

Discussion of “Long-Term Quality of Life Outcomes after Body Contouring Surgery: Phase IV Results for the Body-QoL Cohort”

Obesity is one of the world’s most pressing public health issues. In the United States, greater than 70% of individuals are overweight (body mass index [BMI] = 25-30 kg/m²) or obese (BMI ≥ 30 kg/m²).¹ Further 9.9% of women and 5.5% of men in the United States have a BMI ≥ 40 kg/m² and, therefore, are classified as having extreme obesity. There are a number of treatments for obesity, ranging from lifestyle modification (including caloric restriction, increased physical activity, and behavioral modification), pharmacotherapy, and bariatric surgery.² The surgical treatment of obesity is typically reserved for persons with extreme obesity. According to the American Society for Metabolic and Bariatric Surgery, approximately 200,000 bariatric procedures are performed annually in the United States.³

Bariatric surgery typically produces a weight loss of 25-35% of initial body weight in the first 12-18 months after surgery.^{2,4} Patients also report significant improvements, if not resolution, of weight-related comorbidities such as type 2 diabetes, hypertension, and sleep apnea. Patients also report clinically meaningful improvements in psychosocial functioning, including quality of life, body image, and self-esteem. Many of these benefits occur within the first 3-6 months after surgery and before individuals reach their maximum weight loss.

Unfortunately, many individuals who experience these massive weight losses develop excess skin.⁵⁻⁶ This appears to be most common in the abdominal region, but the breasts/chest, upper arms, thighs, and rear/buttocks also can be affected.⁷ The excess skin is associated with unwanted physical and psychological symptoms.⁷⁻⁹ The majority of patients report that excess hanging skin has resulted in itching, rashes, chafing, or ulcers. Almost all patients report some degree of functional impairment. Patients experience pain as well as interference with their ability to find appropriate clothing, maintain personal hygiene, and engage in physical activity or sexual behavior. These physical symptoms, and the psychosocial distress seen with them, leads many patients to present for body contouring surgery.^{6,9}

The study by xxxxxx and colleagues provides new information on self-reported changes in quality of life in persons who have undergone body contouring surgery.¹⁰ Using the Body-QoL developed by the authors, patients reported significant improvements in quality of life within the first year of body contouring surgery, which was well maintained into the third postoperative year. This study adds to the growing literature which suggests that patients who undergo body contouring surgery report high levels of satisfaction with the procedures, but also experience improvements in relevant psychosocial domains, including body image and quality of life.^{5-6,11-12}

The maintenance of the longer term improvements in quality of life is one of the more important findings from this study. As the authors note, patients may still be healing in the first

6 months after body contouring. In addition, there is growing evidence to suggest that the majority of bariatric surgery patients experience weight regain within the first two to six years.¹³⁻¹⁴ The average weight regain appears to be 5-10% of initial body weight for most individuals. However, a subset experience more significant weight regain. This weight regain has potential to negatively impact the physical and psychosocial benefits of bariatric surgery; it also could compromise the aesthetic results of body contouring. To that point, the present study found that patients who experienced an increase in their BMI during the study reported less improvement on the Body-QoL.¹⁰

Despite these important findings, the current study has some limitations. While the Body-QoL holds promise as an appropriate assessment tool for this patient population, a more comprehensive assessment of psychosocial functioning would have provided a greater wealth of information. Use of other cosmetic surgery patients as a comparison group added only modest value to the study. A group of individuals who underwent bariatric surgery but not body contouring, and who were similar in BMI, would have been a more compelling comparison group. Finally, the study also suffered from substantial loss to follow up. Unfortunately, this is a well-known issue for many investigators who study the psychosocial changes seen with surgical interventions. Studies with the highest possible retention rates will allow for the most convincing statements on the psychosocial benefits associated with aesthetic procedures.

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