



Does digital information alter decision making in bariatric surgery?

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Background

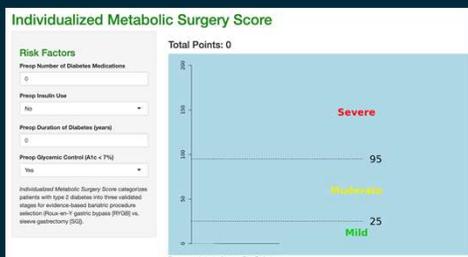
Bariatric surgery demonstrates increasing evidence to be the most effective treatment of type 2 diabetes. In contrast to most other surgical procedures, choices about surgical weight loss are largely based on media buzz as well as arbitrary internet resources such as social media and chat rooms.

Purpose

To determine the influence of digitally available sources and word of mouth on patient decisions regarding bariatric procedures. For our diabetic patients we looked at the influence of a validated risk calculator on their choice of procedure. Our secondary aim is to assess our patients' referral sources and their influence on patients' predetermined procedure choice.

Study Design

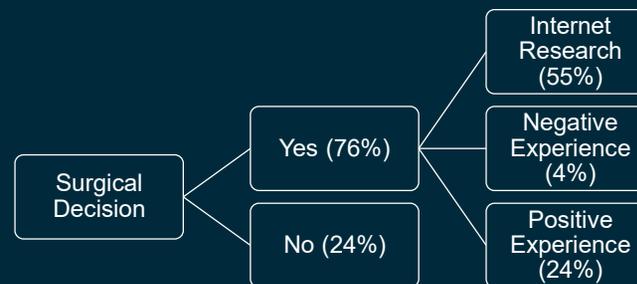
All patients filled a screening questionnaire during their first visit. This survey assessed (1) referral source, (2) predetermined decisions about surgeries and (3) how those decisions were made and whether or not the decision was changed after their consultation. A validated individualized metabolic surgery score was then presented to our diabetic patients. This calculator recommends the type of metabolic surgery that will have the highest rate of long-term diabetes remission given their individualized score. We then recorded whether the recommendation changed their decision of the procedure.



Demographics	
Sex	
Male	45
Female	172
Age	41
Race	
African American	32%
White	41%
Other	21%
Ethnicity	
Hispanic or Latino/Spanish	26%
Average BMI	47.6
Diabetes	52
Reflux/GERD	54

Table 1. Patient Demographics
The majority of patient in our study were female (76%). The commonly seen conditions among our patients were Type 2 Diabetes Mellitus (22%) and Reflux/GERD (24%). Average BMI = 47.6

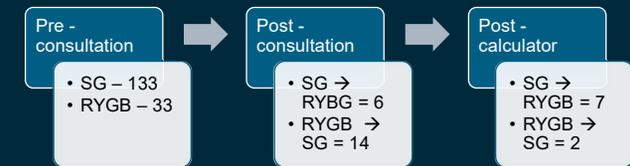
We saw 227 patients, of those 52 were diabetic. These patients came to us due to word of mouth (15%), primary care physicians (30%) and internet searches (54%).



Overall, 173 patients had a predetermined decision and 54 patients felt that the physician should make that decision for them.

Results

After the initial consultation, of those with predetermined procedures 27 patients changed their mind when better informed. Of the diabetic patients 35 patients had their choice match the calculator recommendation. The remaining ones were advised to alter their choice based on the calculation with detailed explanation of the rational supported by evidence and only 53% agreed with the evidence based recommendation.



Conclusion

With the abundance of internet information most patients come with predetermined decisions regarding their surgical care. Many stick to that decision after better quality information is presented. Furthermore, in those with serious illness like diabetes many patients continue with their choice contrary to evidence based information. Future work should investigate specific sources that are used by the patients and analyze whether or not the information is most accurate and trustworthy for our patients.

References