

**Name of document:** Bariatric Pathway – Gastric band patient information sheet  
 Gastric bypass patient information sheet  
 Sleeve – gastrectomy patient information sheet

**Who requested patient reader feedback?**

Charlotte Guest, Clinical Pathways Development Manager, Leeds West CCG

# Patient reader group - Feedback Report

## Brief

A request was made for patients to feedback on three documents that patients would receive from clinicians before undergoing an operation under the bariatric pathway. Leeds West CCG is working with St. James Hospital to develop the pathway and would like some feedback on these documents before they are finalised. The patient reader group was contacted asking for their input.

Patients were sent the three draft information sheets and covering email which outlined the purpose of the sheets and what we were looking for. They were asked to comment on the letter from a patient perspective, looking at formatting, how easy it was to read, whether anything was missing and how suitable it is for other people in the community. The email was sent to NHS Leeds West CCG Patient Network members who are signed up to participate in the reader group work. We received **seven** responses.

## Responses

<b>1</b>	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> <li>• Too many abbreviations.</li> <li>• Although the telephone number is given for contact if there were concerns, there was no advice given relating to specific post-operative problems:             <ul style="list-style-type: none"> <li>○ What to look out for.</li> <li>○ What could be expected.</li> <li>○ What should be reported.</li> </ul> </li> <li>• Should it be in a simpler format for the community and will it be available in alternative languages?</li> </ul>
<b>2</b>	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> <li>• I believe the language used is easy to understand.</li> <li>• The format/instructions are easy to read and understand.</li> <li>• I cannot think of any information that is missing. These are all obvious questions that a patient would ask and I feel that it is suitable for other people in the community.</li> </ul>
<b>3</b>	<p><u>Feedback:</u></p>

- “Mobilise” – will people know what this means. People with basic language abilities or people for who English is not their second language may struggle with this wording.
- “Liquid diet” – will people know what this means? Would examples help people understand.

Feedback:

See below suggestions for changes:

**What should I be doing after my operation?**

It is important to ~~mobilise~~ **keep mobile after your operation** to reduce the risk of blood clots. ~~The nurses will help you sit out of bed after your operation.~~ **I would delete this.** You should be walking around on the first day after your operation

**What can I eat and drink after my operation?**

You can drink clear fluids on the evening of your operation. On the first day you can start a liquid diet. You should stay on a liquid diet for 4 weeks. **More information will be provided by your dietitian.**

**What medication do I need after my operation?**

**This is not clear (to me). The heading suggests that additional medication may be required because of the operation. Then the response is suggesting that some of a patient's usual medications may be stopped? I think this needs to be clearer.**

4

Some medications may be able to be stopped, such as tablets for blood pressure and diabetes. Your doctors will advise you about this.

**When can I go home?**

Most patients stay in hospital 1 night after this operation. **I would add something such as 'Each patient will be assessed individually'.**

**What happens after I go home?**

Your surgeon will see you in clinic in 6 weeks. The dietitian~~s~~ will also see you regularly in their clinic. **I would suggest to add something such as ....to support you through the first few weeks'**. If you were taking tablets for blood pressure or diabetes before your surgery you should arrange to see your own doctor in 1-2 weeks to see if these are still needed.

**Who can I contact if I have any questions or problems after I go home?**

**Who can they contact if they have any questions prior to the operation?**

Helen Simpson: 0113 206 8872 (for any general queries) Mary O’Kane: 0113 392 3256 (for any dietary queries)

5

Feedback:

- Think about the word "mobilise" that is used - might be hard for people with English as second language (or first) to get their head around the meaning.
- If I (patient) need to start walking ASAP please let me know if a physio will visit me in the first instance to assess my mobility before walking for the first time or if not when will physio visit?
- Put all the info in Arial font - easier to read
- Think about writing numbers in word format as I found it hard to distinguish between the '1' and 'l'. As a patient I will be under stress and the numbers in word format are less confusing.
- No mention if ward staff be on hand with pain relief (I as a patient need reassurance of this availability).
- Helpline numbers can you write the times these are available - if out of hours - who do I ring?
- When can I drink my first warm liquid (tea/coffee) - as just mentions liquid intake in info?
- What sort of dressings can I expect to see on my surgery site?

Feedback:

- Do think the picture isn't very good. Not sure patients would know what a 'port' is and I would appreciate a proper picture rather than a not very good hand drawn picture with some more general explanation of what is leading to and from the stomach.
- In the first section 'What should I be doing after my operation?' I think 'mobilise' should be replaced with 'move about' in the first sentence and the second doesn't make sense. I presume it should read 'The nurses will help you get out of bed after your operation "rather than 'help you sit out of bed"'.  
6
- In the second section 'What can I eat and drink after my operation?' what is meant by 'clear fluids'? I don't understand this term and presume it means 'water' and if this is the case then use 'water' instead. If it means something else then it should be expanded to give more information.
- In the third section 'What medication do I need after my operation?' the first sentence doesn't read very well. Would suggest something along the lines of 'You may be able to stop taking some medication after your operation, for example, tablets for blood pressure and diabetes. You should arrange to see your own GP 1-2 weeks after your operation to see if these are still 'needed'. Makes it a bit friendlier.
- In the fifth section 'What happens after I go home?' how will the surgeon see the patient i.e. will a letter go out to the patient after discharge or will an appointment be made at the time the patient is at the hospital? This could be explained so the patient is aware. Also when will the dietitian see the patient 'regularly' means nothing unless you can give an example or define it better? The last sentence I found confusing as it is stated in section 3 so I would alter section 3 and remove it from this section.
- Is the last section what happens if the patient needs to speak to someone out of office hours or at the weekend? Is there a number they can call or would they be expected to go to A&E if there was a problem?

7

### Feedback:

- The information is clear but if it was me, I would like to know the length of recovery.
- I wonder about the size and type of the font for those whose eyesight is poor.

## Key Points for Consideration

- **Language used (is it easy to understand?):**
  - Some of the wording is unclear and maybe requires further explanation (“mobilise”, “liquid diet”, “port”). Can it be simpler? If “clear fluids” refers to water, then use “water”.
  - The font maybe difficult to read in its current type and size. Recommend changing to Arial and 12 point size.
  - The numbers need to be written verbatim, for example: write “1” as “one”.
  - Some of the feedback suggests that the pictures are unclear.
- **Is there any information missing?**
  - Information about things to look out for if there are concerns from the patient.
  - Explanations about what certain terms mean, i.e. “mobilise” and “liquid diet”.
  - Additional statements of clarification that would help explain things (see ‘4’ for examples).
  - Question and answer about who to contact before the operation.
  - Assurances around availability of ward staff to provide pain relief.
  - Details on physio contact and when they should visit and if patients need to wait until they have been assessed by the physio.
  - Opening hours of contact numbers. Who do they contact out of hours? If it is A&E/111 would be useful to emphasise this.
  - When can a patient have a ward drink? What drinks can a patient consume?
  - Types of dressings used.
  - Details of “regularly” when relating to frequency of dietitian visits.
- **Is it suitable for other people in our community?**
  - Wording could be obstructive to people whose first language isn’t English. Could also be obstructive to those with basic reading skills.
  - Lack of clarification for certain points may cause increased stress and anxiety for patients going through an already stressful process.
  - Add a contact option for people to access alternative formats towards the end.

**Report completed by:**  
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