P02-136

PSYCHOLOGICAL RECOMMENDATIONS IN THE MASSIVE WEIGHT LOSS FOR PATIENTS AFTER BARIATRIC SURGERY IN PUBLIC SERVICE OUTPATIENT IN SOUTHEAST BRAZIL

R. Magdaleno Jr¹, E.A. Chaim², E.R. Turato¹, Laboratory of Clinical-Qualitative Research ¹Medical Psychology and Psychiatry - Laboratory of Clinical-Qualitative Research, ²Surgery - Laboratory of Clinical-Qualitative Research, University of Campinas - Faculty of Medical Sciences, Campinas, Brazil

Introduction: Bariatric surgery is a procedure that results in a complex network of emotional experiences. One of the objectives of surgery is to bring about an improvement in the quality of life. Many patients fail because of psychological difficulties, a fact that reinforces the need for specific studies on the psychological dynamic.

Objective: to understand the meanings for patients when undergoing bariatric surgery. Method: Clinical-qualitative method.

Results: The main emotional experiences are social re-insertion, personal acceptance, the risk of disillusion with the results of surgery, recovery of self esteem, improvement in quality of life and in body image.

Conclusions: It is important to identify those aspects of a patients' psychological make-up which would be expected to improve or worsen their prognosis, and to provide the necessary pre- and post-operative psychosocial counselling. We offer some markers to assist the health professionals, which will allow an appropriate psychosocial plan to be developed and help the health team to identify factors that may affect prognosis. We propose some recommendations for a better psychological evolution: psychotherapy focusing on improving self-esteem; identifying feelings of shame related to a greater exposure; identifying how patients deal with feelings of competitiveness, envy and jealousy; assessing if obesity has defensive function; providing realistic parameters with regards the results of surgery; distinguishing between realistic necessity for plastic surgery and unreal expectations; observation of deviations to other compulsions; acceptance of skin folds and scars; clarifying the misunderstanding between emotional and physical hunger; confidence in own ability to adopt new behavioural models.