Fertility after Bariatric Surgery

Introduction
Obesity, BMI > 30 kg/m², is an increasing health burden with negative effects also on fertility and IVF outcomes. Previous studies on conservative weight loss programs have shown improved fertility outcomes. Laparoscopic Roux-en-Y Gastric bypass (RYGB) and Sleeve Gastrectomy are the two most commonly used surgical treatments for morbid obesity, and both give a loss of around 80 per cent of excess body weight, i.e. weight exceeding a BMI of 25 kg/m², in 12-18 months. There is currently no consensus whether bariatric surgery could be a treatment for obesity related infertility, mainly because of an increased risk of SGA infants and preterm birth. Lifestyle modifications are recommended as first line treatment, although bariatric surgery in obese women of reproductive age has been shown to improve conditions that underlie fertility and pregnancy outcomes.

Aim/Method
To investigate patients’ expectations on fertility, effects of surgery on body image, sexual desire and fertility outcomes in terms of AMH and live birth rates. A qualitative study with questionnaire-data and semi-structured interviews with childless women (n =12) aged 20-35 years. Interviews were conducted 1-3 weeks prior to surgery and 18 months after surgery, transcribed verbatim, and analysed with thematic analysis. We also studied 48 women 18-35 years with mean BMI 40.9 kg/ m², followed first for eight weeks of very low-calorie diet and then one year after RYGB. Sex-hormones and questionnaire-data were analysed. Currently we are preparing a study on IVF outcomes after bariatric surgery.

Preliminary results
Obese childless young women choose bariatric surgery also for fertility reasons. In our study though, AMH decreased beyond expected normal age-related decline.

Significance/ Meaning
Knowledge of patients’ high expectations on fertility, makes it even more important to elucidate the significance of lower AMH levels in terms of chance of pregnancy.

Publications/Manuscripts