. It has become a grave problem because the number of people suffering from obesity-related disorders is increasing exponentially. Obesity is the major cause of diabetes and also contributes to cancer diseases, heart problems and high blood pressure, which are the leading causes of death in the world.

The National Institute for Health and Welfare in Finland (2008) reported that approximately half of the men and 40% of the women are overweight in Finland. The 2011 statistic reported that 15.6% of the total populations of people in the ages 15 to 64 years old are obese or their BMI is greater than 30 kg/m².

According to Helsingin Sanomat (2012) issues on the anti-obesity challenge, Finland is not exempted from the obesity problem. As mentioned in one of their articles, Finns are seriously overweight wherein sixty-six percent (66%) of men and almost fifty percent (50%) of women are recorded as overweight.

This problem caught the attention of the medical society because obesity does not only hinder an individual from doing things and comes with deadly diseases, it also hinders some medical procedures necessary for treatment. It has been observed that excess fats make the use of anesthesia and surgery difficult and dangerous. It also brings unfavorable effects on fertility treatments.

Certain individuals spend money on slimming drugs and drinks as well as slimming equipment in order to solve their obesity problems but when everything else do not work, undergoing Gastric Bypass Surgery is the next option. The idea of this surgery is to treat obesity by decreasing the size of the stomach. However, Gastric Bypass Operation may have side-effects just like any kind of surgery. Some side effects may be temporary but long-term side-effects may also occur.

Important information such as diet programs and appropriate exercise routines on, before and after the surgery are necessary to ensure safety on the part of the patient. If this

information is not properly communicated, there will be a greater risk for its side effects to occur. This is the reason for why this paper is written.

It is a study about Gastric Bypass Operation, how its information is provided to the patient and whether the giving of information helped in the fast recovery of the patients undergoing the procedure, and what is the quality of life of patients who underwent gastric bypass operation. The study is conducted through patient interviews.

2. Aim and Problem Definition

The aim of this study is to assess the quality of life of a patient who has undergone gastric bypass operation. This will help identify the importance of the role of health care providers in providing efficient information needed to improve the condition of patients before, during and after the gastric bypass operation. The importance of information in the self-care process and the role of health care providers during the process of self-care are discussed in this study. This is very important since these are necessary in ensuring the safety of the patients.

The researcher formulated the following research questions:

1. What is the quality of life of patients who have undergone gastric bypass operation?
2. How is the information provided to a patient before gastric bypass surgery?

3. Theoretical Background

This chapter presents the theory, subsequent approach and ideas that are being conceptually linked together as theoretical starting points and building blocks useful for the study. This study is largely premised on Orem's theory on Self-Care. The analysis of the study is also partly based on Erikson's Psychosocial Development.

The study used Orem's Self-Care Model which comprises the practice of activities that maturing and mature people initiate and perform. It views that people should be self-reliant and responsible towards the one in their family who needs care. It also views that people are distinct individuals and that nursing is a form of action–interaction between two or

more people. In addition, it also sees that successfully meeting universal and development self-care requisites is an important component of primary care prevention and ill health. The theory of Orem also believes that a person's knowledge of potential health problems is necessary for promoting self-care behaviors, and that self-care and dependent care are behaviors learned within a socio-cultural context (Current Nursing, 2012).

This theory includes the demand for therapeutic self-care which is the totality of self-care actions to be performed for some duration in order to meet self-care requisites by using valid methods and related sets of operations and actions. It also includes self-care requisites which consist of action direct towards provision of self-care (Nursing Theory, 2011)

Since the assessment of the quality of life of patients who have undergone gastric bypass operation requires the patient's cooperation, this study used the Self-Care Theory of Orem to understand the concept.

3.1 Self-Care Theory

This study utilized Orem's Self-Care model, which contains concepts about the nursing process. It specifically allows the healthcare provider to select the nursing model appropriate for the patient.

The self-care must be learned and must be continuously put into practice in order to obtain good care. The core of self-care theory is to allow the patient to function independently (Orem, 2001, 143).

Orem as stated by Alligood and Tomey (2010, 269) said that Self-Care Theory comprises the practice of activities that maturing and mature persons initiate and perform, within the time frames, on their own behalf in the interest of maintaining life, healthful functioning, continuing personal development and well-being by meeting known requisites for functional and developmental regulation.

The Self-Care theory interrelates concepts in such a way as to create a different way of

looking at a particular phenomenon. It is logical in nature and is relatively simple. This theory assists in increasing the general body of knowledge within the discipline through the research implemented to validate it. It provides a comprehensive base to nursing practice (Nursing Theory, 2011).

Orem's Self-Care theory as cited by de Lara (2010) is considered a client-centered approach because it mainly focuses on the care of the patient. It considers the patient's inability and incapacity to perform self-care due to health-related problems. Orem's theory includes three interrelated theories, which are the theory of self-care, the theory of self-care deficit and the theory of nursing systems.

Self-Care theory is defined by Orem as cited by de Lara (2010) as the performance or practice of activities that individuals initiate and perform on their own behalf to maintain life, health and well-being.

She also defined the self-care agency as the human's ability or power to engage in self-care. The Self-Care theory states that when self-care is effectively performed, it helps to maintain structural integrity and human functioning, and it contributes to human development.

The individual's ability to engage in self-care is affected by basic conditioning factors. These basic conditioning factors include age, gender, developmental state, health state, sociocultural orientation, health care system factors, family system factors, patterns of living, environmental factors, and resource adequacy and availability (Orem as cited in by de Lara, 2010).

There are three categories of self-care requisites presented in the Self-Care theory of Orem (as cited by Alligood and Tomey, 2010). The first category is the universal self-care requisite which is associated with life processes and maintaining the integrity of human structure and functioning. This requisite is common to all and the eight suggested requisites are the maintenance of a sufficient intake of air, water and food, provision of care associated with elimination process and excrements, maintenance of balance activity and rest, maintenance of balance between solitude and social interaction, prevention of

hazards to human life well-being and promotion of human functioning.

The second category is the Developmental Self-Care requisite. It is associated with developmental processes which are derived from a condition or associated with an event. It has three sets which include provision of conditions that promote development, engagement in self-development and prevention of, or the overcoming of, effects of human conditions and life situations that can adversely affect human development (Orem, as cited by Alligood and Tomey, 2010).

Orem (as cited by Alligood and Tomey) discussed the third category of Self-Care. The third category is the Health deviation self-care requisite which applies to people who are ill or injured, who have specific forms of pathological conditions or disorders, including defects and disabilities, or who are under medical diagnosis and treatment. It includes seeking and securing appropriate medical assistance, being aware of, and attending to, the effects and results of pathological conditions, effectively carrying out medically prescribed measures, modifying self-concepts in accepting oneself as being in a particular state of health and in specific forms of health care, and learning to live with effects of pathological conditions.

3.2 Erikson's stages of psychosocial development

The analysis of the study also considered the age of the respondents, in connection to Erikson's theory of Psychosocial Development. Erikson describes the psychosocial development that occurs in the life of a person. He describes how a person passes 8 stages of psychosocial development. It starts with the Infancy stage (birth to 18 months) wherein the conflict lies in trust versus mistrust. It is followed by early childhood (2 to 3 years old) which centers on toilet training. Exploration is emphasized during the preschool stage (3 to 5 years old). School is the focus in the school age stage (6 to 11 years old). During the adolescence stage (12 to 18 years old), social relationships are emphasized. A relationship is the focus of the young adulthood stage (19 to 40 years old) while generative versus stagnation is the basic conflict that characterizes the middle adulthood stage (40 to 65 years old) faced. The last stage is on maturity (65 to death) wherein reflection on life is central. This suggests that the person's perception of the operation may vary according to their

level of maturity. Erikson's theory will best explain the reasons for this (Nevid, J, 2009 p. 349-399).

In other words: an individual who is in adolescence or young adulthood may be very eager to have surgery because of the individual desire to live longer. Individuals who are facing generativity and stagnation may not see the operation as essential because the individual has already achieved life satisfaction.

The assessment of quality of life among patients who have undergone gastric bypass operation requires an understanding of the psychosocial development that the patient went through so that the decision of undergoing the operation will be explained. This study used the Erikson's psychosocial development to explain the decisions done by the patients.

3.3 On Obesity and the Medical Profile of the Patients Undergoing Gastric Bypass operation

This part of the paper discusses obesity and the medical profile of the patients undergoing the gastric bypass operation.

Obesity is a condition characterized by the excessive accumulation and storage of fat in the body (Merriam Webster Dictionary 2010). According to Medical News Today (2012), accumulation of so much body fat might have a negative effect on health. It further explained that a person whose body weight is at least 20% higher than that of his or her normal body weight is considered obese. Obesity can also be identified through measuring the Body Mass Index (BMI) of a person. A person whose BMI is between 25 and 29.9 is considered overweight but if his or her BMI reached 30 or over, then he or she is considered obese.

Bumgardner (2012) defined BMI or Body Mass Index as a relationship between weight and height that is associated with body fat and health risk. Its equation BMI is equal to body weight in kilograms divided by the height in meters squared. According to the World Health Organization (2012), a raised BMI is a major risk factor for diseases like diabetes, osteoarthritis, heart diseases and stroke, and endometrial, breast or colon cancer. Moreover,

WebMD (2012) also explained the definition of morbid obesity. It means that a person is either more than 50% over than the normal weight or has a BMI of 40 or higher. When this happens, morbid obesity severely interferes with health or the body's normal function.

Moreover, WebMD (2012) discussed that obesity occurs when a person consumes more calories than what he or she burns off. More often, this is due to eating too much and exercising too little; however, there are also other reasons why a person becomes obese.

It was discussed in WebMD (2012) that age is one of the reasons why a person becomes obese. As explained in their article about obesity, the ability of the body to metabolize food slows down. In addition, as the body grows older, it no longer needs as many calories to maintain weight as the number of calories needed when it was younger. This is the reason why people still gain weight even though there are no changes in their amount of food intake.

An article about obesity from WebMD (2012) also explained the role of gender, environment, activity, psychology and illness in becoming obese. It elucidates that women tend to be more overweight than men because men have a higher resting metabolic rate. This means that they burn more energy when resting, than women do. On the other hand, a person's environment also plays a significant role in becoming obese since it sets a lifestyle behavior which includes what a person eats and how active he/she is.

Blackwood (2004) expressed that obesity is not simply a disorder of willpower or a result of insufficient exercise due to genetic factors affecting the variations in metabolism, body fat distribution, and appetite regulation. He further explained that obesity negatively impacts virtually all specific malignancies. Obesity is associated with a long list of adult health conditions, including heart disease, high blood pressure and strokes, type II diabetes various types of cancer, and psychological as well as social problems. For adults aged 18 years and over, obesity is defined as having a body mass index (BMI) greater than or equal to 30 kg/m² (for all ethnic groups).

It is believed that the major reasons for the increase in obesity are the changing dietary and physical activity patterns, reflecting an environment that promotes the over-consumption

of energy-dense foods and drinks, and limits the opportunities for physical activity (The Social Report, 2010).

Chapman (2008, 97-106) said that the understanding of the causes and consequences of excess weight among older people is aided by an understanding of the changes in appetite, food intake, energy expenditure and body composition that occur with aging.

There is a progressive increase in fat and decrease in fat-free mass with normal aging due to loss of skeletal muscle. The increase in body fat with aging is multifactorial in origin. Moreover, aging is associated with a decrease in muscle mass and strength, with up to a 3 kg loss of lean body mass per decade after the age of 50; the body weight became disproportionate (Chapman, 2008, 99).

The Social Report 2010 stated that the prevalence rate for obesity according to age for 2006-2007 showed no significant sex difference in the proportion of the population aged 15 years, having 25 percent males and 26 percent females. This was also the case in 2002-2003. It was concluded that the rate for female obesity was significantly higher than the rate for males.

Among those aged 15 years and over in 2006-2007, the prevalence of obesity was highest in the 55–64 years age group with 36 percent of the total population, this was followed by the 65–74 years age group (The Social Report 2010).

The Weight Watchers (2012) express that overweight middle-aged men have greater health risks than overweight middle-aged women. The excess fats that men carry around their abdomen are riskier than the excess fats that women have in their hips and thighs. In addition, men tend to have more visceral fats which increase their risk for heart disease, metabolic syndrome and diabetes. However obese women tend to equal the risk after menopause.

3.4 On Weight Loss Procedures

This part of the paper discusses the different weight loss procedures available in the

medical field. The discussion is important since it provides information that explains why patients resorted to gastric bypass surgery due to weight loss procedures that were either unsuccessful or unable to provide lasting results.

People gave up on dieting because weight loss slows down after the beginning and they have to do more exercise in order to maintain the weight loss. On the other hand, using over-the-counter drugs and herbal remedies requires great caution because some ingredients used may not be good for people who have heart problems. Moreover, dietary teas and supplements contain laxatives that can cause gastrointestinal distress and, if overused, lead to chronic pain, constipation, and dependency (Hochstrasser and Fox, 2009).

Anorexiant are used for weight loss because they suppress hunger. However these drugs are not a cure to obesity because taking them makes you lose weight but once the patient has stopped, he/she will most likely gain his or her weight back. Therefore, these prescription diet drugs only help control obesity for a short period of time.

In an article that Gamble wrote for eHow.com, he mentioned that before a person will be considered for gastric bypass surgery, that person must first try to lose weight with diet and exercise. If this person fails to lose weight using this method, then that person will be considered for gastric bypass surgery. He also added that the generally accepted age for gastric bypass surgery is 18 to 65 years old. Patients over 65 may be considered for the surgery if they have a serious medical condition related to obesity.

3.5 Bariatric Surgery

The Bariatric Surgery is discussed in this part of the paper. It contains a brief background of Bariatric Surgery in order to present how gastric bypass surgery came about.

Dr. Edward mason developed the Gastric Bypass in the 1960's. The name was invented because the food that is eaten bypasses the major portion of the stomach and the generous length of the small intestine causes the non-digestion of food, therefore food does not supply nutrients and does not cause accumulation of fat (Hochstrasser and Fox R, 2009).

There are several types of weight loss surgery that have existed and they are all classified as “bariatric surgery.” Bariatric is a word that is derived from the Greek words “baros,” which means weight, and “iatrike,” which means treatment. This means that “Bariatric Surgery” is a surgery that treats weight (Blackwood, 2004).

Blackwood (2004) further explained that Bariatric surgery is a rapidly growing surgical specialty because people who underwent this procedure considered it as a last resort to help them get rid of their excess weight and to help them restore health. In order for these patients to receive high-quality care, nurses must have an understanding of the health implications of obesity, be familiar with the common weight-loss surgical procedures, and have knowledge about the postoperative care.

Gastric Bypass Surgery is a type of bariatric surgery that aids morbidly obese patients with weight loss problems. It is done by making your stomach smaller and bypassing some intestines so that the body will absorb fewer calories (Gale Encyclopedia of Medicine, 2008).

The three main types of gastric bypass surgery are Roux-en-Y gastric bypass (RYGB), Biliopancreatic diversion (BPD), and Laparoscopic adjustable gastric banding (LAGB) are (Marquerite, 2006, p.3).

Roux-en-Y gastric bypass (RYGB) is done by surgically reducing the size of the stomach to a small pouch, which then is the only part of the stomach that receive food. The small intestine is then cut and connected into the pouch. In Biliopancreatic diversion surgery (BPD) about 75 percent of the stomach is removed. The small intestine is attached to the remaining stomach. The stomach is divided into two parts, one for food while the other only for the gastric juice. In a Laparoscopic Adjustable Gastric Band (LAGB) surgery a silicon band is used to tighten the upper part of the stomach, creating a small pouch. The small pouch is then connected into the large stomach through a small, banded tunnel. One advantage with this procedure is that the silicon band can be easily adjusted if needed. (Hochstrasser and Fox 2009)

Gamble (2012) expressed that people with serious medical conditions related to obesity

may be considered for the gastric bypass surgery if their body mass index (BMI) is between 35 and 40. He discussed the requirements for Gastric bypass operation in his article at eHow.com. He mentioned that men who may be considered for gastric bypass surgery must be over 100 pounds above their ideal body weight while women will be considered for the procedure if they are over 80 pounds of their ideal weight.

Vastaq (2012) mentioned in his article entitled, "Stomach-bypass Surgery can Reverse Diabetes, Research Shows," that 70 % of the patients who underwent gastric-bypass surgery had a full remission from diabetes, while a more extreme type of surgery led to a 95 % remission rate.

Three types of surgery that reduce the size of the stomach and bypass part of the small intestine were tested. The first study was conducted at the Cleveland Clinic where 40 % of the patients who had surgery resulted in effective control over their blood sugar, while only 12 % of the patients who did not have the operation obtained the same good results (Vastaq, 2012)

The second study mentioned by Vastaq (2012) was conducted in Italy. It was said that to have achieved better results. Gastric-bypass surgery put 75 % of patients into full remission from diabetes, while a more extreme type of surgery that bypasses more of the intestines, biliopancreatic diversion, led to a 95 % remission rate. However, the downside about the operation is that it has a potential side effect wherein certain foods, including milk, peanut butter and yeast, trigger unpleasant symptoms, like hot flashes and diarrhea.

A study conducted by the group of Sovlk et.al (2011) aimed to determine whether a duodenal switch leads to greater weight loss and more favorable improvements in cardiovascular risk factors and quality of life than gastric bypass. Duodenal Switch, along with Gastric bypass, is currently performed through a bariatric surgical procedure. Previous uncontrolled studies showed that a duodenal switch includes greater weight loss than gastric bypass among 60 participants with a body mass index between 50 and 60 kg /m².

3.6 Benefit and side-effect of gastric bypass operation

This part of the paper explains the benefits and the side-effects of bariatric surgery. This provides information that will help explain the quality of life of people who underwent gastric bypass surgery.

In the Handbook for the Gastric Bypass Patient in mainegeneral.org it is stated that every surgery carries possible risk and complication. The benefits of gastric bypass operation are that it improves one's medical condition and increases weight loss. The risks with gastric bypass operation are that leaking might occur from one of the surgical connections, as well as excessive bleeding, blood clots, infections, strictures in the narrowing of the connections made by the surgeon and vitamin and nutrient deficiency, loss of skin and failure to lose weight. It is important that the patients undergoing gastric bypass operation are aware of the complications.

Kartha (2010) stated that knowing about the side effects may help in preventing them. The patient is also recommended to follow a prescribed diet and advised to exercise on a regular basis. It is therefore very important that the patient understands that the success of the surgery is dependent on that the patient adheres to his health regimen.

Patients vary in their response to gastric bypass operation. After the gastric bypass operation most patients change their dietary habits. Some patients avoid beef product and fibrous vegetables because it takes time to chew and may obstruct the gastric outflow of the tract. Some patients will experience “dumping” when eating sweets. Most of the patients reach their maximum weight loss two years after the bariatric surgery (Pones, 2008, S89- S96).

Hochstrasser and Fox, R (2009) stated that the major side effect of a gastric bypass operation is that patients tolerate sweets poorly. The patients will feel uneasy when too much sugar enters the small intestines because the body senses the sugar level rising and secretes insulin to handle the load. The release of insulin will result in considerably low blood sugar levels, causing nausea, vomiting, cramping, flushing and a sense of fear. Short-term complications include marginal ulcers and stenosis at the gastrojejunal

anastomosis necessitating dilatation, anastomotic leakage, and gastrointestinal hemorrhage. Other complications are wound infection, incision hernia, pneumonia, pulmonary embolus, and prolonged nausea or vomiting. Long-term complications include regained weight or inadequate weight loss and nutritional deficiencies (Marquerite, 2006, p.3-4).

Medscape News Today (2012) reported that the male gender is the most significant predictor of severe life-threatening complications following the gastric bypass operation. It was also reported that although the sickness rate was the same in older and younger patients, those over 55 years of age had a threefold-higher mortality rate. This suggests that younger patients have a higher tolerance to the complications caused by the operation than the older ones.

Research shows that after the gastric bypass operation there were improvements in walking distance both at the 3-months and 6-months follow-up after the operation. It was reported that people with a BMI greater than 30 walked substantially shorter distances compared to a group of people with a normal weight. Wadden and Phelan quoted in Tompkins that obese people had a decreased physical function and that losing weight improves one's quality of life.

According to Perugini et. al. (2012), patients with type II diabetes that underwent bariatric surgery had improved. The study found that 67 % of people who had gastric bypass achieved diabetes remission one year after the surgery. The researcher found out that patient no longer needed medication to control the blood sugar. The study was conducted in San Diego C.A in June, 2012.

Kendrick and Dakin (2006, S18-S24) states that by bypassing a major portion of the small intestine, this procedure induces a state of malabsorption resulting in effective weight loss. Unfortunately, the procedure was associated with several severe metabolic and nutritional complications, such as protein and calorie malnutrition, vitamin and mineral deficiency, bacterial overgrowth leading to liver failure, septic arthritis, osteoporosis, night blindness, and oxalate nephropathy.

However, the ongoing need for effective treatment of obesity prompted several

modifications in both design and approach to improve operative morbidity and outcomes.

Tompkins (2008) stated that Gastric bypass is an effective way of losing weight but also for reducing comorbid condition. These will improve quality of life to enhance functional abilities and to improve cardiorespiratory fitness.

The journal of family practice (2004) stated that bariatric surgery improves condition comorbid with obesity, resolved hypertension, improved sleep apnea and obesity hypo-ventilation syndrome. However, complications may arise after the surgery such as nutritional and vitamin deficiencies of Vitamin B12, iron, folate and calcium. Lifelong nutritional supplements are recommended after the operation.

3.7 Patient assessment on gastric bypass operation

A Patient Handbook for Gastric Bypass surgery (mainegeneral.org) stated that it is important for the patient to understand the procedure of gastric bypass. Patients undergoing gastric bypass need to undergo several assessments from the clinician. This includes an information session, dietary consultation, support group, and psychological consultation. The success of weight loss is only achieved if the patient is committed to changes in lifestyle and medical follow-up as recommended by the clinician.

The growing number of bariatric patients do not only need post-operative care for their surgical procedures, but also complete clinical and psychological evaluations. Quality interventions include physical assessment, fluids or cardiovascular considerations, pulmonary support, pain management, medication administration, activity or ambulation, skin or wound or drain site care, psychological support and discharge teaching (Blackwood, 2004).

The patient assessment on gastric bypass operations performed at the Vaasa Central hospital includes physical assessment, psychological evaluation of the patient, psychological support and visit to the dieticians. Patients with diabetes are recommended to see a diabetes nurse for evaluation of the glucose level. (Ulla Enholm 2012)

3.8 The Role of the Medical Personnel

This chapter explains the role of the medical personnel before and after gastric bypass surgery.

Coffman (2008), in discussing the best nursing practices for gastric bypass patients, states that the best way to resolve the problem of obesity is a preventive medicine which includes diet, exercise, and education. When all these options are exhausted, gastric bypass surgery can be considered with the care of a health professional.

The subject of weight loss and gastric bypass surgery can, however, be very sensitive for the obese patient, and the medical practitioner needs to be aware of this. “Most morbidly obese patients report experiences of humiliation, embarrassment, insults, and blatant verbal abuse regarding their weight from their treating physicians. Obesity promotes incredible feelings of worthlessness, powerlessness, and a poor quality of life.” (Reto, 2003, p. 140-141).

Therefore, in order for gastric bypass surgery to be successful, post-operative nursing intervention must integrate the following three approaches: physiological, psychosocial, and educational restoration. (Coffman, 2008).

Coffman (2008) also discussed that there are several important physiological facts when considering gastric bypass surgery. Sleep apnea may occur due to narrowing of the airways. It is therefore necessary to ensure proper respiratory care to prevent obesity hypoventilation syndrome.

In addition, obese patients are also at risk for developing pressure ulcers and yeast infection. It is therefore important for the medical personnel to assess skin folds in each turn of the patient. Hurst et al (2003, p113)

According to Harper J. et. al., (2007) a follow-up after gastric bypass is very important to the patient. The patient needs to have follow-up checks after the operation not only during the recovery period but once a year. Follow-up after gastric bypass includes assessment of

(EBWL) excess body weight loss, long term complication, resolution of obesity-related comorbidities and education regarding dietary and lifestyle. In addition, the study shows that patients that are followed up have improved weight loss compared to those who are not.

Patients at the Vaasa Central Hospital are recommended to have a follow-up check 3 months and 6 months after the operation (Ulla Enholm, 2012).

3.9 Quality of Life

The quality of life is discussed in this part of the chapter. It presents information that will help explain the meaning of quality of life and how this is measured.

WHO (1997) defines Quality of life “as individuals’ perception of their position in life in the context of the culture and value system in which their life and in relation to their goals expectation standard and concern”.

According to The Free Dictionary, quality of life is the personal satisfaction of a person with the cultural or intellectual conditions under which he or she lived. Moreover, Wikipedia discusses quality of life (QOL) as the general well-being of individuals and societies. It further explained that the term is employed in many contexts which include healthcare. Quality of life should not be confused with standard of living because standard of living is based on income while the indicators of quality of life does not only include economic status and employment but also the environment where the person lives, his or her physical and mental health, education, recreation and social belonging.

Quality of life has also been defined “as the satisfaction of an individual’s values, goals and needs through the actualization of their abilities or lifestyle” (Emerson, 1985, p. 282).

Quality of Life has four domains that include objective evaluation of life circumstances such as psychological, social, occupation, and physical freedom from pain, discomfort and the ability to live independently (Followfied, 1990).

Leir H. et.al (2011) mentions in his article entitled “quality of life among patients undergoing bariatric surgery: associations with mental health- A one year follow up study of bariatric surgery patient”: The aim of this research is to assess pre and post-operative psychiatric disorder and their association with pre and post- operative health- related quality of life. There were 169 patients who participated in this study and it was conducted in Norway at Hugesund Hospital on the West coast of Norway. The study shows that patients without postoperative psychiatric disorder achieved better quality of life compared to postoperative patients with psychiatric disorder, who were not able to reach the quality of life of the general population.

4. Methodological Discussion

Assessing the quality of life of patients who underwent gastric bypass operation requires a process. This part of the paper discusses the methods used in assessing the quality of life of patients who underwent gastric bypass operation. This includes a description of the pilot testing done by the researcher. Phenomenology describes the in-depth conversation of between the researcher and informants. Other parts of the methodological discussion include the data collection, data analysis and the conduction of the study.

4.1 Phenomenology

This chapter explains the phenomenology of the study. It also includes the definition of phenomenology to help explain the interview process done in this study.

According to Polit D. and Beck C.T (2011), phenomenology is an interview which explores the lived experience of human beings which includes health research and quality of life. A phenomenological study is an in-depth conversation between the researcher and informants. In addition, Hildingh. C. and Fridlund. B. (2000) stated that the goal of phenomenology is to, as clearly and illustratively as possible, describe lived experience with preconceived apprehension.

Moreover, Polit D. and Beck C.T (2011) define a case study as an in depth investigation of a small number of entries. In a case study, researchers will obtain descriptive information

that examines the phenomena. Here, the data are collected not only in present experience but also including the past history. According to Polit and Beck, “the greatest strength of case studies is the depth that is possible when a limited number of individuals, institutions, or groups are being investigated”.

Furthermore, Merriam Webster Dictionary (2010) defines case study as an intensive analysis of an individual unit (as a person or community) stressing developmental factors in relation to environment. This study is therefore a case study concerning the assessment on the quality of life of patients who underwent gastric bypass operation.

This study is an analysis of the development of the patient’s life conditions in relation to the self-care administered by the health care providers. To discuss further, case study was also defined by Gerring (2004) as an intensive study of a single unit with the aim of generalizing across a larger set of units.

Patients who underwent gastric bypass operation were asked to tell us about their experiences before and after the gastric bypass operation. This question is asked in order to determine the major challenges that the patient underwent. The answer of the respondents will help analyze the importance of mental preparation of patients in order to make the treatment successful.

In this way, a case study is utilized since this study is an intensive study using a number of patient-respondents with the aim of making the responses of these respondents representative of the rest of the patients. In this study, the patients are also asked about their expectations for the gastric bypass surgery. This question is asked to find out if the expectations of the patients helped in their preparation for the operation.

The researcher also inquired about the motivation of the patients for losing weight and for undergoing gastric bypass operation. This question is asked to consider motivation as a factor that may affect the treatment of the patients.

The details that the researcher will be getting from this study will be useful especially to those who have planned to undergo gastric bypass operation. Moreover, the information

provided in this study is also useful to nurses because it talks about the nursing process of self-care.

This study will utilize the Qualitative Research Design wherein it seeks the reasons for its topic through the analysis of unstructured information. It is used to gain insight into people's attitudes, behaviors, value systems, concerns, motivations, aspiration, culture or lifestyles. It will also use the constitutive analysis for interpreting the data gathered. A constitutive analysis is a pattern that expresses the relationship among relational themes and is present in all interviews. It gives actual content to a person's self-understanding or to a person's way of being in the world (Polit and Beck 2012).

4.2 Conduct of the Study

The study started with a pilot study on two respondents who answered an open-ended questionnaire that was sent to their home address. However, the results gathered from this open-ended questionnaire did not answer the aim of the study, so another study was conducted to one respondent.

This was conducted with an unstructured interview. An audio recorder was used to record the interview with the respondent. The questions raised targeted the aims of this study which are to know the quality of life of the patient who underwent gastric bypass surgery before and after the surgery. Questions about how the information about gastric bypass surgery was provided by the medical professionals to the patient were also asked.

The study was conducted at the informant's work place on the 25 of September 2012. The place of the interview was comfortable and the environment was good. The informant expressed that he was comfortable with being interviewed, and the informant was very approachable.

After the questions were raised and the answers were recorded, the researcher described the quality of life of the patient, and the ways the information about gastric bypass surgery reached the patient, in this research. Analysis was done under the premise on Orem's Self-Care Theory and Erikson's theory of psychosocial development.

4.3 Pilot Study

A pilot study is a small version of a study used to gather information but not enough to answer the research question. It plays an important role in a research and it also helps to improve the research method of the study.

This pilot study was conducted with two respondents. The data was collected from an open-ended questionnaire. The summary of the result is discussed in Cases One (1) and Two (2) below.

Case 1

The first respondent is a fifty-one (51) year old man who has undergone a gastric bypass operation in 2009. He stated that he was not given an alternative choice on how to lose weight because of his health condition. At that time, he suffered from joint rheumatism and spinal cord arthritis. He said that all the information he needed to know and understand about the gastric bypass procedure was provided by his doctor and by his workmates who underwent the operation.

He received information about the gastric bypass operation before and after the surgery. He admitted that he was aware of the risks and the complications that might occur after the surgery. In 2009, he had a gastric bypass operation.

He mentioned that one of the complications he received after the surgery was bleeding when he lifted heavy equipment or when he used a lot of body pressure. The patient also detailed that he got information about the need of food supplements and was advised by the health care provider to take a lot of rest after the operation. He explained that there was no rehabilitation program given after the gastric bypass operation although he was advised to follow a dietary plan which is composed of soft diet. This soft diet, low fat food which includes eating more leafy vegetables and dark bread lasted for four weeks.

He also mentioned that he was given food supplements which include B 12 that costs 7 euro and other extra vitamins that cost 12 euros. He was also asked to come back for

regular check-ups which is every six months beginning with the sixth month after his operation. Whenever he experiences problem or whenever he finds some doubts about his condition, he seeks the advice of his workmates and friends who underwent gastric bypass operation.

He explained that the doctor and the nurses were very good during his stay in the hospital and that he was satisfied with the information provided by the medical personnel. Towards the end of the questionnaire, he expressed that his life after the surgery became more meaningful.

Case 2

The second patient is a forty three (43) year old woman who worked as a practical nurse. She had her gastric bypass operation in 2011 after trying many alternatives on losing weight. Her operation was a Roux-en-Y, which is one of main types of Bariatric surgery.

She articulated that she learned about the gastric bypass operation on the internet. She mentioned that she is not aware of the risk and complication after bypass surgery, and she claimed that training instruction and diet instruction was only provided after the operation. The patient also expressed that even the dieticians did not provide her with information about her food intake. Her food supplement is Nutrilet all in one three (3) days diet, then this was followed by ACKD easy diet for six days. Her follow up check-up was also every third month within one year.

Even with the partial lack of information, she is still pleased with the information given to her. She expressed that all the nurses were kind and supportive; however, she voiced that the doctor who operated her was not empathic.

Despite having a doctor who was not empathic, she declared that her decision for having a gastric bypass operation was her best decision and that she got on (1) kilo lower than what was planned.

4.4 Data Collection

This chapter presents the data collection process used in this study.

The study started with a pilot study with two informants to whom an open-ended questionnaire consisting of 13 questions was sent (See appendix 1A och 1B). A return envelope with paid postage was induced.

Both informants responded but the information gathered did not meet the aim of the study. Therefore another method was used. The researcher conducted an unstructured interview with one informant. The interview was recorded and lasted for one hour. In the interview the researcher focused on obtaining information needed to assess the quality of life of patients who underwent gastric bypass surgery.

According to Pilot and Beck (2012), an unstructured method of collecting data requires time. On the other hand, the major advantage of conducting an interview is its adaptability in controlling the response situation and controlling the sequence as well as the pacing of asking the questions. Moreover, questions during interviews can also be modified to facilitate an easy understanding between the interviewer and the interviewee.

The Merriam Webster Dictionary (2010) defined interview as a meeting at which information is obtained from a person.

Conducting an interview also allowed the researcher to investigate respondents' beliefs, attitudes and inner experiences deeply by following up with questions to obtain more information and/or to clarify vague statements (PBWorks, 2006).

An article from PBWorks (2006) also explained that the trust that the researcher builds with his or her respondents during the interview makes it possible for the researcher to obtain information that might not be revealed using another form of data collection.

4.5 Data analysis

This study used content data analysis of the data collected. This type of data analysis creates a new understanding because the source of data is interviews, observation, group discussion, journal, and archival document.

When the open-ended questionnaires in the pilot study were returned, the researcher began to analyze them. Both respondents had answered all the 13 questions in the questionnaire. First the answers were translated from Swedish to English. Then they were arranged into themes, like “medical profile of the patient” and “information provided to the patient from the medical personnel.”

The follow-up study was conducted as an unstructured interview with one respondent. The recorded audio from the interview was repeatedly listened to and transcribed into writing. Like in the case of the pilot study the content was then categorized into themes. In this case the researchers focused on content describing “quality of life before and after surgery”.

According to Pilot (2012), a qualitative content analysis contains narrative data where one can identify prominent themes and patterns. It is through qualitative content analysis that the researcher will identify salient information that may help in the assessment of the quality of life of patients who have undergone gastric bypass operation.

Mayring (2000) explained that the object of content analysis can be all sorts of recorded communication. It analyzes not only the manifest content of the material but also formal aspects of the material.

The keywords used to search information from the internet are gastric bypass, bariatric, obesity, and weight loss, life after gastric bypass, assessment of patient, self-care and Orem and quality of life after gastric bypass operation.

5. Presentation of Findings

This part of the study presents the findings of the case study. The first part discusses the life of the patient before undergoing gastric bypass surgery while the second part explains how the information about gastric bypass surgery is provided to the patient. The third part is about the quality of life of a patient who underwent gastric bypass surgery.

5.1 Life of the patient before undergoing gastric bypass surgery

The case presents a patient who was a former football and volleyball player who decided to stop playing after he had a child. He was an active leader of many occasions which made him attend dinner meetings. He said he used to eat steak and other foods high in calories and fat, but he expressed more especially that his wife cooks good food. He explained that he had the same amount of food intake as when he was still playing football and volleyball, but since he exercised less, he reasoned that this caused him to gain weight.

Gaining weight caused him to feel tired when walking. He recounted that he had a hard time walking long distances. He also remembered experiencing low back pains, ankles pain and pain in the wrist which may be caused by gaining too much weight.

It took him three to four years to decide whether he would undergo bypass surgery or not. He explained that a person who undergoes the surgery must have the self-determination to make changes. That a person must also have self-motivation and self-discipline otherwise the treatment will not be successful. He admitted that he was not ready to undergo the operation since he was not provided enough information about the kind of life he would have after it. He confirmed that he was convinced to pursue with the operation by the nurse. The nurse also suggested the best doctor but he was given freedom to choose who would be his attending physician. His gastric bypass operation was carried out in 2009.

The patient recounted that he was required to mentally prepare himself for the operation. He believed that if a patient is not mentally prepared, then the treatment may not be successful. He admitted that it was so challenging that he even needed to visit a couple of doctors to seek medical advice. Since gastric bypass surgery was not familiar to the patient,

he needed more information about it. He received most of the information about the procedure from the nurse who convinced him to undergo the operation.

5.2 How the Information about Gastric Bypass Surgery is provided to the Patient

The informant expressed that he felt that the information provided by the health care providers was not enough. He said that he was not given information about the side effects of the operation and dietary plan. He even admitted that he was not informed about any dietary plan. He was not told what to eat and what should be avoided. He stressed that he did not receive a dietary plan and was not aware of the side effects.

According to the informant, he was not sure about the risks and complications he would get after the surgery. He said that doctors only told him that complications may arise after the surgery but they assured him that because of his condition, everything would be fine. He explained that he was not prepared for the changes in his eating habits after the operation.

The informant expressed that gastric bypass operation was not familiar to him. He remembered that it was the nurse who encouraged him to undergo the bypass operation. He expressed that prior to the operation he was not prepared to make any changes after the operation, although he was told about the consequences.

He explained that it took him one and a half years to learn how to eat, when to eat and what to eat. He expressed that eating too much spices and fatty food triggers the raise of stomach gas wherein he experiences an uncomfortable experience of having a bloated stomach. He also described that he experienced stomach ache whenever he eats meat. He explained that this happens because meat is hard to digest. This means a person who underwent gastric bypass operation must only eat foods that are easy to digest like fish and vegetables.

The informant also expressed that undergoing the gastric bypass operation is the most important thing because he wanted to see his daughter graduate as a medical doctor. He explained that whenever he encountered a problem regarding the food he eats, he will just

turn to his daughter and ask about his condition.

5.3 The Quality of Life of a Patient who has undergone Gastric Bypass Surgery

The informant explained that life was not easy after having a gastric bypass surgery. He recounted that he encounter a lot of problems. One of these problems is choosing the right food. He explained that whenever he was able to eat something that is not good for his body, his stomach will produce a lot of gasses and it will cause him to have diarrhea.

He expressed that it was at first difficult to control himself. He explained that eating foods that are hard to digest will cause him to have a lot of stomach gas which makes him feel uncomfortable. He asked for advice from doctors but he said that doctors gave discouraging answers. He explained that he had a regular every-two month doctor's visit after the operation. This doctor's visit then became every six months until now. He stated that he is taking life time food supplement that cost 600 euro to 1000 euro per year.

The informant also explained that his gastric bypass operation changed the life of his family. It was also hard for his wife, who is used to prepare a different kind of food for him. It took his wife some time to learn how to prepare his food. He remembered that his wife prepared two sets of meals after the operation. He was proud to express that his family is very supportive.

Another challenge that the informant needed to face is when he was invited to eat with friends or neighbors. Since his friends knew about his operation, they would normally ask him about the kind of food that they needed to prepare. This makes it awkward and sometimes embarrassing. He said that he would simply tell his friends to serve whatever they prepared and the he will just choose the best food for him. He also explained to his friends that if he does not touch any of the food served, it does not mean that this food does not taste good but that it is just because it is not good for him to eat it as it may cause him to feel uncomfortable.

He expressed that it was hard for him to inform people about his new condition but later he realized that it is best to inform his friends so that he will be understood and accepted

despite his special needs. He expressed that all of his friends are now aware that he had a gastric bypass operation.

He explained that informing friends and relatives about the gastric bypass operation made it easier. He said that though it is not easy to inform everyone about the operation, the results that people see with regards to the changes of his body helped them understand what is going on with him.

The informant remembered that he felt discouraged when his doctor advised him to eat a couple of oranges since oranges upset his stomach. Because of this, it took him years before he made his next visit to the doctor.

He said that it was the nurse who encouraged him to visit the doctor again. He suggested that it is important for the patient to be open-minded and to talk about his or her condition so that people will understand what he or she went through.

He said that life after gastric bypass surgery changed his life in many ways. Now he can ride the bicycle for many kilometers, ski long distances, he can use the stairs to the 7th floor in his work place and walk with friends. According to the informant it improves his social activities, physical activities and above all he is supported by his family.

6. Ethical Considerations

It is important to critically acknowledge the ethical considerations throughout the research. This means that this study takes personal and professional responsibility in honestly, justly and virtuously safeguarding the information that the patient-respondents provided during the course of the study.

This research involves the collection of data directly from one patient through an unstructured interview. The respondents of this study are the patients who have undergone Gastric Bypass Operation regardless of age and gender. During the course of the research, the researcher observed certain basic principles.

Polonsky (1998) mentioned that one of the ethical standards that a researcher must follow

is to guarantee that participating members must “not knowingly do harm.” This means that this study guarantees that no harm occurs to voluntary participants and that all participants have made the decision to assist the researcher with full information concerning what is required in the research.

Other ethical considerations practiced in this research include informed consent, and confidentiality and anonymity. This means that all participants of this research are informed about the purpose and the results of the study. This is done through sending an information letter to patient-respondents. The letter tells the respondents about the project and the desired outcomes.

Confidentiality and anonymity is ensured to the respondents through mentioning to them that their answers will be used to present the analysis and conclusion of the study but their identity will not be revealed during the course of the presentation. This way, respondents will be treated with dignity and respect.

7. Critical Examination

There were four informants but only three informants participated in the study. Two informants were used in the pilot study, one in the main study. One informant declined to participating in the study.

The informants were informed about the purpose of the study. A letter of consent was send to all informants. They were informed that they could leave questions unanswered if they wished to do so. They were also informed about their right to withdraw from the study at any time.

The aim of this study was to assess the quality of life of a patient who underwent gastric bypass surgery and how the information is provided to the patient before gastric bypass surgery. Although the number of participants was small the researcher still met the aim of the study because of the use of the case study method.

A case study is an in depth investigation of a small number of entries. In a case study,

researchers will obtain descriptive information that examines the phenomena. “The greatest strength of case studies is the depth that is possible when a limited number of individuals, institutions, or groups are being investigated” (Polit D. and Beck C.T, 2011).

When the participant entered the main study, the researcher asked him about his life experiences before and after gastric bypass operation. The researcher also asked the participant whether he has had follow-up checks with his doctor until now and how the information was provided by the medical personnel. The interview was conducted under good and relaxed circumstances.

The researcher assured that the sensitive information and his identity will be kept confidential so that trust will be established. The presentation and analysis of the data was also presented to the patient so that transparency, thoroughness and verification will be achieved. Logical reasoning by referring the results to the theoretical framework of the study was used to avoid emotional bias on the results.

With the choice of method used in gathering information, the unstructured interview, the aim of the study could be reached.

8. Discussion

The conducted study began with a pilot study on two patients. The pilot study used an open-ended question wherein the patients were asked to provide answers. In the pilot study, the first respondent underwent gastric bypass surgery last 2009 while the second respondent had the surgery last 2011.

The case of the first respondent is that he was 51 years old which belongs to the Generative versus Stagnation stage based on Erikson’s Stages of Development. According to Erikson as mentioned by Cherry (2012), a person under this stage asks himself, “Can I make my life count?” Cherry (2012) explained that people during this stage wanted to maintain a healthy life pattern. This is probably the reason why the respondent thought about having gastric bypass operation.

The case also mentioned that the respondent suffers from joint rheumatism and spinal cord arthritis. These are expected considering the age of the respondent and considering that the respondent is overweight. Iliades (2012) discussed the causes of spinal cord arthritis. He mentioned that aging is considered to be the most common and observable cause of arthritis in the spine; however, researchers claim that other reasons include being overweight, a result of an injury or weakened immune system and genetic factors.

Application of self-care is presented in this case since the patient took the responsibility of taking care of himself to the point that the patient will seek information not only from health care providers but also from people who underwent the same process.

It was found in the pilot study that the first patient received information about the gastric bypass operation before and after surgery. It was also found that the patient had complications of bleeding whenever he lifted heavy equipment or whenever he used a lot of body pressure. The first patient described that the information given by his health provider includes his need for food supplements and rest; however, there was no rehabilitation program provided after the gastric bypass surgery although he was given a diet program which he was required to follow. He also added that the dietary plan he was given includes green leafy diet.

He was mentally and physically prepared to do the process. That is why he did not have a hard time coping after the surgery. Self-care also helped him identify the things he should not do.

The pilot study also found that the second patient learned about the gastric bypass operation on the internet. The case of the second respondent is that she was 43 years old which also belongs to the Generative versus Stagnation stage based on Erik Erikson's Stages of Development. According to Erikson, as mentioned by Cherry (2012), a person under this stage asks himself, "Can I make my life count?" Cherry (2012) explained that people during this stage want to maintain a healthy life pattern. This is probably the reason why the respondent thought about having gastric bypass operation.

It was also found that the respondent was not aware of the risk and complication after the

bypass surgery and she claimed that training instruction and diet instruction was only provided after the operation. It was also found that the patient was not given information about her food intake; however, the patient expressed that she is pleased with the information given to her by the nurses. She added that the nurses were kind and supportive. There was no mention of any illness though the patient explained that she had to do the operation simply because other weight-loss programs had already given up on her. The patient explained that most of the information she needed about gastric bypass operation were from the internet. This act presented the self-care programs wherein the people will go an extra mile to read about or learn about a medical procedure.

The pilot study was able to discuss how the patients received the information about the gastric bypass operation; however, the questions asked failed to gather information about their quality of life. This is the reason why the first part of the study is considered a pilot study and another study is conducted in order to answer the aims of this paper.

The case presented in this study used an unstructured-questions interview with the respondent. Questions were carefully and purposely made in order to answer the aim of the study. It was found that the information provided by the health care providers were not enough since he was not informed about any dietary plan that he needed to follow after the surgery. He was not also informed about the kinds of food that he needed to avoid. He emphasized that he was not given a dietary plan and was not aware of the side effect of the surgery. This result showed that there is a need for the respondent to know more information about gastric bypass operation. For this reason, the respondent seeks help from a friend, family members and internet sources. He also expressed that even the dieticians did not provide him with information about his food intake. However, even with the partial lack of information, he is still pleased with the care because he expressed that the nurses were kind and supportive.

It was also found out that the informant was not pleased with the physician's reply regarding what kind of food should be avoided after the surgery. After his visit to the doctor it took him one year to see a doctor. Through encouragement and support from the nurses the client has gained courage to visit a physician again.

Orem's theory of self-care focuses on a client-centered approach that considers the patient's inability and incapacity to perform self-care due to health related problem. It includes three interrelated theory, namely the theory of self –care, theory of self-care deficit and the theory of nursing system (de Lara, 2010).

Orem, as stated by Alligood and Tomey (2010, 193), said that nursing has social interpersonal features that characterizes the helping relationship between the clinical provider and the one who needs care. She identified two sets of theoretical nursing science. These are nursing practice science and the foundation nursing science. Wholly compensatory nursing science, partly compensatory nursing science, and supportive developmental nursing composed the set of nursing practice sciences.

According to the informant, the information provided from the medical professional was not enough regarding the side-effects of the operation and food to be avoided after the surgery. It was found that patients were not prepared for the kind of life they will have to live after the operation. Neither was he provided with a dietary plan in order for him to avoid the foods that would make him feel uncomfortable. Orem stated in her theory, about the health deviation self–requisite, that a person who is under medical diagnosis and is seeking and securing medical assistance, is aware of and attends to the effect and the results of pathologic conditions, effectively carries out medically prescribe measures, modifies self- concepts in accepting him/herself as being in a particular state of health and in specific forms of health care and learns to live with effect pathologic condition (Alligood and Tomey 2010).

The informant stated that gastric bypass operation changed his life in many ways. Orem's Self-care theory comprises the practice of activities that maturing and mature persons initiate and perform in the interest of maintaining life, healthful functioning, continuing personal development and well-being (Orem as stated by Alligood and Tomey 2010, 269).

With the answer provided by the respondent, it is evident that self-care was applied to the patient since the patient took the responsibility of taking care of himself to the point that the patient seeks information from health providers and from people who underwent the same surgery.

The conclusion is made since the act of gathering information to ensure one's safety is enough evidence that the self-care process existed before, during and after the operation of the respondent.

This also shows that the intervention provided by the health care provider in giving enough information can greatly help in realizing the self-care process. This was supported by Orem's Self-care theory wherein patients should be given information on how to care for themselves in order for them to be able to survive.

Unfortunately, the study has some limitations since enough preoperative information about the physical and psychosocial behavior of the respondent was not gathered.

In addition, there were still very few books and related literature about the gastric bypass surgery. For this reason, analyses on the findings of the study were limited to the theoretical framework discussed in the latter part of this study.

9. Conclusion

The aim of this study is to assess the quality of life of a patient who has undergone gastric bypass surgery. According to this study, the importance of the role of health care providers in providing efficient information needed to improve the condition of patients before, during and after the gastric bypass surgery. The research questions formulated in this study in order to answer its aims are on the quality of life of patient who underwent gastric bypass surgery and on the process in which the information is provided to the patient before the gastric bypass surgery.

Based on the results gathered in this study, it is concluded that the quality of life of the patient who underwent gastric bypass surgery changed. These changes include how the patients view life wherein the patient looks at his daughter whenever he feels pain from the surgery. The image of his daughter who is going to become a surgeon gave him an inspiration to make his life better. His eating lifestyle also changed. Since there are certain kinds of food that causes pain or uneasiness to the patient, the patient decided to avoid these kinds of food. These foods are those that require heavy digestion such as meat.

With this, the respondent changed his diet to a rich in fiber diet. Therefore, the respondent's quality of life improved as he started living a healthy lifestyle.

In addition, it is also concluded from the results gathered that the role of the health care providers in providing efficient information is very important in order for the patient to successfully perform self-care upon himself. It is important that the health care provider should provide detailed information for fast recovery and for the patient to easily adjust to its self-care routine.

Furthermore, self-care is also important for the patient because this involves self-discipline. A patient who does not care for himself will eventually suffer from pain again. Based on the data gathered in this study, the patient decided to carry out self-care in order to avoid further complications.

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