

**“What I learned from my patients that *really* changed my practice - it was never about the food”
... well, not always!**

And nor is it just about the surgery either...

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I have no potential conflict of interest to report



My patients taught me that:

1. The honeymoon ends
2. The magical effect of the surgery starts to diminish sometimes as early as 9mth
3. Self-awareness, self-love and self-care is NOT intuitive – and needs to be taught and experienced
4. They need help to address factors that contributed to their weight in the first place
5. Ongoing follow-up and community/team-based support is needed



Foundations Of Healthy Living Retreat : What My Patients Taught Me...



My experience :

- 24 years as a bariatric nurse specialist – seeing the struggles
- 12 years since we started retreats – “back on track”
- Hearing their stories of trauma, shame, family situations, stigma etc
- 20 years of patient support and activities



Our 'Foundations of Healthy Living' Retreats: "We don't heal in isolation but in community"

Objective: To provide a safe environment where our patients can acknowledge and unpack their history, any potential trauma experienced and be supported by like-minded participants and facilitators who understand, some who also have the lived experience.

Teachings are ACT and CBT focused -

Tools and strategies are based on:

- Values
- Limiting beliefs
- Inhibition/disinhibition
- Internalised weight bias
- Polyvagal Theory
- Hunger – physical vs head
- Self-sabotage
- Experiential (or emotional) avoidance, Psychological flexibility
- Emotional regulation/dysregulation
- Mindfulness, Meditation,
- Self-acceptance, Self-love and Self-value/worth, Self-compassion
- Creating healthy habits – nutrition, exercise, vitamins, accountability
- Stages of transformation after surgery
- Goal setting

Research: *'The "ACT-ive" Pursuit of Loss and Gain: The Impact of an Acceptance and Commitment Therapy-based Intervention on Post Weight-Loss Surgery Individuals-* has been submitted for publication last month.



Conclusion:

The Honeymoon period *DOES* end, and our patients who have bariatric surgery *will* need comprehensive support and follow-up for at least 2 years afterwards, preferably for life.

It's not just about surgery, a community-based support and follow up program is imperative and paramount (to their long-term success).

Wrap around care is essential and not negotiable.

We must treat the biology/physiology *AND* the psychology.



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What I learned from my patients was...

It's not about the food very often...but as food has been a source of self-soothing, comfort and happiness for many years prior to surgery, if we don't teach our patients more healthy ways to cope with the effects of trauma, adverse events, crises and triggers, we are setting them up for struggle long-term.

-The challenge is to progress from a biomedical model of health, to a biomedical/psychosocial model of care-



What I learned from my patients that really changed my practice- it was not always about the food

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Thank you

