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Article

The role of speech therapist in the patient care team for bariatric surgery

Rol del fonoaudiólogo en el equipo de atención al paciente para cirugía bariátrica

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ABSTRACT

The work of the speech therapist with patients undergoing Bariatric Surgery (BS) is still little explored, although essential for the adequate preparation of the subject for surgery, as well as for his short and long term recovery. Given its importance and it's still limited performance in this scenario, the objective of this study was to verify the perception of patients about the importance and effectiveness of speech therapy both in the pre and postoperative period of BS. Questionnaires were carried out with 44 patients divided into 4 groups, according to the moment of bariatric surgery follow-up. Most of the subjects were unaware of the role of the speech therapist at the beginning of the treatment, but they considered their guidance and their presence in the team relevant during the process. The ignorance of the role of the Speech-Language Pathologist in the care of bariatric patients is related to the incipient participation of Speech-Language Pathologists in this scenario. The positive impact of speech therapy guidelines in the preoperative period improves quality of life, provides information and clarifies subjects' doubts and fears, enhancing results and minimizing postoperative problems. The professional's guidance in relation to the aspects experienced in the patients' daily lives implies a consensus on

the importance of the participation of the Speech Therapist during the process of monitoring the BS. Patients' perception of the importance of the guidelines received by the Speech-Language Pathologist was well-known, as well as their necessary participation in the multidisciplinary team. The results demonstrated the effectiveness of speech therapy both in the pre and in the short and long term postoperative period.

Key words: Obesity; Bariatric Surgery; Speech, Language and Hearing Sciences; Myofunctional Therapy; Mastication; Deglutition; Diet, Food, and Nutrition; Feeding Behavior; Rehabilitation; Patient Care Team.

1. Introduction

The work of the speech therapist with patients undergoing Bariatric Surgery (BS) is still little explored while being essential for an adequate preparation of the individual for the surgical procedure (Silva *et al.*, 2014), as well as for his short and long term recovery (Gonçalves & Zimberg, 2016; Rossi *et al.,* 2019). The scientific evidences already reported (Canterji *et al.*, 2015; Enzweiler, 2016; Félix, 2018; Sales & Mourão, 2020; Paes, 2020) support the importance of this professional expertise within the interdisciplinary and multiprofessional monitoring team to these patients, aiming to evaluate and provide guidance on prevention and health promotion, especially with regard to chewing, breathing, phonation and swallowing, always seeking to improve the food quality and quality of life of these individuals (ABRAMO, 2019; CFFA, 2020).

Speech therapy intervention in these cases should start in the preoperative period, since the obesity condition itself can lead to changes both in the structures and functions of the Stomatognathic System (SS) (Mores *et al.*, 2017; Rocha *et al.*, 2019; Santos, 2019) and extend over the entire rehabilitation period, given that, the surgical procedure does not act directly on the eating behaviors that led to the appearance of myofunctional changes and, on the other hand, the weight loss process itself can cause new mismatches in these structures, leading to dysfunctions resulting from the consequences brought by BS (Delgado & Lunardi, 2011; Gonçalves & Chehter, 2012).

Given the myofunctional changes observed both in the pre and post-operative period, it can be inferred that the patient submitted to BS will present some difficulties in food intake, such as gastroesophageal reflux, choking, and possible perseverance of inappropriate eating habits in the postoperative period (Delgado & Lunardi, 2011; Gonçalves & Chehter, 2012). Such changes can lead to difficulties in eating certain foods, causing avoidance that can compromise not only the functioning of the structures and functions involved, but also nutritional and social issues (de Medeiros, 2019).

In this sense, speech therapy work aimed at enabling and rehabilitating SS functions with this population has as its main goal the improvement in the quality of health and life of individuals (Silva *et al.*, 2014). Awareness raising work, through information and specific intervention, regarding eating behaviors will assist in the adherence of patients submitted to BS to treatment, since the results obtained with the surgical procedure are in the interdependence of organic and psychosocial factors that need multidisciplinary performance in monitoring the entire process (de Araújo *et al.*, 2018; Lonardi *et al.*, 2019).

Given the importance of the speech therapist presence in the multiprofessional team of monitoring the patient submitted to BS and the still limited performance of this professional in this scenario, the goal of this study was to evaluate the patient's perception regarding the importance and the effectiveness of having a speech therapist assistance both before and after surgery.

2. Methodology

It is a cross-sectional study, approved by the research ethics committee of the home institution under opinion number 3,215,580, carried out between April 2019 and August 2020, with patients in preparation, or who have already undergone the BS procedure, using the Gastric Bypass technique (or gastroplasty with intestinal deviation in "Y de Roux"), who were being monitored by a multidisciplinary team in a private clinic in the city of Porto Alegre, with the presence of a professional speech therapist. Data collection was performed at four different times, two in the preoperative period and two in the postoperative period. The first collection of the preoperative period was carried out before the initial speech therapy consultation and the second at a time after the first speech therapy consultation, when the patients had already received guidance and had the opportunity to put them into practice, but still the surgical procedure was not performed. In the post-operative period, a collection was carried out approximately 60 days after the surgery (two-month consultation), when the patient is progressing from the Pasty to the Solid Diet; and the other one about a year after the surgery, when the patient should already be finishing the weight loss process and have adapted to his new condition.

The sample included healthy individuals submitted to BS with the referred technique, in speech therapy at the institution, who agreed to participate in the research, signing the free and informed consent term. We excluded from the sample the ones who had a previous history of BS and who did not follow up on speech therapy.

An interview was conducted through the application of brief questionnaires elaborated by the authors, with the purpose of measuring the knowledge and satisfaction of the subjects about the speech therapy performance in the multidisciplinary care team. The questions varied according to the time of speech therapy follow-up in which the individual was. Before the first speech therapy consultation, a single question was asked, which aimed to measure the knowledge of the individuals about the work of this professional in the team, both before and after the operation. Two others were applied even in the preoperative period, after the basic guidelines given by the Speech Therapist at the consultation, and the participants had an assessment of the importance of speech therapy work in preparing for BS and whether these guidelines have already changed their eating behavior, in the sense of prepare them in a more satisfactorily way for the procedure. Two other questions were applied in the postoperative consultation two months after the BS procedure and were intended to assess the importance of speech therapy guidance in this period and the presence of the speech therapist in the patient care team. Lastly, three other questions, two objective ones and one descriptive, were sent to the individuals one year after the completion of the BS. The first question had the purpose of measuring the importance that the subject attaches to the speech therapy guidelines received during the entire treatment.

The second question, discursive, investigated which of the guidelines given by the Speech Therapist the individual followed until the current day. The third question asked in which period of the bariatric surgery follow-up process were speech therapy guidelines most important. (Annex 1- Questionnaire on speech therapy performance in the team accompanying the BS).

The parts of the questionnaire relating to data collection in the preoperative and short-term postoperative period (two months) were performed at the clinic, in a private room, according to the monitoring schedule for each patient. The part of the questionnaire related to long-term postoperative follow-up (one year) was applied online, after the patient completed one year of surgery.

For analysis of the results, the participants were divided into four distinct groups: Group 1 (G1), prior to the first speech therapy consultation; Group 2 (G2), after the first speech therapy consultation, still in the preoperative period; Group 3 (G3), speech therapy consultation for two months; Group

4 (G4), after one year of surgery. The data were compiled through tables and descriptive statistics. Then, it was analyzed quantitatively and qualitatively, through statistical analysis and by the content analysis method (Bardin, 2011).

3. Results

44 subjects participated in this study, according to the inclusion and exclusion criteria established in the methodology, divided into four distinct groups (G1; G2; G3; G4) according to the period of speech therapy follow-up. The average age among all groups was 40.4 years (± 11,49). The sample was mostly female (77.2%) (Table I).

Table I

Description of the sex and age characteristics of the study subjects.

Group	Period of care	Number of patients	Average Age
G1	First Consultation	13 (76.9% female)	40.4 years (mín. 23; máx. 57)
G2	Preoperative	8 (87.5% female)	40.8 years (mín. 24; máx. 63)
G3	Two months postoperative	10 (60% female)	38.9 years (mín. 30; máx. 48)
G4	After one year of surgery	13 (84.6% female)	41.53 years (mín. 24; máx. 63)
Total		44 (77.2% female)	40.4 years (mín. 23; máx. 63)

Due to the design of this research, the first question in the questionnaire was answered only by G1 participants (13). Data collection was carried out before the first speech therapy consultation, that is, at the moment when the patient had already entered the BS preparation process, having been compulsorily referred to all the team's professionals, for evaluation, without having yet, necessarily, a clear notion of each one's role. The first question questioned precisely about the subjects' knowledge about the work of the speech therapist, through an open question that asked what their specific role is in the BS care team, both before and after the operation. (Table II).

Table II

Participants' knowledge about the role of the speech therapist in the BS team in the preoperative and postoperative periods.

Answers	Preoperative		Postoperative		General	
	n	%	n	%	n	%
Do not know	6	37.5	5	33.33	11	35.48
Chewing	5	31.2	3	20	8	2.,8
Feed Speed	2	12.5	1	6.66	3	9.67
Voice	1	6.25	1	6.66	2	6.45
Trap/ choque	-	-	2	13.33	2	6.45

Answers	Preoperative		Postoperative		General	
	n	%	n	%	n	%
Anxity	1	6.25	-	-	1	3.22
Quantity and volume of food	1	6.25			1	3.22
Food in general	-	-	1	6.66	1	3.22
Breath	-	-	1	6.66	1	3.22
Hunger	-	-	1	6.66	1	3.22

G2 participants (8) answered two questions in the questionnaire. The first sought to investigate whether the guidelines provided by the speech therapist in this preoperative period helped to improve the way they ate. Seven patients (87.5%) reported that these first guidelines had already promoted changes in their eating habits, seeking better preparation for surgery. When they were asked to justify this answer, the participants reported that the guidelines helped to improve the way they chew and swallow (62.5%), improve aspects related to breathing (37.5%), speed control and volume of food (25%), improvement in feelings of distress (12.5%), greater food awareness (12.5%), improvement in speech aspects (12.5%), taste (12.5%) and sleep (12.5%). Only one subject reported that the information was presented in excess, which caused anxiety and prevented him from making changes in this period.

The importance of speech therapy monitoring was verified, both in the preoperative and in the short-term postoperative period, by marking a five-level likert scale that ranged from "Extremely significant" to "Nothing significant". All respondents - G2 (8) and G3 (10) - indicated higher levels of significance than the guidelines received ("extremely significant" or "significant"), and in the preoperative period (G2) 100% indicated the extreme point of the scale and in the postoperative period (G3) 90% reported the importance of speech therapy monitoring as "extremely significant" and 10% classified it as "significant". The participants of G3 (10) also answered a question that referred to their perception of the need for the presence of the Speech-Language Pathologist in the BS service team. The answers were also given according to a five-level likert scale, which classified the speech therapist's performance between "Extremely necessary" and "Nothing necessary". Again, the attributions were restricted to the upper points of the scale, with 70% classifying the performance as "extremely necessary" and 30% referred to the performance as "necessary".

Finally, G4 participants (13) answered 3 questions. The first sought to investigate the degree of importance that these individuals, presumably already adapted to their new condition and without a speech therapy accompaniment for at least six months, attributed to the guidelines received during the whole process by the speech therapist, thinking about inferring how these were incorporated into your daily life. By means of a scale from zero to ten, with zero being "nothing important" and ten being "very important", 8 patients scored grade 10, 2 patients grade 9 and 3 grade 7, making an average of 9.15. The second question asked the subjects to describe, in a descriptive way, which of the orientations given by the speech therapist during the monitoring process they continued to follow in their daily food until that moment. All subjects pointed out aspects related to the routine of food intake, especially those related to chewing and swallowing - total time of each meal, characteristics of food transit, size and quantity of food - as a guide followed throughout the year after surgery.

The third and last question investigated in which period of the BS follow-up process the speech therapy guidelines were more important, for the subjects, with emphasis on the short-term preoperative and postoperative period (Table III).

Table III

Most important period of speech therapy guidelines in the perception of patients.

Period	n*	%
Preoperative	8	61.5
Short- erm postoperative period (2 months after BS*)	9	69.2
Medium-term postoperative period (6 months after BS*)	3	23.1

* Bariatric Surgery (BS)

4. Discussion

The sample mainly composed of adult female audience corroborates the findings of the literature in the area (Barros *et al.*, 2018; Paixão *et al.*, 2018; Jesus *et al.*, 2017; Pedrosa *et al.*, 2009). As for age, this finding can be explained by the fact that BS is an intervention proposal for the treatment of obesity that, in addition to serving specific cases (Penna *et al.,* 2017), should only be indicated after failure in clinical treatment (diet, physical exercise) (CFM, 2016) which ends up postponing the intervention. With regard to gender, it is known that women are more concerned with aesthetic and beauty standards (Matos *et al.*, 2002), in addition to accumulating social issues of prejudice related to weight (Gelsleichter, 2019), but also, on the other hand, they are more concerned with health issues, seeking more assistance aiming to improve their quality of life (Pinheiro *et al.*, 2002).

Regarding the role of the Speech-Language Pathologist in the team, more than a third of the respondents (35.48%) reported lack of knowledge about the role of this professional, both in the preoperative period (37.5%) and in the postoperative period (33. 3%). This result is related to the still incipient participation of Speech-Language Pathology in the monitoring teams of the BS (Silva *et al.*, 2014; Sales & Mourão, 2020), which results in the lack of knowledge about speech therapy in this context (Rocha *et al.*, 2019). It is somewhat surprising that a significant number of answers given to the question (48.38%) are in line with the real purpose of speech therapy work in the team: aspects related to chewing, quantity, volume and speed of food intake and the occurrence of choking/notches**.** Perhaps these responses are influenced by the patients' previous contact with the surgeon who, due to his knowledge and participation in the team, ends up foreseeing for the patient the steps by which his evaluation will follow with the different professionals. Despite this, there are still many answers that are related, on the one hand, to aspects treated by other professionals (9.67%): anxiety, aspects related to food and hunger; and, on the other hand, to other topics addressed by Speech Therapy that are more common in clinical practice (9.67%): voice and breathing. A qualitative analysis of the interviews conducted clearly shows that the respondents had no specific knowledge of the role of the Speech-Language Pathologist in the team: they reported that they had been surprised by the indication of this professional in the initial evaluation, questioned the surgeon in this regard, or even believed that it was only a procedure evaluation, to rule out other changes that were not necessarily directly linked to the issues that had brought them to surgical treatment.

After the first speech therapy intervention, the vast majority of respondents indicated changes in behavior and feelings attributed to the guidelines received. This fact reinforces the positive impact of the individual preparation process in the preoperative period through a multidisciplinary team. (Camargo *et al.*, 2012; Lordani *et al.*, 2019). The information acquired in this period may improve the quality of life, provide information and clarify the subjects' doubts and fears (Camargo *et al.*, 2012), leading to behavioral changes that will improve the results and minimize possible problems in the postoperative period.

As for the report given by patients about the nature of such modifications, the answers corroborate findings described in the literature regarding health conditions in general and the structures and functions of SS. Rocha *et al.* (2019), when describing the functions of chewing and swallowing in obese individuals referred to BS, found a series of changes when comparing this group with a control group, among them, predominance by unilateral chewing, presence of muscle tension during swallowing and time reduced meal. Gonçalves and Chehter (2012), when characterizing the masticatory profile of morbidly obese patients undergoing BS, also showed changes in the tone of phonoarticulatory organs, an increased and predominantly vertical masticatory rhythm, with scarcity of cycles and ingestion of a bolus with a larger volume than desired. Mores *et al.* (2017) also found morphological and functional changes of SS in obese individuals, in addition to the association of this condition with sleep disorders, since the increased BMI is a risk factor for Obstructive Sleep Apnea (OSA) (Sales & Mourão, 2020). All of these descriptive findings are important to guide the professional who works with the obese patient at this time of preparation for surgery, as the identification of changes creates the patient awareness with treatment.

At this time, as well as in the period following the surgical intervention, the adequacy of the professional's guidelines in relation to the aspects experienced in the patients' daily lives implies their perception of the importance of the participation of the Speech-Language Pathologist in the team. This perception extends to the long-term postoperative period, according to the data collected by this study.

Even without the routine speech therapy follow-up and adapted to the new condition brought by the BS, patients continue to indicate the fundamental need for speech therapy guidance to maintain the changes that occurred after the surgical intervention.

In the one-year postoperative period, it can also be seen that the guidelines most fixed by patients are those that really match the roles of the speech therapist in the team, demonstrating an adequacy of this perception throughout the process, when compared with the answers given before the first consultation. The aspects pointed out by patients in this period are also echoed in the literature on the area, reinforcing the relationship between theory and practice.

The aspects raised by the patients as relevant in relation to the received speech therapy guidelines relate to issues that are involved with complications arising from the surgical procedure and that require a conscious change in eating habits and behaviors: total time of each meal, characteristics of food transit, food size and quantity.

In a study conducted with patients undergoing BS, Barros *et al.*, (2015) observed that one of the complications observed is food intolerance, due to the gastrointestinal, anatomical and functional changes suffered by the subject (Figueiredo *et al.,* 2019). This problem can be further aggravated by the presence of behavioral disorders such as anxiety and compulsive eating, or functional changes, such as in masticatory capacity (Godoy *et al.,* 2012), which can lead the patient to refuse social interaction during feeding.

The speech therapy guidelines incorporated into the patients' routine relate precisely to actions that avoid / minimize such consequences, having a favorable impact on the quality of life of these patients.

Finally, at the end of the follow-up process, when asked about when speech therapy guidance was most important, most respondents pointed to the period immediately before and after the surgical intervention, demonstrating the importance of the presence of the speech therapist in the team throughout the period of intensive conduct of this patient, in order to guarantee a better

quality of food and life, maintaining the objectives set, the results achieved and the health of the individual as a whole.

5. Conclusion

Through the evaluation of the performance of the Speech-Language Pathologist during the process of monitoring the patient submitted to BS, it was possible to verify the understanding, by the participants, of the role performed by this professional with the team. In addition, patients' perception of the importance of the guidance received by this professional was notorious, as well as the necessity for the professional to participate in multiprofessional teams that have this objective. The results also demonstrated the effectiveness of speech therapy both in the pre and in the short and long term postoperative period, showing that speech therapy has a lot to contribute, with their specific knowledge, to the food and life quality of these patients.

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RESUMEN

La labor del fonoaudiólogo con pacientes sometidos a Cirugía Bariátrica (CB) es aún poco explorada, aunque fundamental para la adecuada preparación del sujeto para la cirugía, así como para su recuperación a corto y largo plazo. Dada su importancia y su aún limitado desempeño en este escenario, el objetivo de este estudio fue verificar la percepción de los pacientes sobre la importancia y efectividad de la logopedia tanto en el período pre como postoperatorio de CB. Se realizaron cuestionarios con 44 pacientes divididos en 4 grupos, según el momento del seguimiento de la cirugía bariátrica. Resultados: La mayoría de los sujetos desconocían el rol del fonoaudiólogo al inicio del tratamiento, pero consideraron relevante su orientación y presencia en el equipo durante el proceso. El desconocimiento del papel del fonoaudiólogo en la atención de los pacientes bariátricos se relaciona con la incipiente participación de los fonoaudiólogos en este escenario. El impacto positivo de las pautas de fonoaudiología en el período preoperatorio mejora la calidad de vida, brinda información y aclara las dudas y temores de los sujetos, potenciando los resultados y minimizando los problemas postoperatorios. La orientación del profesional en relación con los aspectos vividos en la vida diaria de los pacientes implica un consenso sobre la importancia de la participación del fonoaudiólogo durante el proceso de seguimiento de CB. Es conocida la percepción de los pacientes sobre la importancia de las guías recibidas por el fonoaudiólogo, así como su necesaria participación en el equipo multidisciplinario. Los resultados demostraron la eficacia de la fonoaudiología tanto en el pre como en el postoperatorio a corto y largo plazo.

Palabras claves: Obesidad; Cirugía Bariátrica; Fonoaudiología; Terapia Miofuncional; Masticación; Deglución; Nutrición, Alimentación y Dieta; Conducta Alimentaria; Rehabilitación; Grupo de Atención al Paciente.

Annex 1

Questionnaire on speech therapy performance in the team accompanying the BS

Questionário:

1. Você sabe qual é o trabalho/função do Fonoaudiólogo junto a equipe de atendimento de cirurgia bariátrica?

   •No período pré-cirúrgico?_____

   •No período pós-cirúrgico?_____

2. As orientações fornecidas pela fonoaudióloga ajudaram a melhorar a forma como o senhor(a) se alimenta?

   ( ) Sim ( )Não

   Justifique:_____

   _____

3. De 0 a 10, quanto você acha que representa a importância das orientações fonoaudiológicas durante a preparação para a cirurgia.

   0 1 2 3 4 5 6 7 8 9 10

4. De 0 a 10, quanto você acha que representa a importância das orientações fonoaudiológicas no pós-cirúrgico.

   0 1 2 3 4 5 6 7 8 9 10

5. Como você julga a necessidade da presença do fonoaudiólogo na equipe de atendimento à cirurgia bariátrica?

   ( ) extremamente necessária ( ) necessária ( ) pouco necessária ( ) não necessária

6. De 0 a 10, quanto você acha que representa a importância das orientações fonoaudiológicas recebidas durante todo processo de acompanhamento da CB? (sendo 0 muito pouco e 10 muito importante)?

   0 1 2 3 4 5 6 7 8 9 10

7. Das orientações dadas pela fonoaudióloga, qual(is) você segue até hoje?

8. Em qual período do processo de acompanhamento da cirurgia bariátrica as orientações fonoaudiológicas foram mais importantes? (pode marcar + de 1 alternativa)

a) Pré-operatório

b) Pós-operatório imediato

c) Pós-operatório tardio