

# Letter to Editor:

## Necessity of Patients' Satisfaction After Bariatric and Metabolic Surgery; Assessing According the BAROS Score



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### Dear Editor

Nowadays, obesity is considered one of the most public health challenges in both developed and developing countries [1]. Bariatric and metabolic surgery is a durable approach which is effective to lose and control weight and help resolution of clinical medical problem [2]. Surgery-related outcomes of bariatric procedures do not depend on only weight loss, but also resolution of comorbidities and improvement of Quality of Life (QOL) are of great importance [3]. Severe obesity is associated with decreased quality of life. Therefore, bariatric surgery improves the quality of life. In this regard, there are many tools to assess the quality of life, one of which is the Bariatric Analysis and Reporting Outcome System Score (BAROS) containing of self-esteem, physical activity, social activity, work sexual activity, and food items [4]. Most surgeons consider the success rate of bariatric surgery in respect of weight loss and improvement of comorbidities. However, an important factor that should not be forgotten is patients' satisfaction and QOL, which can be assessed with BAROS score. The BAROS score divided into five groups (-3 to -2.1: very poor, -2 to -1.1: poor, -1 to 1: fair, 1.1 to 2: good, and 2.1 to 3: very good) [4]. In a study used done by BAROS

tool, Skogar and Sundbom in a study entitled "Duodenal Switch is superior to gastric bypass in patients with super obesity" concluded that there was no difference in QOL [5]. In another study by Julie Navez et al. using BAROS tool, revisional LRYGB for failed restrictive procedures provided poorer QOL [3]. The BAROS has been used in many countries since the late 1990s, and proved to be very useful for evaluating and reporting the results of surgery on patient's satisfaction and QOL [4]. Assessing the patient's satisfaction and QOL following bariatric and metabolic surgeries is strongly recommended.

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