

Program Proposal for Occupational Therapy in Post-Bariatric Surgery Aftercare Program

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Abstract

The focus of the poster presentation is to create a program proposal to include occupational therapy intervention after bariatric surgery to incorporate what the clients value in their occupations into a program that builds new and healthy habits. Most healthcare systems focus solely on the medical and nutritional aspects of weight loss after bariatric surgery. This focus limits the client as it does not address the modification of their occupations and maladaptive behaviors to ensure long-term success. Through the introduction of this program, the goal is to integrate occupational therapy as a standard of care post-bariatric surgery to ensure the clients reintegrate into daily occupations and modify maladaptive behaviors for long-term success.

Learning Objectives

1. Identify the role occupational therapy can contribute in post-bariatric surgery aftercare.
2. Describe the evidence-based research that positively supports occupational therapy implementation in post-bariatric care.
3. Identify the step-by-step process of implementing the program proposal into a bariatric specialty department.

Purpose/Background

- The focus of the program will be to implement rehabilitation (specifically occupational therapy), nutritional, and medical intervention in one central location at a large bariatric specialty hospital.
- Currently, the only post-surgical follow-up is with the physician and with the registered dietician and at no time is occupational therapy (OT) consulted or used to determine the client's physical activity or life experiences.
- Obesity is a rapidly growing health issue globally with over 2.8 million resulting deaths each year (World Health Organization, n.d.).
- Obesity is the leading preventable risk factor that contributes to early mortality (AOTA, 2012).
- The medical related costs for treatment of obesity are estimated at \$147 billion annually in the United States, which is 10% of total medical spending in the country (Finkelstein, Trogon, Cohen, & Dietz, 2009).
- A program is needed that addresses more than surgical complications and nutritional restrictions to encompass the functional effects of surgery that involves the client's reintegration into instrumental activities of daily living and leisure activities that are physical in nature (Mata, Mikkola, Loveland, & Hallowell, 2015).
- A study completed by Nijamkin et al. (2012), found that clients with morbid obesity who participated in a comprehensive post-surgical program, demonstrated greater excess weight loss, body mass index reduction, and an increase in physical activity, compared to the normal no aftercare program.
- Occupational therapy provides intervention such as behavior modification, exploring and engaging in physical activity, and modifying daily activities and occupations (Mosley, Jedlicka, Lequieu, & Taylor, 2008).



Literature/Evidence

- Livhits et al. (2010) found that during the 12 to 24-month period after bariatric surgery, those participants who exercised, demonstrated greater results. [I]
- Egberts, Brown, Brennan, and O'Brien (2012) found that the clients who exercised post-bariatric surgery had greater weight loss than clients who did not exercise. [I]
- Bond et al. (2015) determined whether the physical activity intervention group would report greater health-related quality of life than standard care participants. In the HRQoL outcome measure, the PAI participants had a significant improvement on several scales. [II]
- Wilson (2010) focused her study primarily on occupation, how the occupation differs after bariatric surgery, and how the weight loss changes their self-esteem and identity as an individual. The study provides a client-centered viewpoint on the real-life experiences of the changes in an occupation that occurs after bariatric surgery.
- Liebl, Barnason, and Hudson (2016), used the Bandura's social cognitive theory as a theory to assist the authors in understanding why the participant changed behaviors. The participants were able to identify negative attitudes, healthy influences, and environmental modification to create healthy behaviors.
- Leahey, Bond, Irwin, Crowther, and Wing (2009) indicated the postoperative participants were more receptive to the behavioral modification group sessions and modified their habits and eating behaviors. [III]
- Tarrant et al. (2017) determined the use of groups in bariatric care may support a change of behaviors, educate on weight loss management, and help to support changes in their psychological health or physical health.
- Magdeleno, Chaim, and Turato (2010) elucidate for professionals that a focus on a clients' reinsertion and social acceptance into society after weight loss must be monitored and targeted in treatment.
- Faccio, Nardin, and Cipolletta (2016) focusing on the clients' changes in their body perception, personal relationships, quality of life, and how they identify to their new bodies. The realization that before surgery the client is entirely focused on their needs and once weight loss occurred, they were able to engage more fully in life and recognize important in various roles.
- Lier, Aastrom, and Rørtveit (2015) concluded that overall, the participants experienced a positive and more active lifestyle and life experience after bariatric surgery. The negative results centralized around poor body image when naked due to excess skin and relationship changes.

Implementation

1. The needs assessment must be completed first to determine whether the program can support a new position, and to discuss current evidence, the benefits of occupational therapy intervention, and the vitality to thrive in practice.
2. Determine the strategic plan formulated in the program proposal with all stake holders to determine opportunities and challenges the department may encounter implementing the position and revise the SWOT analysis as needed.
3. Obtaining the financial resources necessary to ensure the program success and have the capital needed. The OT services are billable to insurance, but grants or donations may be needed to fund assessment tools and needed therapy equipment.
4. Ensure facility and billing department is up-to-date and able to bill all major insurance companies for occupational therapy services before implementation of the program.
5. Focus on establishing a partnership with the multidisciplinary team to open lines of communication, value each other's skills and abilities, and approach each client with a holistic approach.
6. Purchase exercise equipment, such as TheraBand and weights, and assessment tools, such as the SF-36v2 Health Survey Measurement Tool and expand on equipment and tools as the OT demand increases.
7. Ensure OT in new role has specialized training in obesity and bariatric surgery aftercare. The therapist must have training in providing education for exercises and provide extensive knowledge on occupational reintegration for optimal intervention.
8. The occupational therapist must be nationally registered, state licensed, and ensure they purchase malpractice insurance.
9. Complete marketing in the community on the emerging niche of the OT program and develop relationships with clients and professionals to increase referral base.

Future Implications/Conclusion

- The *Centennial Vision* was established as a guide and vision for the future of occupational therapy to remain relevant and viable in healthcare (AOTA, 2006). The drivers of change that directly relate to the program proposal are longevity, health care costs and reimbursement, prospective and preventative medicine, lifestyle values and choices, stress and depression, and universal design for an active living (AOTA, 2006).
- The focus of the proposed program is on providing client-centered care with clients post-surgery to ensure their care is customized, cost-effective, client-centered, and evidence-based, which is in direct alignment with the *Vision 2025* (AOTA, 2016).
- The program proposal aligns with the *Centennial Vision* and *Vision 2025* by focusing on an emerging niche of obesity and bariatric surgery. The program will expand the scope of practice to enable occupational therapy to reach a new population within the healthcare system and positively affect clients in occupation reintegration after rapid weight loss.
- The focus on occupation reintegration, behavioral modifications, and increased physical activity are vital for long-term success in weight loss management. Occupational therapy is specialized to focus on the functional and psychological issues that arise and provide intervention to create positive outcomes after bariatric surgery.
- The sharing and reflecting on my knowledge and experience in occupational therapy will hopefully assist other clients after bariatric surgery cope with the dramatic changes that occur physically and psychologically.

References

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