



Emotional Pitfalls of Weight-Loss Surgery

By Lisa Esposito

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Five years ago, Jodi Edsall, 50, a mother of four in Lehighton, Pennsylvania, had gastric bypass surgery. She's proud of her transformation -- not just how she looks, but how she's kept up with exercise and a [healthy diet](#). Her health is better, her energy's higher and her confidence shows. Even so, she's faced emotional fallout.

For many severely obese people, life improves after weight-loss surgery -- but changes can have a ripple effect on partners, family and friends. And after years of shrinking from the social radar, it can be tough to adjust to the spotlight. Patients and experts discuss what people can expect after dramatic weight loss.

Moment of Truth

Edsall contemplated weight-loss surgery for eight years before she went for it. Her life was an endless roller coaster of [diet and exercise programs](#), losing weight and regaining it. Her energy was fading, and her health was faltering with [signs of diabetes](#) and high blood pressure. She suffered from back pain, aching knees and heels spurs. When she brought up bariatric surgery to her husband, "He was afraid," she says. "Because it is a serious surgery."

She agreed to try one more diet and give it her all -- to no avail. Now it was time. Since surgery, her weight has dropped by half -- from about 250 to 128 pounds, a number she continues to maintain today.

Counseling Needed

Lynne Routsong-Wiechers, a bariatric psychotherapist in Dayton, Ohio, specializes in issues surrounding weight-loss surgery, which she has undergone herself. "Our society is not completely sold on bariatric surgery," she says.



"To lay down on that operating table, look your surgeon in the eye and know that it's come to this -- that's a really hard reality," she says. "When people say it's the easy way out, I beg to differ -- because it's not."

It's important for all patients to receive counseling before weight-loss surgery and afterward to set realistic expectations and learn to navigate related changes.

When researching surgeons, Routsong-Wiechers says, "Make sure they use a holistic approach. Usually there's an exercise physiologist, [dietitian](#), psychotherapist, support groups. All of those team players can help increase the success rate."

Attitudes Around You

After bariatric surgery, strong marriages tend to get stronger, while troubled marriages may go south. Fortunately, Edsall's marriage was solid. "My husband loved me no matter what," she says. "I've known him since I was 13 years old, so he didn't look at the outside shell. He saw me inside."

Some family members -- like her grandmother -- found it hard to accept her new look. Stinging remarks from acquaintances ("She took the easy way out with a little snip-snip") held only a passing effect.

Friendships can take a hit, Edsall found. For example, a former friend of more than 35 years became "extremely angry" over the surgery. Yet Edsall received support she never expected from others in her life.

Your Mind on Major Weight Loss

Dr. Robert Huizenga is an associate professor of clinical medicine at the [School of Medicine at University of California--Los Angeles](#), head of The Clinic by Dr. H, a multidisciplinary facility in Los Angeles, and an expert on the cast of "The Biggest Loser." Huizenga says weight-loss surgery should only be used as a third-tier, last resort. Even with nonsurgical major weight loss, emotional issues can crop up, he says. One is body dysmorphia -- an unrealistic self-image.

"At the start of the show, people look in the mirror and they don't really think they're that overweight," he says. "Sometimes when they lose a lot of weight, they can't necessarily see that weight loss."



Mood swings are the biggest challenge, Huizenga says. A contestant who loses 200 pounds but regains 70 after life upheavals may feel like a failure. It's all relative, Huizenga reminds people, and their weight loss is still an "incredible success."

From 'Invisible' to Spotlight

Severely obese people face painful stigma and social bias, so it's no wonder they try to become invisible.

"We call it blending in," Routsong-Wiechers says. "We kind of stay below the radar. We don't want to be noticed. We'll go grocery shopping at night. Exercise and walking is usually done at night."

Once you start losing a lot of weight, she says, the comments and extra attention can make you feel vulnerable.

Food Grief

Lori Thomas, 44, of Pawtucket, Rhode Island, felt "great" after her 2011 gastric bypass. "Surgery was a lot easier than I thought," she says. However, "it was hard to break that relationship I had with food -- kind of like losing a friend."

Going out to eat can be a minefield. Bypass patients are told [not to drink with meals](#), and servers have a hard time when Thomas politely declines. "And I eat a very little portion of what I order, so of course they think something is wrong with the food and come over and have to ask," she says. By the time they offer to fix Thomas another plate, it's easier just to explain she had the surgery.

Body Shifts

When you lose half your body weight or more, unwelcome physical changes like sagging skin can follow. For those with massive weight loss, extra skin hanging from the body subtracts from the cosmetic results of surgery.

Plastic surgery, such as breast lifts and lower-body lifts, usually isn't covered by insurance. A possible exception is if a patient develops a panniculus, Routsong-Wiechers says. That's when someone who's lost 600 or 700 pounds has an abdominal skin fold so low that it impairs the ability to walk.



Troubling Complications

A minority of patients suffer serious psychiatric problems after weight-loss surgery. In one study, about 13 percent of patients [reported increased depression](#) after surgery. A June 2012 JAMA study found [more alcohol use disorders](#) two years after gastric bypass than before the procedure, particularly in younger men. For some patients, [binge-eating and bulimia](#) can continue or even begin after weight-loss surgery.

But such major psychiatric issues are the exception, not the norm, says Dr. John Morton, president of the American Society for Metabolic and Bariatric Surgery. Most research finds better quality of life for patients after surgery.

Many bariatric programs require that patients undergo a psychological evaluation, says Morton, who is chief of bariatric and minimally invasive surgery at the [Stanford University School of Medicine](#). Depression, which he says is the most common issue, [tends to improve](#) after weight-loss surgery.

"There have been some studies that indicate in some cases there can be increased drinking for patients," Morton says. "We have recommendations and counseling in place, accredited programs to address that."

Alcohol sensitivity has also been seen in other types of gastric surgery, he notes. With surgery involving the stomach, he explains, certain receptors that help the body break down alcohol are diminished.

Prepare for Success

If you're [considering bariatric surgery](#), Routsong-Wiechers offers tips for better emotional adjustment. First is following doctors' orders and recommended dietary changes. She also recommends journaling -- keeping track of foods you eat and how you feel. Setting realistic goals and expectations, like going off a medication as health improves, can keep you on track.

Reflect on the past too, Routsong-Wiechers says -- where you were when you decided to have surgery. Document your progress through pictures and measurements. Seek help from support groups, counseling and family and friends. And finally, she says, live life to the fullest.



You can share questions and concerns with others on the [Thinner Times forum](#), an educational outreach provided through the bariatric surgery practice of Dr. Charles Callery in San Diego.

New You?

Edsall, who recently wore her first-ever bikini, says her daughters praise her "improved" taste in clothes. It's not really about having better taste, she says -- just finally being able to shop for stylish clothes in her size.

Sometimes, the contrast in how she's been treated in public before and after surgery has Edsall shaking her head. Men and women are much more likely to make eye contact, open the door for her or help her reach something. "It gets me angry because I haven't changed," she says. [Discrimination for being overweight](#) is real, she says: "I didn't realize how bad it was until now, when I'm a size 2."

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