Published in final edited form as:

Surg Obes Relat Dis. 2019 April ; 15(4): 636–642. doi:10.1016/j.soard.2019.01.015.

Health and appearance: Factors motivating the decision to seek bariatric surgery

Rebecca L. Pearl, PhD^{a,b,*}, Thomas A. Wadden, PhD^a, Kaylah Walton^a, Kelly C. Allison, PhD^a, Jena Shaw Tronieri, PhD^a, and Noel N. Williams, MD, FASMB^b

^aDepartment of Psychiatry, Perelman School of Medicine at the University of Pennsylvania

^bDepartment of Surgery, Perelman School of Medicine at the University of Pennsylvania

Abstract

Background: Few studies have examined the motivating factors and people that lead patients to seek bariatric surgery. Bariatric surgery helps to improve body image, but little is known about patients' desired changes in the appearance of specific body parts.

Objectives: To identify key factors and people motivating patients' decision to seek bariatric surgery, and to assess body dissatisfaction and desire for surgery to change the appearance of specific body parts.

Setting: US university-based hospital clinic.

Methods: Patients seeking bariatric surgery ($N=208$, 78.4% women, 52.4% black, mean age=42.0±12.3 years, mean body mass index=46.7±8.5 kg/m²) completed the Reasons for Bariatric Surgery questionnaire prior to their preoperative psychosocial-behavioral evaluation. Participants rated (1-10) the importance of 15 potential reasons and 7 potential people motivating their decision to seek bariatric surgery. Participants also rated their dissatisfaction and desire for surgery to change the appearance of 11 body parts.

Results: Mean scores of motivating factors were highest for Physical Health (9.9±0.4), followed by Longevity (9.7±0.9). Patients reported high body dissatisfaction and desire for surgery to change the appearance of several body parts, including stomach and thighs. "Myself" was the highest rated motivating person, followed by healthcare providers, family, and someone who had undergone bariatric surgery.

*Corresponding Author: Rebecca L. Pearl, PhD. 3535 Market Street, Suite 3026, Philadelphia, PA 19104. Phone: (215) 746-5129, rpearl@pennmedicine.upenn.edu.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Disclosure Statement

Author 1 discloses serving as a consultant for Novo Nordisk and receiving grant support, on behalf of the [University of Pennsylvania], from WW, Int. Author 2 discloses serving on advisory boards for Novo Nordisk and WW, Int., as well as receiving grant support, on behalf of the [University of Pennsylvania], from Novo Nordisk. Author 4 discloses serving as a consultant for WW, Int. and Novo Nordisk and receiving grant support from Novo Nordisk. Author 5 discloses serving as a consultant for Novo Nordisk. Author 3 and Author 6 have no conflicts of interest to disclose.

Conclusions: Health is the primary reason reported by patients for seeking bariatric surgery. Patients also report a strong desire for surgery to change the appearance of their body. Patients are self-driven to pursue surgery but are also influenced by healthcare providers, family, and people who have undergone surgery.

Keywords

Appearance; body image; motivation; obesity; surgery

Introduction

Bariatric surgery confers a multitude of benefits for health and quality of life among patients with obesity.^(1,2) In addition to the medical conditions that may be eliminated or better managed as a result of surgery,⁽³⁾ patients report improvements in self-esteem and body image up to 4 years later.⁽⁴⁾ However, few studies have explored the relative importance of health, appearance, and other potentially motivating factors in patients' decision to undergo bariatric surgery. Understanding the factors that may concurrently influence patient motivation for bariatric surgery is needed to inform preoperative counseling and support services for patients as they navigate this decision-making process.

Two surveys conducted over 15 years ago found that concerns about medical conditions and health superseded concerns about appearance, quality of life, and other psychosocial factors in motivating the decision to seek gastric band, duodenal switch, or gastric bypass surgery.^(5,6) A more recent study confirmed that participants were primarily motivated to seek surgery due to physical health concerns but also expressed affective motivations such as "desperation."⁽⁷⁾ This latter study was limited by its use of retrospective report and a predominantly white, female sample, although findings were consistent with those of another small, qualitative study.⁽⁸⁾ In addition, Brantley et al⁽⁹⁾ reported that most patients identified health as the primary reason for seeking bariatric surgery, and only 4% identified appearance as their primary reason. However, when examining the top *three* reasons for seeking surgery, the percentage of patients identifying appearance increased to over 20%,⁽⁹⁾ highlighting that appearance may indeed be a prominent motivating factor for many patients. As significant changes in bariatric surgery safety, access, and procedures have occurred in recent decades,^(10,11) knowledge of patients' motivations and expectations for surgery warrants an update that includes a comprehensive assessment of factors that may simultaneously affect patients' decisions (rather than dichotomous or rank-ordered evaluations).

Patients also may vary in their anticipation of the effects of bariatric surgery on changing the appearance of specific body parts. Many patients hold unrealistic ideas about how much weight they will lose and thus how their bodies may (or may not) change as a result of surgery.^(7,12) Such individuals may experience body image distress following surgery due to unanticipated excess skin.⁽¹³⁾ Body contouring surgery to remove excess skin in specific body regions is not accessible to the majority of patients undergoing bariatric surgery,⁽¹⁴⁾ and even those who do pursue this option may be disappointed with their outcomes.^(14,15) A recent systematic review highlighted that prior studies on body image in bariatric surgery

have primarily used general measures of body dissatisfaction.⁽¹⁶⁾ The authors emphasized the need for assessing “multidimensional elements of body image” above and beyond general measures⁽¹⁶⁾ in order to better counsel patients about changes to their bodies that will result from undergoing surgery.

In addition to health and psychosocial factors that may motivate patients to seek surgery, specific people may also play a significant role in motivating patients’ decision. No study to date has assessed the importance of family, friends, partners, coworkers, health care professionals, or other significant people in patients’ decision to seek surgery. This information could help to support patients as they contemplate and/or prepare for surgery.

The current study aimed to update prior studies on patients’ motivation for seeking bariatric surgery, including a fine-grained assessment of dissatisfaction with and desire for surgery to change the appearance of specific body parts. In addition, this study extends prior knowledge by exploring the role of specific people in patients’ decisions to seek surgery. We predicted that, consistent with prior research,^(5,6) patients would predominantly report physical health as their primary motivation for seeking surgery. We anticipated that patients would report strong body dissatisfaction and desire for surgery to change the appearance of several body parts. We also predicted that patients would identify themselves as the most prominent person motivating their decision to seek bariatric surgery, along with close loved ones such as family or partners and spouses.

Materials and Methods

Participants were 208 patients who sought bariatric surgery at a university-based hospital in the US. In the 2018 fiscal year, approximately 61% of patients in this bariatric surgery clinic had private insurance, 11% were covered by Medicare only, and 28% were covered by Medicaid. Participants completed required questionnaires as part of their preoperative psychosocial-behavioral evaluation. At this evaluation, informed consent was obtained by a psychologist to use information from the required questionnaires for research purposes. The informed consent also gave permission to access patients’ electronic medical records (EMRs) for demographic information, height, and weight. The study protocol was approved by the university’s institutional review board.

Measures

All participants completed the Reasons for Bariatric Surgery (RBS) questionnaire. The RBS was created for the current study by adapting measures used in prior studies of motivation for seeking bariatric surgery^(5,6) and of body dissatisfaction.^(17,18) The scale contains three parts. Part I consists of 15 potential reasons motivating patients’ decision to seek bariatric surgery, rated from 1 (not at all important) to 10 (very important). Part II consists of 7 potential people motivating patients’ decision to seek surgery, rated on the same 1-10 scale. Part III lists 11 body parts and asks patients to rate their dissatisfaction with each body part (1-7; higher scores indicate greater body dissatisfaction), and how much they desire each body part to change in appearance as a result of undergoing bariatric surgery (1-10; higher scores indicate greater desire for change).

Demographic characteristics were self-reported and confirmed with patient EMRs, and body mass index (BMI; calculated from measured height and weight) from the date of the preoperative psychosocial-behavioral evaluation was extracted from EMRs.

Statistical Analyses

To determine categories of reasons for bariatric surgery, exploratory factor analysis of Part 1 of the RBS questionnaire was conducted with Varimax rotation and an Eigenvalue cutoff 1. Factor loadings had to be 0.5 for items to be included in the factor. Within each factor, items were averaged to compute a mean factor score. For participants missing one item within a factor, scores were prorated by computing the average without the missing item. Factor scores were coded as missing if more than one item was not completed (or if one item was missing for factors consisting of 2 items total).

Pairwise comparisons assessed the relative importance of each factor in motivating participants' decision to seek bariatric surgery. Linear regression was used to identify demographic predictors of each motivating factor, with the models including: sex (women vs. men); race/ethnicity (white Non-Hispanic vs. black Non-Hispanic and Hispanic combined); age (centered at the mean); and BMI (transformed with the natural log and centered).

Means for each item of body dissatisfaction and desire-to-change were computed, and all items were averaged to compute overall dissatisfaction and desire-to-change scores. Average scores were prorated if 2 of the 11 items were missing. Linear regression was used to identify demographic predictors of the overall body dissatisfaction and desire-to-change scores. In additional regression analyses to determine associations between body image variables and other reasons for seeking surgery, the mean body dissatisfaction and desire-to-change scores were added to the regression models predicting each of the five factors motivating patients' decision to seek bariatric surgery.

Pairwise comparisons were also conducted to assess the relative importance of each potential person in motivating the decision to seek surgery. To adjust for multiple comparisons, a significance level of $p = 0.001$ was used for all pairwise comparisons conducted in this study.

Results

Table 1 presents participant characteristics. More than 90% of patients sought a sleeve gastrectomy; due to the limited variability in the sample, surgical procedure was not included as a predictor in regression analyses.

Factor Analysis

Factor loadings are presented in the Supplementary Table. Results yielded a five-factor solution, and factors were categorized as follows: Physical Health; Longevity; Quality of Life (QOL); Psychosocial; and Work. The rotated solution accounted for a total of 64.6% of the variance. All items had rotated factor loadings 0.5 except one item (reducing physical

limitations due to weight), which did not adequately load onto any factor and was excluded from analyses.

Reasons Motivating the Decision to Seek Bariatric Surgery

Physical Health was the highest rated factor, followed by Longevity (see Figure 1a). These factors significantly differed from one another (all p values < 0.001) and were both higher than ratings for QOL and Psychosocial factors. Work was the lowest rated factor. There were no significant demographic predictors of the Physical Health (R^2 for full regression model=0.02) or Psychosocial factors ($R^2=0.01$). White, non-Hispanic participants, compared to black and Hispanic participants, had lower ratings of Longevity ($\beta=-0.17$, $p=0.022$; $R^2=0.03$), QOL ($\beta=-0.24$, $p=0.001$; $R^2=0.15$), and Work ($\beta=-0.18$, $p=0.012$; $R^2=0.08$). Older age predicted greater importance of QOL as a motivating factor ($\beta=0.32$, $p<0.001$), and higher BMI predicted greater importance of Work as a factor motivating the decision to seek surgery ($\beta=0.16$, $p=0.022$).

Body Dissatisfaction and Desire for Surgery to Change Appearance

Participants reported the greatest dissatisfaction with their stomach and thighs, followed by their arms, hips, and buttocks (see Table 2). Participants also rated these body parts as the most desired to change in appearance following surgery.

Overall, mean body dissatisfaction was 4.3 ± 1.1 ($n=188$). Body dissatisfaction was higher among white versus black and Hispanic participants ($\beta=0.33$, $p<0.001$) and among participants with higher BMI ($\beta=0.16$, $p=0.030$; R^2 for full regression model=0.12). Mean desire for surgery to change one's appearance was 5.8 ± 1.9 ($n=184$). Desire-to-change was higher among white participants ($\beta=0.27$, $p<0.001$), participants with higher BMI ($\beta=0.20$, $p=0.006$), as well as among women versus men ($\beta=0.19$, $p=0.012$; $R^2=0.11$).

Associations with reasons for seeking bariatric surgery.—Including the mean body dissatisfaction and desire-to-change variables in the regression models predicting reasons for seeking surgery explained significantly more variance (p values < 0.01) for the Psychosocial, QOL, and Work factors (R^2 change=0.17, 0.08, and 0.06, respectively; R^2 for full regression models=0.20, 0.22, and 0.15). Controlling for demographic characteristics, body dissatisfaction was not significantly associated with any factor (p values > 0.05). Desire-to-change was significantly associated with the Psychosocial factor (which included one item pertaining to appearance; $\beta=0.48$, $p<0.001$). Desire-to-change was also significantly associated with QOL ($\beta=0.33$, $p<0.001$) and Work ($\beta=0.38$, $p=0.007$).

People Motivating the Decision to Seek Bariatric Surgery

“Myself” was the highest rated person motivating participants’ decision to seek bariatric surgery (see Figure 1b). Healthcare providers, someone who underwent surgery, and family were rated significantly lower than “myself” (all p values < 0.001) but did not differ from one another. Partner/spouse was rated significantly lower than healthcare providers and family but not someone who underwent surgery. Friends and coworkers were the lowest rated people motivating surgery. Linear regression results showed that women (compared to men) reported greater importance of “myself” ($\beta=0.16$, $p=0.024$; R^2 for “myself” regression

model=0.06) and less importance of a partner or spouse ($\beta=-0.26$, $p=0.001$; $R^2=0.09$) in motivating their decision to seek surgery. Higher BMI predicted less importance of “myself” ($\beta=-0.15$, $p=0.036$) and greater importance of coworkers ($\beta=0.20$, $p=0.006$; coworker regression model $R^2=0.05$). White participants (compared to black and Hispanic) reported less importance of a healthcare provider ($\beta=-0.15$, $p=0.041$), while older age predicted greater importance of this person ($\beta=0.21$, $p=0.003$; $R^2=0.06$). No participant characteristics were significantly associated with family ($R^2=0.04$), someone who underwent surgery ($R^2=0.01$), or friends ($R^2=0.03$).

Discussion

The current study provides updated information on the reasons motivating patients to seek bariatric surgery. Patients most strongly endorsed improvements to physical health and longevity as the factors that motivated their decision. This is consistent with prior studies showing that physical health is a more significant factor in patients’ decision to undergo surgery than are concerns about appearance or other psychosocial factors.^(5,6,8,9)

While “work” was the lowest rated motivating factor overall, non-white participants and those with higher BMIs rated work as a more important reason for seeking bariatric surgery than did white participants and those with lower BMIs. The ability to work may be of heightened concern to certain subgroups of patients due to greater physical impairment (including disability) and/or greater *perceived* impairment by employers who may discriminate against hiring individuals with BMIs $\geq 40\text{kg/m}^2$.^(19–22) Minorities with obesity may also anticipate and/or experience “double discrimination” due to multiple intersecting stigmatized identities,⁽²³⁾ thus heightening the importance of losing weight to increase job prospects. Future research may evaluate the effects of bariatric surgery on rates of workplace disability and discrimination due to weight, along with changes in QOL and other psychosocial factors.

Appearance, while not the primary motivation for seeking surgery, still arose as a significant factor in patients’ desire to undergo surgery. Body dissatisfaction was high overall, especially for the stomach and thighs, and among white patients and those with higher BMIs. Patients expressed a strong desire for surgery to change the appearance of these body parts, along with their arms, hips, buttocks, and legs. These findings align with prior evidence that patients with obesity who seek non-surgical weight loss also report the greatest body dissatisfaction with their waist, thighs, and lower body,⁽²⁴⁾ and that procedures such as tummy tucks, upper arm lifts, and thigh or lower body lifts are among the most common body contouring procedures following massive weight loss.⁽²⁵⁾ Additional analyses found that greater desire-to-change was associated with higher ratings of psychosocial, QOL, and work-related motivations for seeking bariatric surgery. These findings suggest that patients may associate changes in appearance with desired changes in social and occupational functioning. Counseling patients about how surgery may or may not change specific body parts, as well as how excess skin may influence their appearance and/or functioning, is important for setting realistic expectations and preventing disappointment postoperatively. Future research may investigate how specific motivating factors and expectations for

appearance changes may predict postoperative outcomes such as weight loss, adherence to the post-operative diet, QOL, mood, and body image.⁽⁷⁾

This study is the first to identify specific people who play a role in patients' decisions to seek bariatric surgery. Most patients identified themselves as the primary person motivating their decision, indicating that they were self-driven to seek bariatric surgery. Other people identified as playing a motivating role included family, healthcare providers, and others who had already undergone bariatric surgery. This information has implications for education of healthcare professionals regarding bariatric surgery, as well as for information sessions geared toward patients considering the surgery. Some healthcare providers may hold inaccurate beliefs and negative attitudes toward bariatric surgery, viewing it as an "easy fix" for patients who are not motivated to change their eating and activity habits.^(26–28)

Disseminating accurate information to primary care providers about the benefits of bariatric surgery may be particularly important, so that healthcare professionals can (if indicated) communicate this information to patients who may hold their own misconceptions about this treatment option and may not have otherwise considered it.⁽²⁸⁾ In addition, bariatric surgery programs may consider bringing speakers who have previously undergone surgery to their information sessions, as well as provide patients with online support group resources and/or require that they attend an in-person support group prior to surgery in order to increase contact with individuals who have previously undergone surgery.

This study was limited by its use of cross-sectional, self-report data from a single hospital clinic. Patient ratings of the importance of different factors and people in influencing their decision to seek surgery, as well as their body dissatisfaction, may change over time. Future studies can assess reported motivating factors, people, and desire for appearance changes perioperatively. Demographic characteristics in our sample were comparable to those in a sample of almost 19,000 patients undergoing sleeve gastrectomy from the National Patient-Centered Clinical Research Network Bariatric Study, with the exception of race (for which our sample had a higher proportion of black participants).⁽²⁹⁾ Replication of the current findings (including factor analysis of the RBS) is needed in a larger sample of patients seeking bariatric surgery. A larger sample may also allow for more complex statistical modeling of other potential factors (such as weight loss history) that may relate to reasons for seeking surgery. Participants in our study had already enrolled in the bariatric surgery program, which suggests that most of them had insurance coverage for the surgery. We did not assess the importance of insurance coverage as a motivating factor in our sample, and prior studies that have found minimal importance of insurance as a reason for seeking bariatric surgery have also been limited by inclusion of people with insurance eligibility.⁽⁹⁾ Future research should assess motivating factors in a sample of patients with and without insurance coverage, or among people who do not know their insurance coverage eligibility, to better assess the relative importance of this factor in patients' decision to seek bariatric surgery.

Conclusions

Patients report improvements to physical health and increased longevity as their primary reasons for seeking bariatric surgery. Patients also express strong body dissatisfaction and

desire for surgery to change the appearance of specific body parts. Patients' decision to seek surgery is self-driven, as well as influenced by family, healthcare providers, and others who have undergone bariatric surgery. This study's findings support practices of emphasizing the physical health benefits of bariatric surgery, enhancing healthcare professionals' knowledge of the surgery, and managing patient expectations about postoperative appearance changes.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments:

RPL is supported by a mentored patient-oriented research career development award from the National Heart, Lung and Blood Institute/NIH (#K23HL140176). We thank the Penn Metabolic and Bariatric Surgery Program staff for their assistance with data collection.

References

1. Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery: A systematic review and meta-analysis. *JAMA* 2004;292:1724–37. [PubMed: 15479938]
2. Schauer PR, Bhatt DL, Kirwan JP, et al. Bariatric surgery versus intensive medical therapy for diabetes - 5-year outcomes. *N Engl J Med* 2017;376:641–51. [PubMed: 28199805]
3. Adams TD, Davidson LE, Litwin SE, et al. Health benefits of gastric bypass surgery after 6 years. *JAMA* 2012;208:1122–31.
4. Sarwer DB, Wadden TA, Spitzer JC, et al. 4-year changes in sex hormones, sexual functioning, and psychosocial status in women who underwent bariatric surgery. *Obes Surg* 2018;28:892–9. [PubMed: 29164510]
5. Munoz DJ, Lal M, Chen EY, et al. Why patients seek bariatric surgery: A qualitative and quantitative analysis of patients motivation. *Obes Surg* 2007;17:1487–91. [PubMed: 18219776]
6. Libeton M, Dixon JB, Laurie C, O'Brien PE. Patient motivation for bariatric surgery: Characteristics and impact on outcomes. *Obes Surg* 2004;14:392–8. [PubMed: 15072662]
7. Peacock JC, Perry L, Morien K. Bariatric patients' reported motivations for surgery and their relationship to weight status and health. *Surg Obes Relat Disord* 2018;14:39–46.
8. Roberson DW, Neil JA, Pories ML, Rose MA. Tipping point: Factors influencing a patient's decision to proceed with bariatric surgery. *Surg Obes Relat Disord* 2016;12:1086–90.
9. Brantley PJ, Waldo K, Matthews-Ewald MR, et al. Why patients seek bariatric surgery: Does insurance coverage matter? *Obes Surg* 2014;24:961–4. [PubMed: 24671622]
10. Reames BN, Finks JF, Bacal D, Carlin AM, Dimick JB. Changes in bariatric surgery procedure use in Michigan, 2006–2013. *JAMA* 2014;312:959–61. [PubMed: 25182106]
11. Flum DR, Kwon S, MacLeod K, et al. The use, safety and cost of bariatric surgery before and after Medicare's national coverage decision. *Ann Surg* 2011;254:860–5. [PubMed: 21975317]
12. Wee CC, Jones DB, Davis RB, Bourland AC, Hamel MB. Understanding patients' value of weight loss and expectations for bariatric surgery. *Obes Surg* 2006;16:496–500. [PubMed: 16608617]
13. Steffen KJ, Sarwer DB, Thompson JK, Mueller A, Baker AW, Mitchell JE. Predictors of satisfaction with excess skin and desire for body contouring after bariatric surgery. *Surg Obes Relat Disord* 2012;8:92–7.
14. Ktizinger HB, Abayev S, Pittermann A, et al. After massive weight loss: Patients' expectations of body contouring surgery. *Obes Surg* 2012;22:544–8. [PubMed: 22101887]
15. Sarwer DB, Fabricatore AN. Psychiatric considerations of the massive weight loss patient. *Clin Plast Surg* 2008;35:1–10. [PubMed: 18061795]
16. Ivezaj V, Grilo CM. The complexity of body image following bariatric surgery: A systematic review of the literature. *Obes Rev* 2018;19:1116–40. [PubMed: 29900655]

17. Garner DM, Olmstead MP, Polivy J. Development and Validation of a Multidimensional Eating Disorder Inventory for Anorexia Nervosa and Bulimia. *Int J Eat Disord* 1983;2:15–34.
18. Slade PD, Dewey ME, Newton T, Brodie D, Kiemle G. Development and preliminary validation of the body satisfaction scale (BSS). *Psychol Health* 1990;4:213–20.
19. Pearl RL, Wadden TA, Tronieri JS, Chao AM, Alamuddin N, Berkowitz RI. Everyday discrimination in a racially diverse sample of patients with obesity. *Clin Obesity* 2018;8:140–6.
20. Spahlholz J, Baer N, Konig HH, Riedel-Heller SG, Luck-Sikorski C. Obesity and discrimination - a systematic review and meta-analysis of observational studies. *Obes Rev* 2016;17:43–55. [PubMed: 26596238]
21. Mays VM, Cochran SD, Barnes MW. Race, Race-Based Discrimination, and Health Outcomes Among African Americans. *Annu Rev Psychol* 2007;58:24.1–.5.
22. Puhl RM, Andreyeva T, Brownell KD. Perceptions of weight discrimination: Prevalence and comparison to race and gender discrimination in America. *Int J Obes* 2008;32:992–1000.
23. Himmelstein MS, Puhl RM, Quinn DM. Intersectionality: An understudied framework for addressive weight stigma. *Am J Prev Med* 2017;53:421–31. [PubMed: 28579331]
24. Sarwer DB, Wadden TA, Foster GD. Assessment of body image dissatisfaction in obese women: Specificity, severity, and clinical significance. *J Consult Clinl Psychol* 1998;66:651–4.
25. American Society of Plastic Surgeons. 2017 Plastic Surgery Statistics Report. 2017 <https://www.plasticsurgery.org/documents/News/Statistics/2017/plastic-surgery-statistics-full-report-2017.pdf>.)
26. Vartanian LR, Fardouly J. Reducing the stigma of bariatric surgery: Benefits of providing information about necessary lifestyle changes. *Obesity* 2014;22:1233–7. [PubMed: 24616420]
27. Trainer S, Brewis A, Wutich A. Not ‘taking the easy way out’: Reframing bariatric surgery from low-effort weight loss to hard work. *Anthropol Med* 2017;24:96–110. [PubMed: 28292205]
28. Funk LM, Jolles S, Fischer LE, Voils CL Patient and referring practitioner characteristics associated with the likelihood of undergoing bariatric surgery: A systematic review. *JAMA Surg* 2015;150:999–1005. [PubMed: 26222655]
29. Arterburn D, Wellman R, Emiliano A, et al. Comparative effectiveness and safety of bariatric procedures for weight loss: A PCORnet cohort study. *Ann Intern Med* 2018.

Highlights

- Patients report health as their primary motivation for seeking bariatric surgery.
- They report that their decision to seek surgery was motivated by “myself.”
- Healthcare providers, family, and people who had surgery also motivated the decision.
- Patients report desire for surgery to change the appearance of several body parts.

Figure 1a.

Mean ratings and standard deviations for importance of reasons motivating participants' decision to seek bariatric surgery

Note. NS=Not significant at $p < 0.001$. With the exception of Psychosocial and Quality of Life factors, all factors differed significantly from one another. Due to missing items, n s ranged from 203-208 for each factor.

Figure 1b.

Mean ratings and standard deviations for importance of people motivating participants' decision to seek bariatric surgery

Note. NS = Not significant at $p < 0.001$. Healthcare, family, and someone who had surgery did not significantly differ from one another, and someone who had surgery did not significantly differ from partner/spouse. All other people differed significantly. Due to missing items, ns ranged from 189-205 for each person.

Table 1.Participant characteristics (*N*=208)

Variable	<i>n</i> (%) or Mean ± Standard Deviation
Sex	
Female	163 (78.4%)
Male	45 (21.6%)
Race/Ethnicity	
Non-Hispanic White	94 (45.2%)
Non-Hispanic Black	109 (52.4%)
Hispanic	6 (2.9%)
Age (years)	42.0±12.3
Body mass index (kg/m ²)	46.7±8.5
Procedure	
Sleeve Gastrectomy	191 (91.8%)
Roux-en-Y	16 (7.7%)
Revision	1 (0.5%)

Table 2.

Mean ratings of body dissatisfaction and desire for surgery to change each body part

Body Part	Dissatisfaction (1-7)	Desire to Change (1-10)
Stomach	6.5±1.1	9.3±1.4
Thighs	5.4±1.7	7.4±2.7
Arms	4.9±1.8	6.8±2.8
Hips	4.8±1.9	6.5±3.0
Buttocks	4.7±1.9	6.3±3.1
Legs	4.5±2.0	6.2±3.1
Neck	3.8±1.9	5.3±3.0
Chest	3.8±2.1	5.1±3.3
Feet	3.2±1.9	3.9±3.0
Face	2.9±1.9	4.3±3.2
Hands	2.2±1.5	2.7±2.5

Note. Due to incomplete items, *ns* for body dissatisfaction ranged from 187-193. *Ns* for desire for surgery to change each body part ranged from 182-193.