

complications (%)			
6 months after surgery	39,88+/-2,44	41,77+/-3,00	<0,001
albuminemia (g/l)			
6 months after surgery BMI (kg/m)	42,37+/-6,32	41,27+/-6,05	NS
12 months after surgery	40,40+/-2,47	42,83+/-2,88	<0,001
albuminemia (g/l)			
12 months after surgery BMI (kg/m)	40,70+/-6,49	38,78+/-6,58	<0,05

Conclusion Consequences of multidisciplinary follow-up on bariatric surgery are a diminution of hospitalisation duration and postoperative complications, resulting in lower human and financial costs. Multidisciplinary follow-up also allows better pre and postoperative nutritional states with better weight loss after 1 year.

P-144 Predictive Factors of Weight Loss After Laparoscopic Gastric Bypass at One Year: Impact of Anthropometric Parameters, Metabolic Status And Dietary Habits Before Surgery

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Background Substantial weight loss is achieved in a majority of severely obese subjects who undergo gastric bypass (GBP) surgery but a minority of them fails to reach expected results.

Methods We studied the predictive value of several preoperative factors on GBP effectiveness, including anthropometric parameters (BMI, waist to hip ratio), metabolic parameters (fasting glycemia, insulin level, HOMA index, lipidic parameters, gammaGT, blood pressure) and dietary habits (caloric intake, percent of lipids, glucids and proteins). Weight loss was assessed at one year after GBP in 100 obese subjects (90 women, age 43±11 years; BMI 48.5±7.9 kg/m²; mean ± SD).

Result Mean absolute weight loss (AWL) was 40.1 kg±11.2 kg at one year, corresponding to a mean percentage of excess weight loss (%EWL) of 68.1 ± 21.1 %. AWL was positively correlated with initial weight (R=0.461, p<0.001), initial BMI (R=0.380, p<0.001), total cholesterol (R=0.235, p=0.0467), preoperative energy intake (R=0.329, p=0.001) and negatively correlated with age (R=-0.271, p=0.007) and preoperative protein intake (R=-0.203, p=0.045). In multivariate analysis, only initial weight and preoperative energy intake were independently associated with AWL.

Conclusion In addition to initial weight, dietary habits influence weight loss one year after GBP surgery. These findings allow improvements in patient information about expected weight loss after GBP and lead to take into account dietary habits in surgical decision. These results would be strengthened by a larger cohort of patients and a longer follow-up.

P-145 Correlation Between Physical Image and Social Skills in Women Who are Awaiting Bariatric Surgery

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Background Obesity is a chronic disease of multifactorial etiology. The interference of psychological factors can be observed, especially those related to a negative physical image, which can cause as consequences: feeling of inadequacy as a human being, inadequacy in social interactions and

low self-esteem. The aim of this study is to evaluate the Physical Image and the possible inter-relation of it with these patients' social skills.

Method 20 female patients with an age range between 23 and 58 years, were evaluated with the Physical Image Questionnaire – Version for Women (BSQ) and with the Social Discomfort and Aloofness Scale (SAD). The average weight was 122.45 kg and a body mass index varying between 40.7 and 72.26. All the patients evaluated were part of the preparation Group for Bariatric Surgery.

Results 95% demonstrated a change in Physical Image, 10% of those with a small alteration, 50% with a moderate alteration and 35% serious alteration. Regarding the Social Skills, 60% of the patients presented a good ability for them and 40% presented low ability in the social skills, however, the correlation between Physical Image and Social Skills was not significant.

Conclusions Most of the patients presented a different Physical Image and all those who presented difficulties in social interactions demonstrated a serious alteration in physical image, nevertheless there was no significant correlation between these aspects. This data suggests that the manner in which these patients interact in the social environment does not only depend on the quality of their physical image, but also on internal aspects of their personality.

P-146 Closed Gastroduodenal Obstruction by Pancreatic Cancer Following Gastric Bypass. Case Report

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This case study deals with a white, 55-year-old female. In 2003, she underwent an open gastric bypass, having the weight of 160 kg. and the height of 1.60 m (BMI = 62.5). In 2004, her laparoscopic cholecystectomy and intraoperative cholangiography were both normal. In 2006, she returned with obstructive jaundice, which upon investigation led to a diagnosis of pancreatic tumor. She was submitted to a laparotomy, a 5-cm. tumor from the head of the pancreas was biopsied and invasion of the superior mesenteric vein, as well as billiodigestive bypass were observed. The biopsy revealed pancreatic adenocarcinoma. She was referred to chemotherapy (Gemcytabin + Oxaliplatin – GEMOX), and presented a good response.

In 2009, she again returned with epigastric discomfort, fecal acolia and absence of jaundice. The computed tomography of the abdomen showed a great distension of the excluded gastric chamber, in addition to the 2-cm. tumor in the head of the pancreas and a bulky incisional hernia. She had the weight of 120 kg (BMI = 46.9)

She again underwent a laparotomy which confirmed the presence of a 2-cm. tumor on the head of the pancreas and the invasion of the superior mesenteric vein. The opening of the volumous excluded gastric chamber permitted the draining of 2000 ml. of bile. A retrogastric gastroenteroanastomosis in the first jejunal loop and an incisional hemioplasty with a Vypro II™ mesh were performed. The progress was good and the patient was again referred to chemotherapeutic treatment.

P-147 Sexual Functioning in Women Waiting for Obesity Surgery and Women Already Submitted to Obesity Surgical Treatment

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Background This study aims to compare sexual functioning between women who are candidates to obesity surgery and women who were already submitted to surgical treatment.

Methods Two groups of patients were assessed:

- Group 1: 55 women already submitted to obesity surgery, with a mean age of 44.11 (SD=9.31), 60% married, with a mean body mass index of 36.44 (SD=7.32).
- Group 2: 30 women candidates to obesity surgery, with a mean age of 42.38 (SD=11.09), 73.3% married, with a mean body mass index of 43.65 (SD=6.82).

There were no statistically significant differences between the two groups concerning age ($p > .05$), school level ($p > .05$), disease duration ($p > .05$) and civil status ($p > .05$). Nevertheless, Group 1 patients' present a lower body mass index than Group 2 patients' ($p < .0001$). Patients answered to the Sexual Functioning Scale in the context a personal interview and clinical data were collected from their hospital registers after their informed consent.

Results Data analysis suggest that there are no statistically significant differences between patients from Group 1 and Group 2 concerning Sexual Interest, $t(75)=1.39$; $p > .05$; Inadequate Lubrication $t(75)=1.49$; $p > .05$; Difficulties in Orgasm, $t(75)=-.83$; $p > .05$; Capacity to satisfy her sexual partner, $t(74)=-.39$; $p > .05$; and General Satisfaction with Sexual Functioning, $t(75)=1.18$; $p > .05$.

Conclusions There were not found significant differences between women submitted to obesity surgery and those waiting for obesity surgical treatment concerning sexual functioning. Globally, sexual functioning (interest, lubrication, orgasm, capacity to satisfy the partner, general satisfaction) is not identified as a major problem by patients of both groups.

P-148 Objective Measurement of Physical Activity Before and Immediately After Bariatric Surgery in Morbidly Obese Subjects

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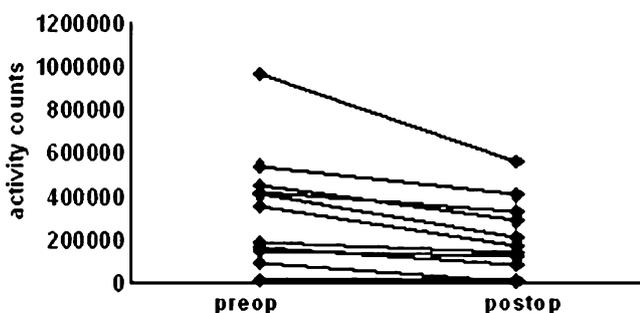
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Background Physical activity is important in patients undergoing bariatric surgery for morbid obesity but is difficult to measure objectively. The early effect of surgery on physical activity in the obese has not been objectively measured. We compared omnidirectional accelerometry with patient self-reported assessments to evaluate the effect of bariatric surgery on the degree of physical activity in morbidly obese patients.

Methods Patients undergoing laparoscopic and open bariatric surgery were invited to wear a waistband-mounted omnidirectional accelerometer (Actical) for at least 72 hours before and for one week immediately after surgery, and to record their daily activity during the monitored period. Measured activity was expressed as activity counts in 15-second epochs. Data acquisition incorporates intensity of movement into the activity count.

Result Eleven subjects (median age 43, M:F:4:7, median BMI 51) were studied. Activity counts before and after surgery are shown in the Figure. In 10 of the 11 subjects there was a noticeable reduction in physical activity, despite the use of the laparoscopic approach. Sample size was too small to detect a difference in open vs laparoscopic operations, but the same pattern was observed. Mobility status improved in one patient who immediately abandoned a cane.

Conclusion Even laparoscopic bariatric surgery is associated with a substantial reduction in physical activity. This conclusion was unexpected since it was at variance with patients' self-reported activity. This technology has the potential to provide feedback to patients recovering from bariatric surgery and could be extended to the more general problem of activity after a wide variety of surgical procedures.



P-149 Correlation Between the Regaining of Weight and the Occurrence of Anxiety and Depression in Patients Submitted to Bariatric Surgery

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Background It is known that the regaining of weight is directly connected with the difficulty in adaptation to the new eating pattern suggested along with the surgical treatment and that psychological factors, above all the presence of anxiety and depression symptoms arising from the condition of maintaining the minimum weight achieved, also interfere. In this manner, the objective is to verify the correlation between the regaining of weight and the occurrence of anxiety and depression in patients submitted to bariatric surgery.

Methods The Hospital Scale of Anxiety and Depression (HAD) – an instrument developed by Zigmond and Snaith in 1983 and validated in Brazil by Botega et al. in 1995 was utilized. The anthropometric data was obtained from patient files. The cohort consisted of 50 female patients submitted to bariatric surgery within 2 to 9 years previously. The age bracket of the participants was between 28–63 years.

Results The patients were divided into 3 groups: Group 1 – without regaining of weight (18%); Group 2 – regaining of weight less than 10% (34%) and; Group 3 – regaining of weight greater than 10% (48%).

In group 1: 77.7% did not present anxiety and depression; 11.1% presented anxiety and depression and; 11.1% presented only anxiety.

In group 2: 35.2% did not present anxiety and depression; 25.5% presented anxiety and depression and; 41.1% presented only anxiety.

In group 3: 25% did not present anxiety and depression; 50% presented anxiety and depression; 20.8% presented only anxiety and; 4.2% presented only depression.

Conclusions The occurrence of anxiety and depression is more frequent in the population with the regaining of weight greater than the expected. A factor worth considering is the prevalence of anxiety symptoms over those of depression.

P-150 Study of Factors Related to the Regaining of Weight in Patients Submitted to Bariatric Surgery

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Background It is a known fact that the recuperation of weight following bariatric surgery depends less on the quality of the procedure technique performed than on the capacity of adaptation of each patient to new eating habits which the treatment proposes. The objective of this study is to analyze the perceptions of the patients as to the attributable causes for the regaining weight and the conditions under which they could revert the weight regaining scenario.

Methods The cohort consisted of 24 women who presented a regaining of weight of over 10% of the weight they had lost upon being submitted to bariatric surgery at least 2 years prior. The age bracket of the participants varied from 28 to 63 years, the average BMI on the collection date was 31.3 kg/m², as opposed to that of 49.3 kg/m on the day of the surgery. The data was collected by means of a questionnaire and was subsequently analyzed qualitatively.

Results Of the interviewees, 37.5% considered the regaining of weight to be caused by emotional problems, 33.3%, due to organic factors and 37.5, as a result of inadequate diet. The solution for the problem lay, for 29.1% of the interviewees, in the assistance of the health team, for 45.8%, in the changing of eating habits, for 16.6%, in the practice of physical exercise and for 12.5%, in willpower.

Conclusions The regaining of weight is related to the difficulties in the late post-operative changing of behavior, even for patients previously informed of the necessity for a significant change in eating habits, demonstrating that