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Research Article

Impact of Telemedicine on Post-Bariatric Surgery Outcomes and Patient Satisfaction during the COVID-19 Pandemic: A Retrospective Study

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Introduction: The COVID-19 pandemic presents unique challenges for patients and healthcare providers, especially those working with obesity and related health problems. E-health has emerged as a crucial tool for the follow-up of users undergoing bariatric surgery during this period, allowing remote monitoring of users' health status and providing access to virtual consultation with health professionals. This study aims to analyze the impact of the use of telemedicine during the COVID-19 pandemic on the results of bariatric surgery, surgical safety outcomes and user satisfaction with this follow-up.

Method: This was an observational study with retrospective data collection.

The variables were divided into several groups: health data and associated comorbidities, surgical safety and satisfaction with telemedicine monitoring.

Results: Surgery significantly affected weight loss; in general, there was a 75% loss of excess weight. Comorbidities were reversed over time, with 50% of the subjects maintaining excellent levels. Most users were satisfied with the monitoring, and surgical outcomes were not significant.

Conclusions: Follow-up via telemedicine did not modify the results of bariatric surgery, which may suggest that it may be an option to consider for regular monitoring of the post bariatric surgery process.

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1. Introduction

Obesity is a public health problem and a chronic disease that stems from a variety of factors and requires sustained efforts to control. It is a severe threat to health and a significant risk factor for the development

and worsening of other diseases^[1]. On average, it is responsible for approximately 3.5 million deaths annually. It is not only a chronic disease but also a risk factor for numerous other conditions^[2].

Rising levels of obesity are a significant challenge for public health, and obesity is considered a disease for priority intervention. Given its high prevalence worldwide, the WHO considers it the global epidemic of the 21st century since its growth is occurring equally in developed and developing countries. Globally, WHO statistics show that more than 39% of adults aged 18 years and over were overweight in 2016, with more than 13% of individuals suffering from obesity^[3].

Obesity can be treated in various ways, whether with behavioral, pharmacological, or surgical therapy. Bariatric surgery is considered a safe and effective long-term procedure for treating obesity and its comorbidities. This type of surgical intervention is increasingly the treatment of choice for people with severe obesity, with or without other associated pathologies^[4].

There are no bariatric surgery guidelines regarding postoperative follow-up via e-health technologies^[5]. Follow-up, however, is very important because, after bariatric surgery, there remains a lifelong threat of weight regain, and behavioral influences are believed to play a modulating role^{[2][6]}.

Surgical outcomes are positive steps in the progression of healthcare systems and include information about mortality and morbidity, recovery time, readmission, reoperation and other complications^[7].

According to the WHO, e-health is the use of information and communication technologies in the health sector in a safe and economically viable way to support health^[8]. It has been implemented and developed worldwide on the basis of information and communication technologies in health. Notably, this is an active part of the WHO's agenda on a global scale, with a view to universalization and uniformity between different countries^[9].

In its various forms, e-health makes it possible to increase patient involvement and patient-centered care (PCC). This type of care is recognized as desirable. This approach considers users' preferences, needs and values, taking a biopsychosocial perspective on the basis of a solid commitment between the patient and the health professional^{[9][10]}. Studies report that, with the implementation of PCC strategies, there have been improvements in clinical outcomes and patient

satisfaction, as well as reduced healthcare costs and resource utilization^{[11][12]}. However, even with a growing recognition of the value of its potential, more guidance is needed on the use of these strategies for the management of bariatric surgery. The impact of e-health on adherence to treatment and follow-up in bariatric surgery remains poorly documented^[13].

Among the various levels of operation of health systems, e-health has responded, from the organizational restructuring of services to users' access to care, proving to be an essential element in combating the sustainability problems that often exist in public/private health systems^[14].

In Portugal, implementing e-health has been a fundamental strategy for restructuring the health system. It has also been recommended as an economic-political instrument under the Economic and Financial Assistance Program agreed upon between the Portuguese Government and the European Union^{[15][16]}. The rapid development of information and communication technologies constitutes an excellent opportunity to reduce costs in different health sectors and improve efficiency^[16].

Recently, with the COVID-19 pandemic, the importance of telemedicine as an e-health tool has increased^[16]. Telemedicine allows many users to attend routine and follow-up appointments from the comfort of their own homes. In this way, it is possible to share useful clinical information to diagnose, prevent and treat health-related problems.

The support of the team of professionals involved in the bariatric surgery process during the pre- and postoperative phases significantly affects patients' weight loss. In addition, there is evidence of improvements in various parameters associated with quality of life and mental health. The team of professionals, surgeons, nurses, nutritionists and psychologists, educates and supports patients in making lifestyle changes for long-term maintenance and self-management^[14].

Telemedicine and e-health technologies have the potential to enhance the monitoring of bariatric surgery patients, with good results in terms of patient satisfaction, while maintaining a personalized and individualized approach to each patient, promoting the centrality of care. This study aimed to analyze the impact of the use of telemedicine during the COVID-19 pandemic on the results of bariatric surgery safety and users' satisfaction with this follow-up.

2. Materials and methods

Study design

This observational, cross-sectional, quantitative study collected, analyzed, and evaluated data throughout the postoperative period. These data were then supplemented by data collected afterwards, making this a cross-sectional observational study.

Characterization of the sample

As inclusion criteria for the sample, participants had to have undergone bariatric surgery in 2020, with follow-up via telemedicine or other e-health technologies, and agreed to participate in the study. By applying these criteria, we were left with a sample of 80 patients, which was considered a convenience sample, in a population of 108 patients.

Participation was voluntary, and those interested in participating in the study were asked to provide their free, informed consent (Appendix A), after which a questionnaire was administered during the telephone interview. Clinical analytical data were obtained from the database.

Instruments

The data collection instrument included three sections. Sociodemographic, health and weight information was collected in Section 1. Section 2 assessed comorbidities and surgical outcomes. In section 3, we used a questionnaire on user satisfaction with the telephone consultation.

Surgical outcomes included readmissions, complications, reoperations, and mortality, which were based on the American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) [16]. To evaluate satisfaction with telemedicine, an eight-dimensional questionnaire used in validated studies through 16 questions with a Likert scale was built and validated in Portugal [17].

Tasks, procedures, and protocols

Individuals who underwent surgery in 2020 at the Hospital do Espírito Santo de Évora, EPE, were approached to assess their willingness to answer the questionnaire. Informed consent was obtained from all participants (Appendix A), guaranteeing the confidentiality of the data. Health and clinical data and surgical outcomes were obtained through each patient's electronic medical records. The rest of the data were

collected via telephone interviews and entered into a form created to minimize data entry errors.

Variables

The variables to be considered in this study are as follows:

- Clinical data: sex, age, weight, body mass index and relevant comorbidities associated with obesity (diabetes, hypertension, dyslipidemia and OSAS);
- Questionnaires: Satisfaction with telemedicine
- Other variables: Surgical quality outcomes

Statistical analysis

After the hypotheses were defined, the analysis was performed via IBM® SPSS® statistical software, version 28. The sociodemographic characterization of the sample was based on sex and age.

The statistical tests were adapted to each type of variable and relationship to be studied and to the results of the normality tests. Normality tests determine whether a normal distribution guides a set of data for a given random variable. Normality was analyzed via the Shapiro-Wilk test, and on the basis of these results, the most appropriate statistical tests were selected. The internal consistency of the questionnaire dimensions was measured via Cronbach's alpha.

The data collected were productive, and various analyses of associations and correlations between variables were carried out. The types of tests used for the various hypotheses were based on the results of the normality tests, namely, the chi-square test, Student's t test and ANOVA.

Ethical considerations

This research was carried out after authorization from the ethics committee, to which a request was addressed and authorized by the hospital's Board of Directors - CES Opinion no. 010/23 (Appendix A).

Users were invited to participate when contacted by telephone. Those who agreed to participate in the study were subsequently read and given the informed consent form (Appendix A).

Regarding the data collection instruments, the authors have yet to be asked for permission to use them, given their scientific evidence and the fact that they have been published. We consider that the use of these questionnaires is for personal, academic and noncommercial purposes, thus being considered free use whenever the author is mentioned ("Code of

Copyright and Related Rights" (CDADC), established by Decree-Law no. 63/85, of March 14).

3. Results

The final sample used for this study included 80 participants who underwent surgery in 2020 via the

gastric bypass (RYGP) surgical technique. Most of the women were included in this sample (n=68; 85%). The mean age (\pm SD) was 42.7 years (\pm 9.91), and the %EWL (excess weight lost) was higher in women at 83.6% (\pm 22.6) than in men (Table 1).

| | <i>Female</i> | <i>Male</i> | <i>Total</i> |
|-------------|---------------|-------------|--------------|
| <i>Sex</i> | 68 (85%) | 12 (15%) | 80 (100%) |
| <i>Age</i> | 42,3±9,86 | 45±10,3 | 42,7±9,91 |
| <i>%EWL</i> | 83,6±22,6 | 74,2±14 | 82,2±21,7 |

Table 1. Characteristics of participants

EWL: Excess weight loss

Assessments were made of the total weight lost and the percentage of excess weight lost (Table 2). The mean percentage of weight loss was 33.3%, and the average percentage of excess weight lost was 82.2%.

| | |
|--|--------------|
| <i>Total subjects</i> | <i>n=80</i> |
| <i>Gender (Female %)</i> | 85% |
| <i>Age (years)</i> | 42,7 (±9,91) |
| <i>Initial weight (kg)</i> | 114 (±15,4) |
| <i>Initial BMI (kg/m²)</i> | 42,8 (±4,37) |
| <i>TWL (%)</i> | 33,3 (±9,25) |
| <i>EWL (%)</i> | 82,2 (±21,7) |
| <i>Dyslipidemia (initial prevalence)</i> | 82,5% |
| <i>Diabetes (initial prevalence)</i> | 78,8% |
| <i>Hypertension (initial prevalence)</i> | 83,8% |
| <i>OSAS (initial prevalence)</i> | 17,5% |

Table 2. General characterization of the sample

TWL: Total weight loss; EWL: Excess weight loss

An evolutionary analysis of weight and associated comorbidities, particularly metabolic conditions, was performed. This evaluation comprises two assessments: baseline (before surgery), three years after surgery, and three years after the COVID-19 pandemic. We mostly observed a downward trend, with significantly lower values 3 years after surgery ($p < 0.001$) (Table 3). When we specifically evaluated each metabolic risk factor, we performed an initial assessment of 67 patients with hypertension, which

decreased to 4 after three years of surgery. With respect to diabetes, we had 63 patients at baseline, which decreased to 9 after three years. With respect to dyslipidemia, we initially had 66 users take medication to control the disease, decreasing to 5 in the third year, as with OSAS, which decreased from 14 to 2 users.

Patient surgical safety outcomes revealed no complications at 30 days postsurgery. Three years after surgery, there was one readmission, two visits to the emergency department, and no reoperation or mortality.

| Variables | Baseline | 3 years | Sig. |
|--------------------------|-----------|-----------|---------------|
| Weight (kg) | 114±15,4 | 75,6±13,4 | $p=< 0,001^*$ |
| BMI (kg/m ²) | 42,8±4,37 | 28,4±4,28 | $p=< 0,001^*$ |
| Dyslipidemia (%) | 82,5% | 6,3% | $p=< 0,001^+$ |
| Diabetes (%) | 78,8% | 11,3% | $p=< 0,001^+$ |
| HTA (%) | 83,8% | 5% | $p=< 0,001^+$ |
| OSAS (%) | 17,5% | 2,5% | $p=< 0,001^+$ |

Table 3. Characterization of weight and metabolic risk factors

Note: **Statistically significant variation obtained via Student's t test; +Statistically significant variation obtained via the McNemar test.*

HTA: hypertension; OSAS: obstructive sleep apnea syndrome; BMI: body mass index

The levels of satisfaction with telemedicine were measured, with 71.3% of the users being satisfied with the follow-up after surgery, which included this e-health technology (Table 1).

| | <i>Satisfied</i> | <i>Not Satisfied</i> |
|------------------------------|------------------|----------------------|
| <i>Level of Satisfaction</i> | 71,3% | 28,7% |

Table 4. Level of satisfaction with telemedicine

4. Discussion

This study aimed to analyze the impact of the use of telemedicine during the COVID-19 pandemic on the results of bariatric surgery, surgical outcomes and users' satisfaction with this follow-up.

We wanted to evaluate whether the process of managing obesity via telemedicine during the postoperative period had a negative or positive effect on weight control and comorbidities associated with obesity, as well as safety and patient satisfaction.

Bariatric surgery is a weight loss procedure that allows people with severe obesity to achieve significant and sustained weight loss. However, bariatric surgery patients need ongoing care and support to optimize results, maintain a healthy weight and avoid complications^[18]. eHealth, the use of electronic technologies to manage health and well-being, has emerged as a promising tool to facilitate the monitoring of users in various clinical areas, which may include bariatric surgery. It has the potential to provide several benefits, including greater user involvement, better access to care and improved communication between users and healthcare providers^[16].

The COVID-19 pandemic has significantly impacted many aspects of follow-up after bariatric surgery, including physical and mental health, weight control and, ultimately, weight regain. This impact was due to increased sedentary behavior and reduced levels of physical activity, which translated into an essential need for support from the postbariatric surgery follow-up team^[19].

The pandemic has resulted in a significant shift toward telemedicine as a means of providing healthcare services, including follow-up consultations for bariatric surgery patients, with the potential for several advantages, including greater accessibility, convenience and reduced healthcare costs, as shown in more recent studies^{[20][21]}. However, how bariatric surgery patients understand telemedicine as a follow-up modality and

whether it adequately meets their needs remain unclear. This difficulty may explain the percentage of patients who were not satisfied with the follow-up in this study.

Growing evidence suggests that bariatric patients are generally satisfied with the follow-up care provided through telemedicine. Telemedicine allows healthcare providers to monitor users remotely and provide timely interventions, improving outcomes and overall patient satisfaction^[16]. In our study, we validated that users are generally satisfied with telemedicine follow-up.

Another study revealed that patients who underwent bariatric surgery and who received telemedicine monitoring reported high levels of satisfaction with their care^[22]. In addition, users who received telemedicine follow-up had better weight loss results than those who received face-to-face follow-up. In our study, we also found that the quantitative results related to bariatric surgery, namely, the loss of excess weight, are in line with the literature results described on weight loss after bariatric surgery and with data previously published in this center; thus, there were no differences caused by the introduction of telemedicine and the change in the way follow-up was managed.

In another study, patients who underwent bariatric surgery and who received telemedicine follow-up reported similar levels of satisfaction compared with those who received face-to-face follow-up^[23]. This study also revealed that telemedicine follow-up was associated with a lower rate of missed appointments, suggesting that it may be a more convenient and accessible option for users. These data were also validated by the sound levels of satisfaction obtained.

In general, the available evidence suggests that patients undergoing bariatric surgery are generally satisfied with the follow-up care provided through telemedicine^{[20][24]}. It is also essential to ensure that telemedicine services are provided to maintain users' privacy and confidentiality and that users receive adequate education and support to use the technology effectively^{[20][25]}.

The evidence shows that surgery is effective, but long-term follow-up is needed to ensure that the patient maintains weight loss and general health. Traditional postoperative follow-up appointments require considerable time and resources, which can challenge patients and healthcare professionals. Telemedicine can provide an alternative method of follow-up in bariatric surgery, which can positively impact surgical outcomes.

The evidence also shows that the success of bariatric surgery depends mainly on the patient's ability to maintain healthy habits and behaviors in the long term. Regular follow-up appointments with healthcare professionals are crucial for monitoring progress, detecting complications, and providing ongoing support and guidance to these patients^[26].

The restrictions imposed, along with limited access to hospitals during the COVID-19 pandemic, have led to an increase in the level of anxiety, worse surgical outcomes and weight regain^[21]. In this study, there were no differences in terms of weight loss, which clearly shows that monitoring via telemedicine during the COVID-19 pandemic did not affect the results.

Metabolic risk factors, when present, have significant repercussions on comorbidities, particularly diabetes, hypertension, dyslipidemia and OSAS^[24]. Bariatric surgery is the most effective treatment for the control of comorbidities^{[4][7][27]}. This study included only patients who had undergone RYGP, so we attributed the favorable resolution of comorbidities to this type of surgical procedure^[28]. Data show that after three years of follow-up, most patients have their comorbidities under control. Several studies have also shown that the improvement in comorbidities is independent of weight loss^{[7][27]}.

Obesity is a significant public health problem worldwide and can lead to numerous complications. Bariatric surgery is a widely used method for achieving significant and sustainable weight loss in individuals who cannot achieve it through conventional methods. However, the long-term success of bariatric surgery is highly dependent on adequate, patient-centered follow-up.

5. Limitations

As far as the limitations of this study are concerned, the inherent limitations of cross-sectional studies are present, namely, that establishing a cause-effect relationship is impossible. However, it is an important starting point for future research.

It is essential to highlight the difficulties inherent in telephone contact.

On the other hand, other motivational variables could have been assessed, such as the barriers and facilitators to accessing health care and hospitals in the Alentejo region and the motivational profile during this postsurgical process. In this sense, controlling and differentiating these variables in future studies could be interesting.

6. Conclusions

Bariatric surgery is a form of weight loss treatment for those with severe obesity. However, follow-up care is crucial to ensure the success and safety of the procedure. eHealth technologies can play a significant role in postbariatric surgery follow-up.

Telemedicine allows healthcare providers to monitor patients remotely by videoconferencing, messaging and other digital means. This technology can save time and resources for both users and caregivers while ensuring effective follow-up.

In conclusion, eHealth technologies can be very useful for postbariatric surgery follow-up.

Statements and Declarations

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Author Contributions

Conceptualization, C.M. and M.C.; methodology, C.M. and M.C.; software, C.M. and M.C.; validation, C.M., M.C. AR and O.Z.; formal analysis, C.M. and M.C.; investigation, C.M. and M.C.; writing—original draft preparation, C.M., M.C. AR and O.Z.; writing—review and editing, O.Z. and AR.; supervision, O.Z. and AR. All the authors have read and agreed with the published version of the manuscript.

Institutional Review Board Statement

The study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of the Hospital do Espírito Santo de Évora (protocol code 010/23 on 31/01/2023).

Informed Consent Statement

Informed consent was obtained from all the subjects involved in the study.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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References

1. [△]Mayoral LPC, et al. "Obesity subtypes, related biomarkers & heterogeneity." *Indian J Med Res.* 151 (1): 11–21, Jan. 2020. doi:10.4103/IJMR.IJMR176817.
2. [△][♢]Mechanick JJ, et al. "Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient--2013 update: cosponsored by American Association of Clinical Endocrinologists, the Obesity Society, and American Society for Metabolic & Bariatric Surgery." *Surg Obes Relat Dis.* 9 (2): 159–191, Mar. 2013. doi:10.1016/J.SOARD.2012.12.010.
3. [△]Hruby A, et al. "Determinants and Consequences of Obesity." *Am J Public Health.* 106 (9): 1656–1662, Sep. 2016. doi:10.2105/AJPH.2016.303326.
4. [△][♢]Rozier MD, et al. "Patient Preferences for Bariatric Surgery: Findings From a Survey Using Discrete Choice Experiment Methodology." *JAMA Surg.* 154 (1): e184375–e184375, Jan. 2019. doi:10.1001/JAMASURG.2018.4375.
5. [△]Spaniolas K, et al. "Postoperative Follow-up After Bariatric Surgery: Effect on Weight Loss." *Obes Surg.* 26 (4): 900–903, Apr. 2016. doi:10.1007/S11695-016-2059-6.
6. [△]Mechanick JJ, et al. "Clinical practice guidelines for the perioperative nutrition, metabolic, and nonsurgical support of patients undergoing bariatric procedures - 2019 update: cosponsored by American Association of Clinical Endocrinologists/American College of Endocrinology, The Obesity Society, American Society for Metabolic & Bariatric Surgery, Obesity Medicine Association, and American Society of Anesthesiologists." *Surg Obes Relat Dis.* 16 (2): 175–247, Feb. 2020. doi:10.1016/J.SOARD.2019.10.025.
7. [△][♢][♣]Chou E, et al. "Should surgical outcomes be published?" *J R Soc Med.* 108 (4): 127–135, Apr. 2015. doi:10.1177/0141076815578652/ASSET/IMAGES/LARGE/10.1177/0141076815578652-FIG2.JPEG.
8. [△]Das A, et al. "The Impact of an eHealth Portal on Health Care Professionals' Interaction with Patients: Qualitative Study." *J Med internet Res.* 17 (11), Nov. 2015. doi:10.2196/JMIR.4950.
9. [△][♢]Wright C, et al. "Are eHealth interventions for adults who are scheduled for or have undergone bariatric surgery as effective as usual care? A systematic review." *Surg Obes Relat Dis.* 17 (12): 2065–2080, Dec. 2021. doi:10.1016/J.SOARD.2021.07.020.
10. [△]Mead N, Bower P. "Patient-centredness: a conceptual framework and review of the empirical literature." *Soc Sci Med.* 51 (7): 1087–1110, Oct. 2000. doi:10.1016/S0277-9536(00)00098-8.
11. [△]Kwame A, Petrucka PM. "A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward." *BMC Nurs.* 20 (1), Dec. 2021. doi:10.1186/S12912-021-00684-2.
12. [△]Camolas J, et al. "INDIVIDUO: Results from a patient-centered lifestyle intervention for obesity surgery candidates." *Obes Res Clin Pract.* 11 (4): 475–488, Jul. 2017. doi:10.1016/J.ORCP.2016.08.003.
13. [△]Fastenau J, et al. "A call to action to inform patient-centered approaches to obesity management: Development of a disease-illness model." *Clin Obes.* 9 (3): e12309, Jun. 2019. doi:10.1111/COB.12309.
14. [△][♢]Mangieri CW, et al. "Mobile health applications enhance weight loss efficacy following bariatric surgery." *Obes Res Clin Pract.* 13 (2): 176–179, Mar. 2019. doi:10.1016/J.ORCP.2019.01.004.
15. [△]Newell S, Jordan Z. "The patient experience of patient-centered communication with nurses in the hospital setting: a qualitative systematic review protocol." *JBI Database System Rev Implement Rep.* 13 (1): 76–87, Jan. 2015. doi:10.11124/JBISIR-2015-1072.
16. [△][♢][♣][♤][♥]André S, Ribeiro P. "E-health: as TIC como mecanismo de evolução em saúde." *Gestão e Desenvolvimento.* 28 (28): 95–116, Jul. 2020. doi:10.34632/GESTAOEDESENVOLVIMENTO.2020.9467.
17. [△]Abecasis F, et al. "Consulta Telefónica em Contexto Pandémico: Avaliação da Satisfação dos Doentes." *Med Interna (Bucur).* 28 (3): 250–256, Oct. 2021. doi:10.24950/0/72/21/3/2021.
18. [△]Jassil FC, et al. "Patients' views and experiences of live supervised tele-exercise classes following bariatric surgery during the COVID-19 pandemic: The BARI-LIFESTYLE qualitative study." *Clin Obes.* 12 (2), Apr. 2022. doi:10.1111/COB.12499.
19. [△]Sockalingam S, et al. "The Impact of Telephone-Based Cognitive Behavioral Therapy on Mental Health Distress and Disordered Eating Among Bariatric Surgery Patients During COVID-19: Preliminary Results from a Multisite Randomized Controlled Trial." *Obes Surg.* 32

- (6): 1884–1894, Jun. 2022. doi:10.1007/S11695-022-05981-6.
20. ^{a, b}Wolf DM, et al. "Effect of patient-centered care on patient satisfaction and quality of care." *J Nurs Care Qual.* 23 (4): 316–321, 2008. doi:10.1097/01.NCQ.00000336672.02725.A5.
 21. ^{a, b}Parnell KE, et al. "The effects of using telemedicine for introductory bariatric surgery seminars during the COVID-19 pandemic." *Surg Endosc.* 1: 1, 2022. doi:10.1007/S00464-022-09640-W.
 22. ^ΔRunfola M, et al. "Telemedicine Implementation on a Bariatric Outpatient Clinic During COVID-19 Pandemic in Italy: an Unexpected Hill-Start." *Obes Surg.* 30 (12): 5145–5149, Dec. 2020. doi:10.1007/S11695-020-05007-Z.
 23. ^ΔWang CD, et al. "Exploring the Effects of Telemedicine on Bariatric Surgery Follow-up: a Matched Case Control Study." *Obes Surg.* 29 (8): 2704–2706, Aug. 2019. doi:10.1007/S11695-019-03930-4.
 24. ^{a, b}Baillot A, et al. "Effects of lifestyle interventions that include a physical activity component in class II and III obese individuals: a systematic review and meta-analysis." *PLoS One.* 10 (4), Apr. 2015. doi:10.1371/JOURNAL.PONE.0119017.
 25. ^ΔSantos C, et al. "The Long-Term Association between Physical Activity and Weight Regain, Metabolic Risk Factors, Quality of Life and Sleep after Bariatric Surgery." *Int J Environ Res Public Health.* 19 (14): 8328, Jul. 2022. doi:10.3390/IJERPH19148328.
 26. ^ΔGüven B, Akyolcu N. "Effects of Nurse-Led Education on Quality of Life and Weight Loss in Patients Undergoing Bariatric Surgery." *Bariatric Surg Pract Patient Care.* 15 (2): 81–87, Jun. 2020. doi:10.1089/bari.2019.0025.
 27. ^{a, b}Mendes C, et al. "Nurse-led intervention for the management of bariatric surgery patients: A systematic review." *Obes Rev.* 2023. doi:10.1111/OBR.13614.
 28. ^ΔPujol-Rafols J, et al. "Conversion of Adjustable Gastric Banding to Roux-en-Y Gastric Bypass in One or Two Steps: What Is the Best Approach? Analysis of a Multicenter Database Concerning 832 Patients." *Obes Surg.* 30 (12): 5026–5032, Dec. 2020. doi:10.1007/S11695-020-04951-0.

Declarations

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