

# Quality of life as determined by SF 36 health survey is significantly improved following laparoscopic gastric bypass. A prospective analysis of 300 consecutive patients.

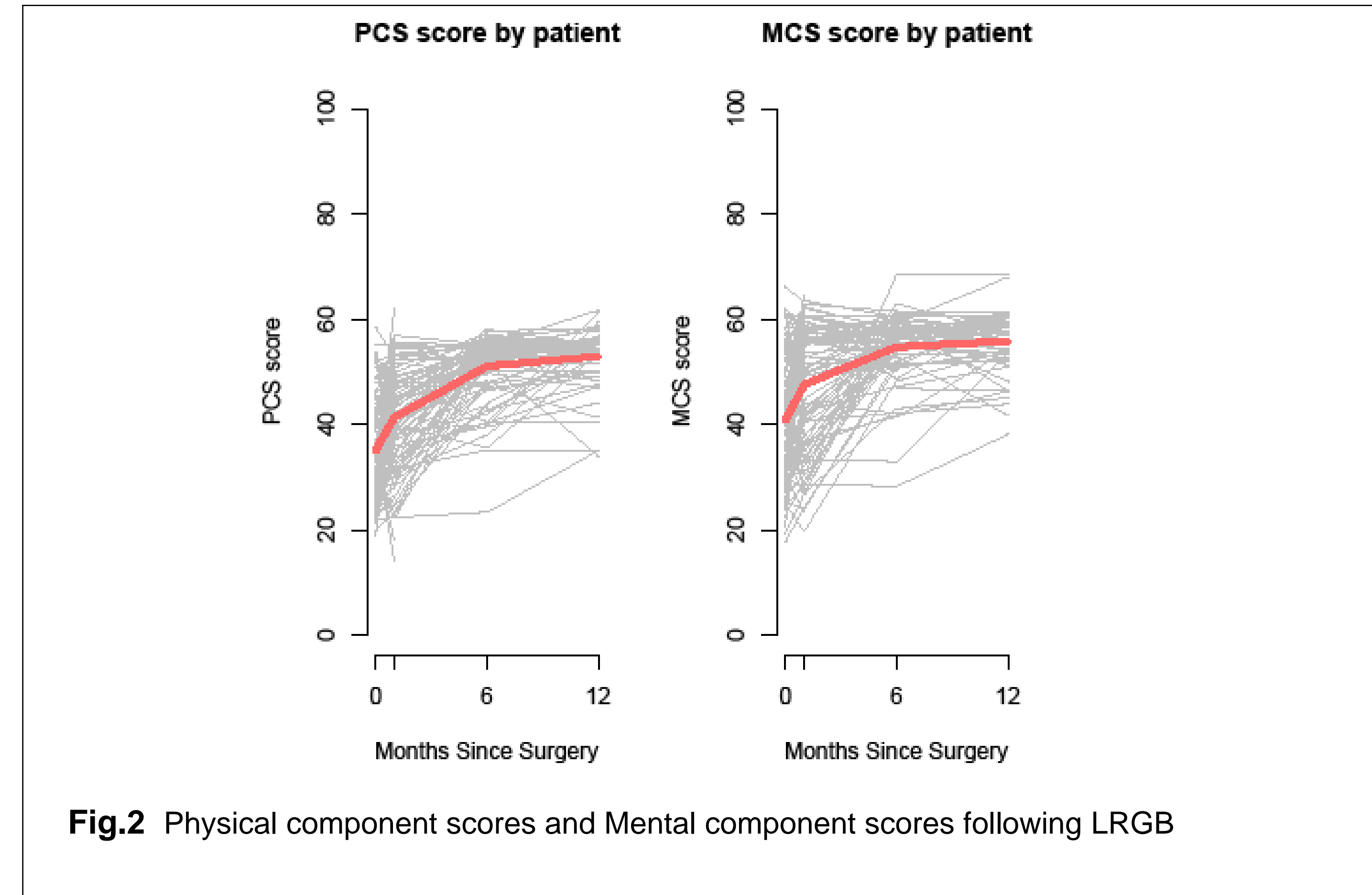
Piotr Gorecki MD, Shannon L Wong MD, Paul Thodiyil MD, Leslie Wise MD

Department of Surgery, New York Methodist Hospital, Brooklyn, New York

**Introduction:** The short-form 36 (SF-36) health survey has proven to be a reliable tool when assessing the burden of disease on both physical and mental health. Moreover, it is widely used to assess the effects of various treatment options on the overall quality of life. The purpose of this study is to quantify the impact of laparoscopic gastric bypass on quality of life of morbidly obese patients.

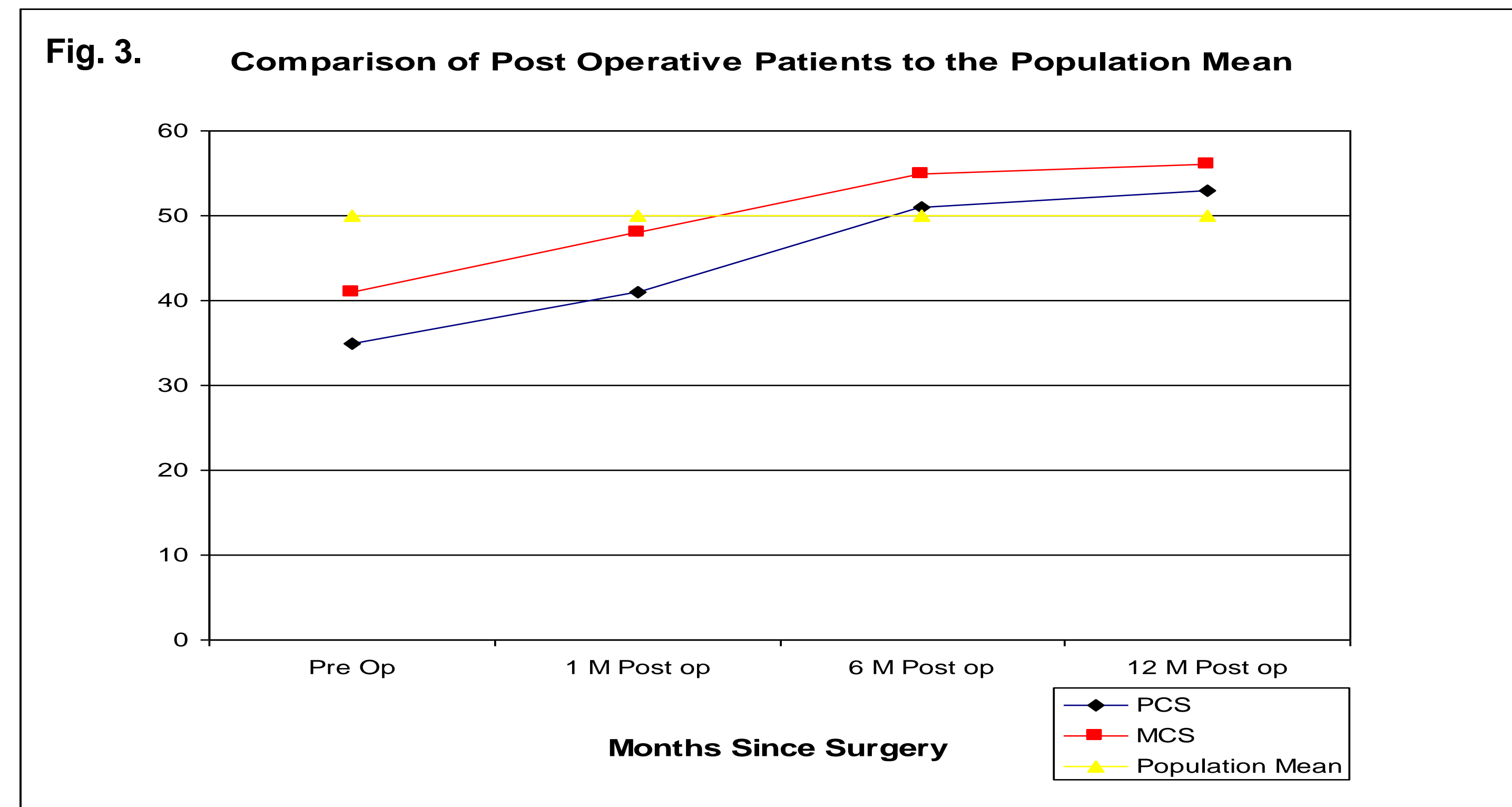
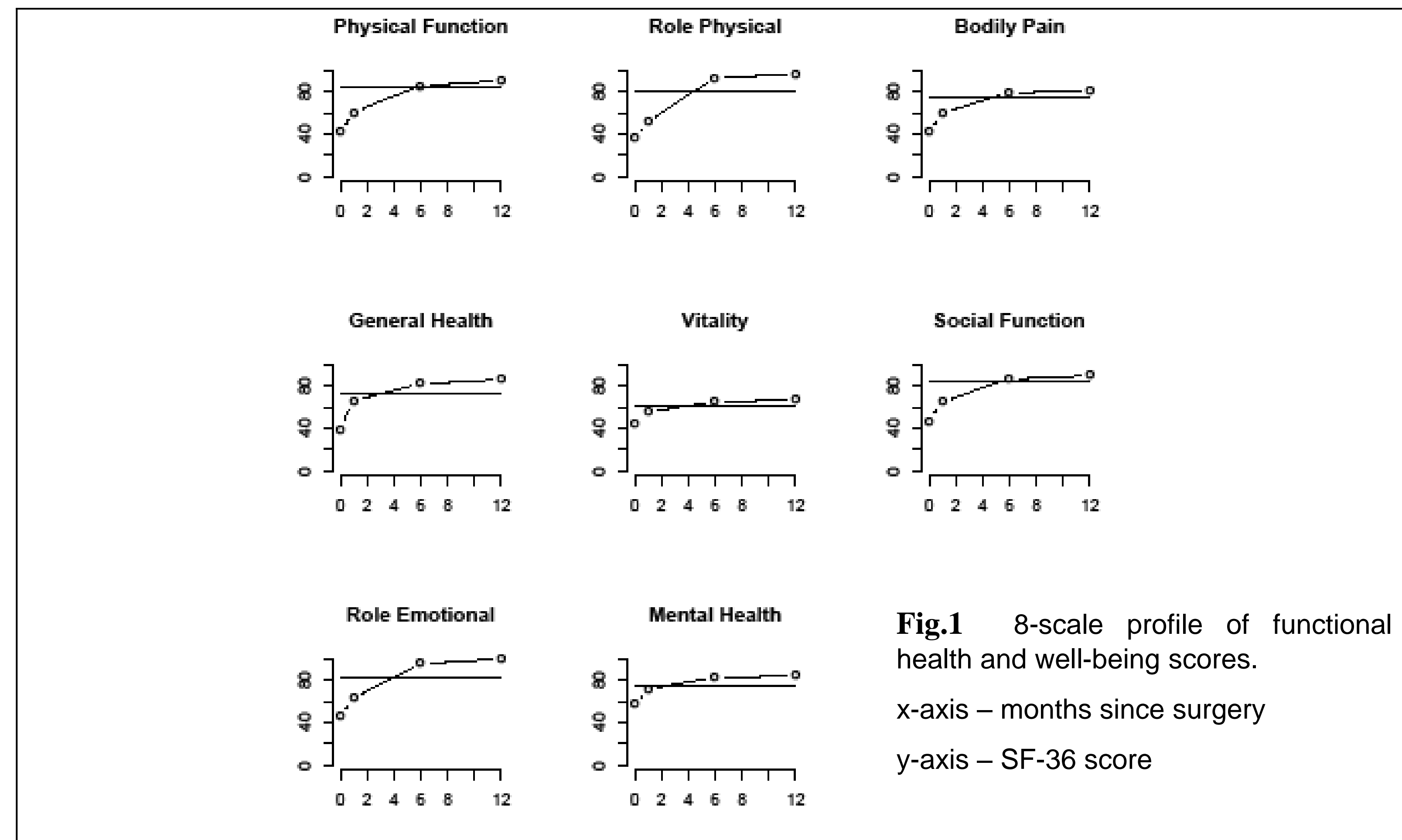
**Materials and Methods:** Three hundred consecutive patients undergoing laparoscopic Roux en Y gastric bypass (LRYGB) at our institution were asked to complete the SF-36 questionnaire prior to undergoing surgery. Post-operatively, the patients were again asked to complete the survey at their one month, six month and one year follow-up visits. The same surgeon performed each of the three hundred operations and the same quality of care was given to each patient post-operatively.

**Results:** There was no postoperative mortality and no long term disabilities in this group of patients. Of the three hundred patients who completed the SF-36 preoperatively, 101 patients completed the SF-36 survey for 1 month, 6 months and 12 months following surgery. 47 patients returned the 1 month and 6 months survey, while 49 patients only completed the 1 month postoperative survey. All components of SF 36 survey were significantly improved following LRYGB at 1, 6 and 12 months after surgery (fig.1). At 6 and 12 months, quality of life scores reached higher values than population means (fig.3). Physical Component Summary (PCS) improved from 35 preoperatively to 41, 51, and 53 and Mental Component Summary (MCS) improved from 41 to 48, 55, and 56 at preoperative, 1 month, 6 months and 12 months after surgery respectively (P<.00001, population means for PCS and MCS is 50) (fig 2).



**Conclusion:** In addition to a significant weight loss, LRYGB produced very significant improvement in the quality of life of our patients as measured by the SF-36 questionnaire. Limitations of physical activity, social activity and usual role activities caused by physical and emotional problems as well as bodily pain were all significantly decreased. Mental health, vitality and general health perceptions were also significantly improved as reported by the patients through the SF-36 survey.

**Discussion:** Obesity is a growing epidemic in the United States and world wide (1,2,3). Morbid obesity leads to premature morbidity and mortality (5), as well as a decrease in the overall physical, mental and emotional well-being of a patient. Obese individuals have been shown to have inferior quality of life as compared to the non-obese patients (6,7,8,9). While medical treatments for severe obesity remains largely ineffective (4), gastric bypass operation has been shown to provide patients with significant and sustained weight loss (10,11,12,13,14). In addition to the reduction of weight loss and obesity related co-morbidities that patients experience following LRYGB, the overall improvement in their quality of life deserves emphasis when assessing the overall success of bariatric surgery.



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