The Role of Social Media in Metabolic Bariatric Practice: A New Tool

Women in IFSO — IFSO Conference, September 2

Disclosures

I have nothing to disclose.

"How many followers do you have?"

The Evidence

80%

of surgical patients actively use social media

(Kart H, Çat G. Journal of Health Sciences and Medicine. 2025;8(5). doi:10.32322/jhsm.1729141)

65%

prefer educational videos from their surgeon

(Kart H, Çat G. Journal of Health Sciences and Medicine. 2025;8(5). doi:10.32322/jhsm.1729141)

68.5%

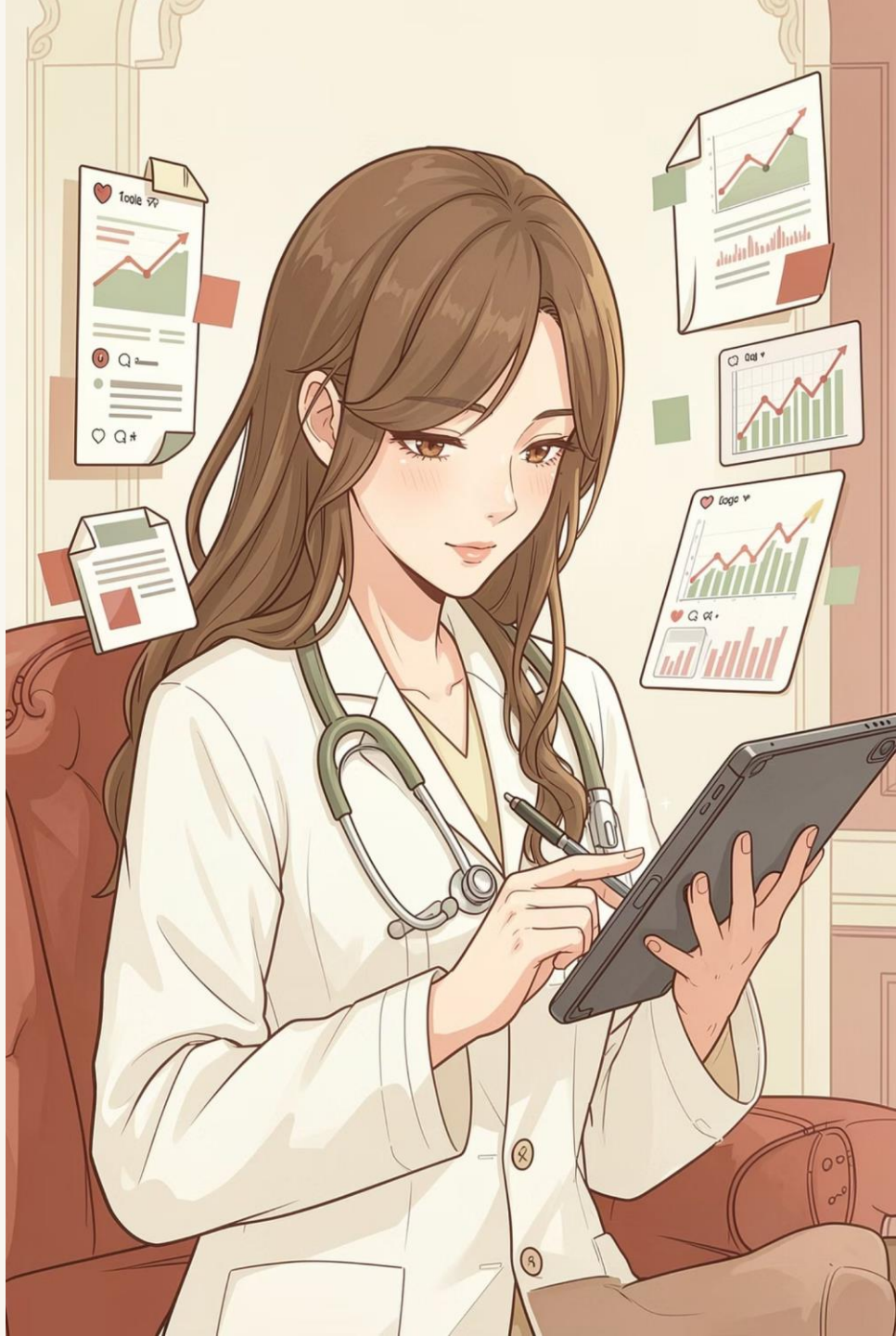
of bariatric surgery videos made by non-medical professionals

(Freiberger C et al. Surgical Endoscopy. 2025;39:6032–6036. doi:10.1007/s00464-025-11938-4)

28/80

average DISCERN quality score for bariatric/GLP-1 content online

(Freiberger C et al. Surgical Endoscopy. 2025;39:6032–6036. doi:10.1007/s00464-025-11938-4)

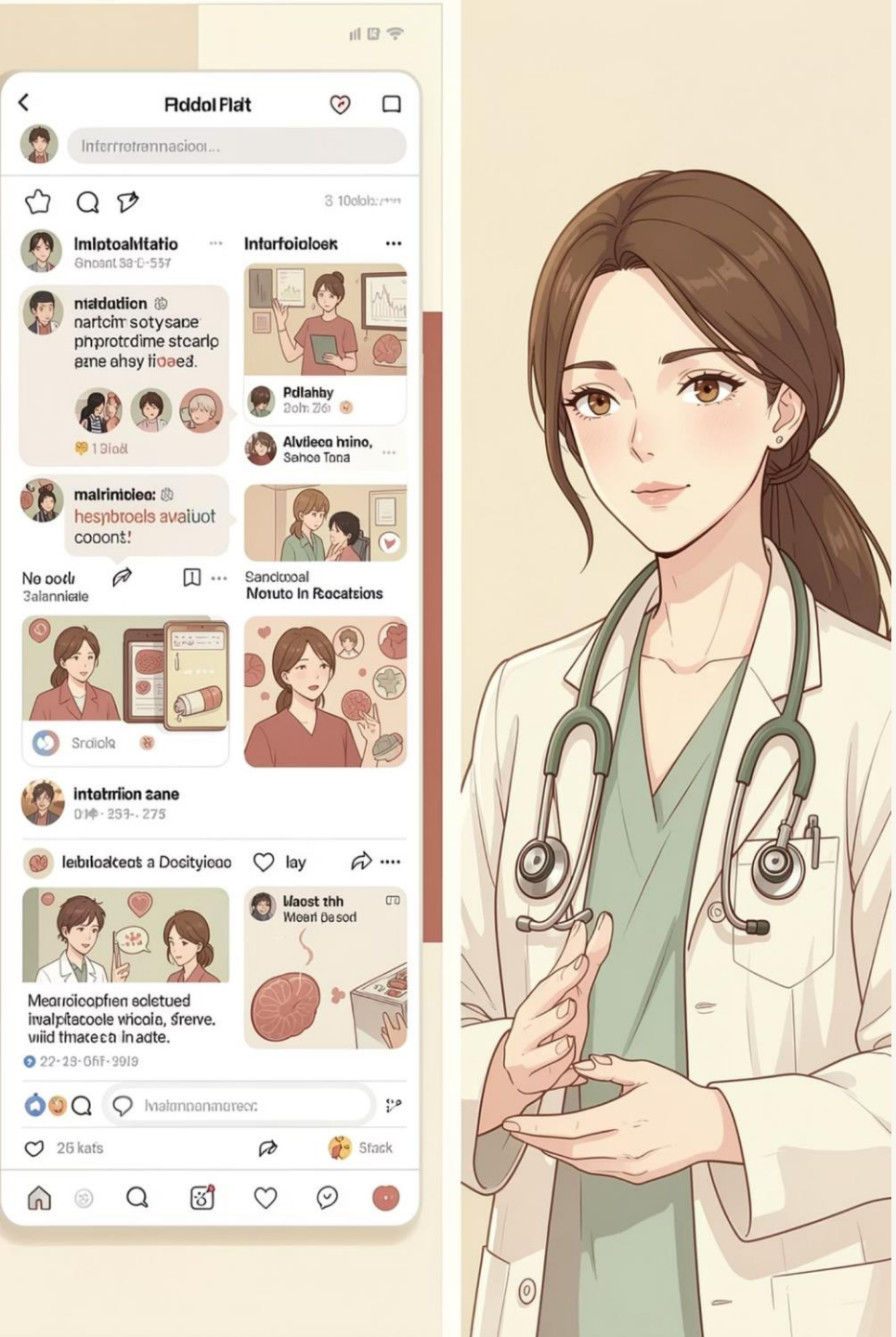


From Optional to Essential

- Patients research surgeons on Instagram before checking credentials
- Word-of-mouth has become searchable digital reputation

> "This is no longer optional. It is part of the job."

45.8% of patients believe it is essential for doctors to maintain a social media presence. —
Kart H, Çat G. Social media usage among orthopaedic patients: what do they value most in orthopaedic surgeons' accounts? Journal of Health Sciences and Medicine. 2025;8(5). doi:10.32322/jhsm.1729141



The Myth-Busting Mandate

The bariatric space is flooded

Miracle diets, surgery fear, unverified GLP-1 claims

If we vacate this space

Non-experts fill it

Patients pay the price

Delayed or wrong decisions

68.5% of bariatric surgery & GLP-1 videos on TikTok and Instagram are created by non-medical professionals. Average content quality score: 28/80 (poor). *— Freiberger C et al. Evaluation of social media videos on weight-loss surgery and GLP-1 agonists: a content quality and reliability analysis. Surgical Endoscopy. 2025;39:6032–6036. doi:10.1007/s00464-025-11938-4*

Patient Education at Scale

1 **One consult**

One patient

2 **One reel**

Thousands — revisited before they decide

3 **Pre-op anxiety, post-op expectations, myth-busting**

All scalable

SM use among bariatric patients pre- and post-op has dramatically increased; benefits include peer support, health information access, and reduced anxiety. *— Eisenberg D et al. Social media use among patients before and after metabolic and bariatric surgery: a systematic review. PubMed/NCBI. 2025. PMID: 39948008. doi:10.1007/s11695-025-07742-3*

Trust Before the First Consult

Patients arrive pre-informed, pre-trusting

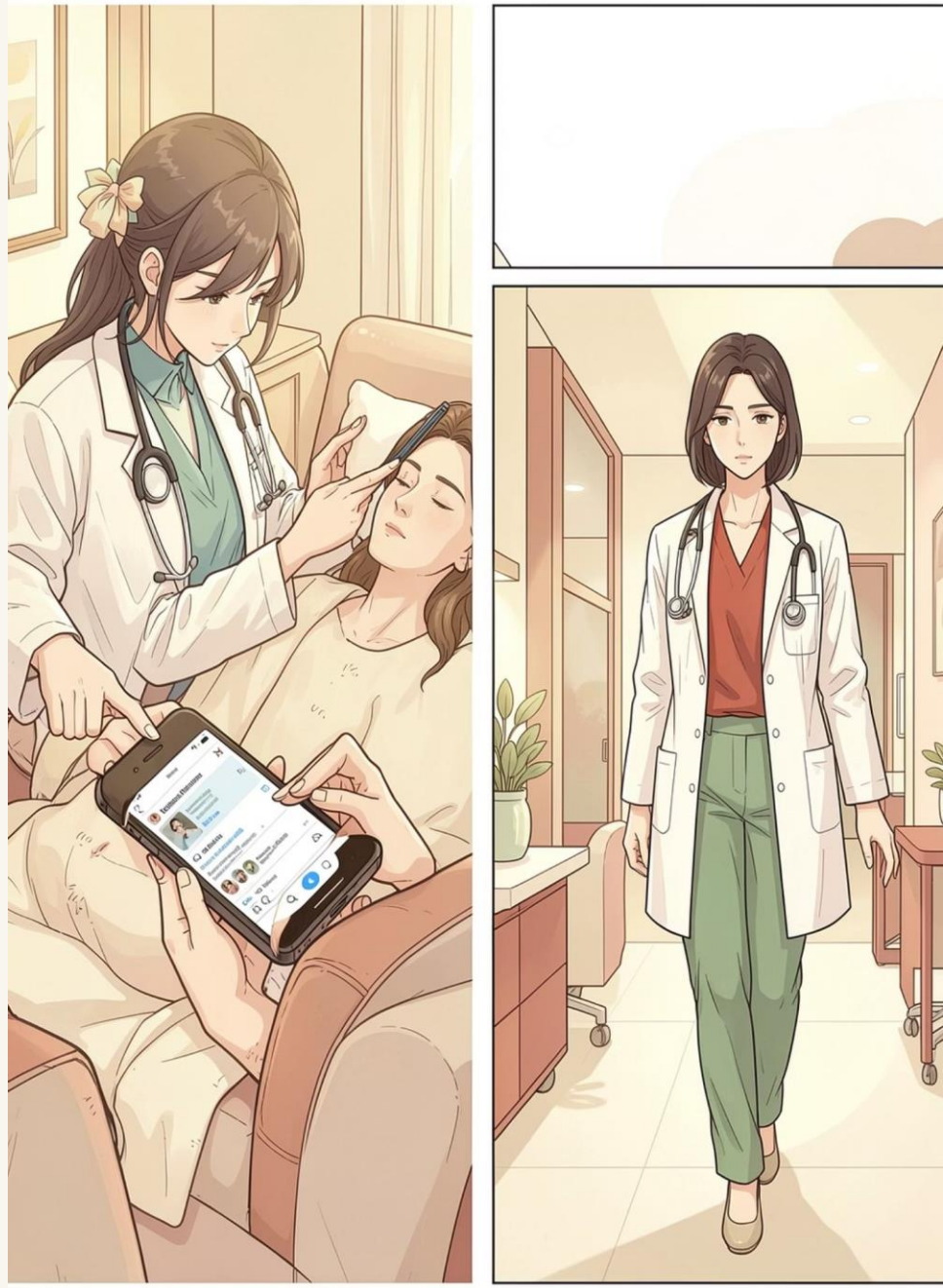
The convincing phase is shorter

Humanizes the surgeon

Reduces fear around surgery

Brand equity

Outlasts any single hospital affiliation



— Tang G, Xu W, Zhang S et al. ***Social media stethoscope: unraveling how doctors' social media behavior affects patient adherence and treatment outcome.*** *Frontiers in Public Health. 2024;12:1459536. doi:10.3389/fpubh.2024.1459536 (n=322 patients)*

What Social Media Cannot Replace

It can educate. It cannot diagnose.

It can build trust. It cannot replace informed consent.

It can improve visibility. It cannot replace outcomes, training, or competence.

Knowing what it cannot do is what makes using it responsibly possible.

What It Has Actually Taught Me

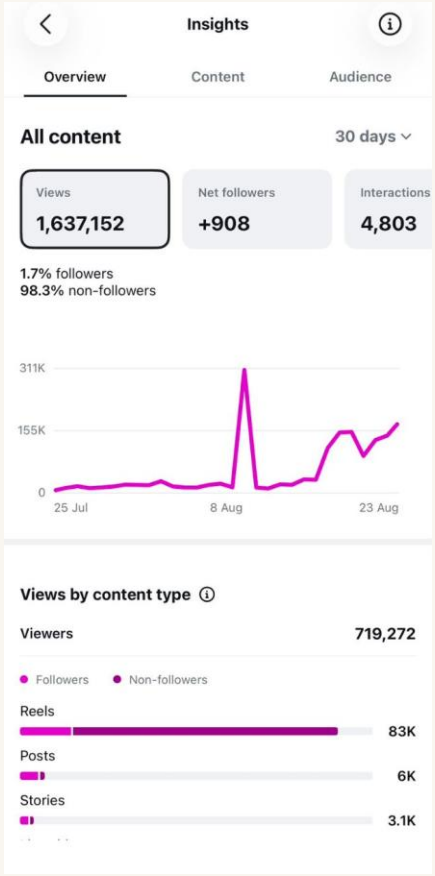
These are my own numbers. 30 days. 1.6 million views. 98.3% from people who don't follow me.

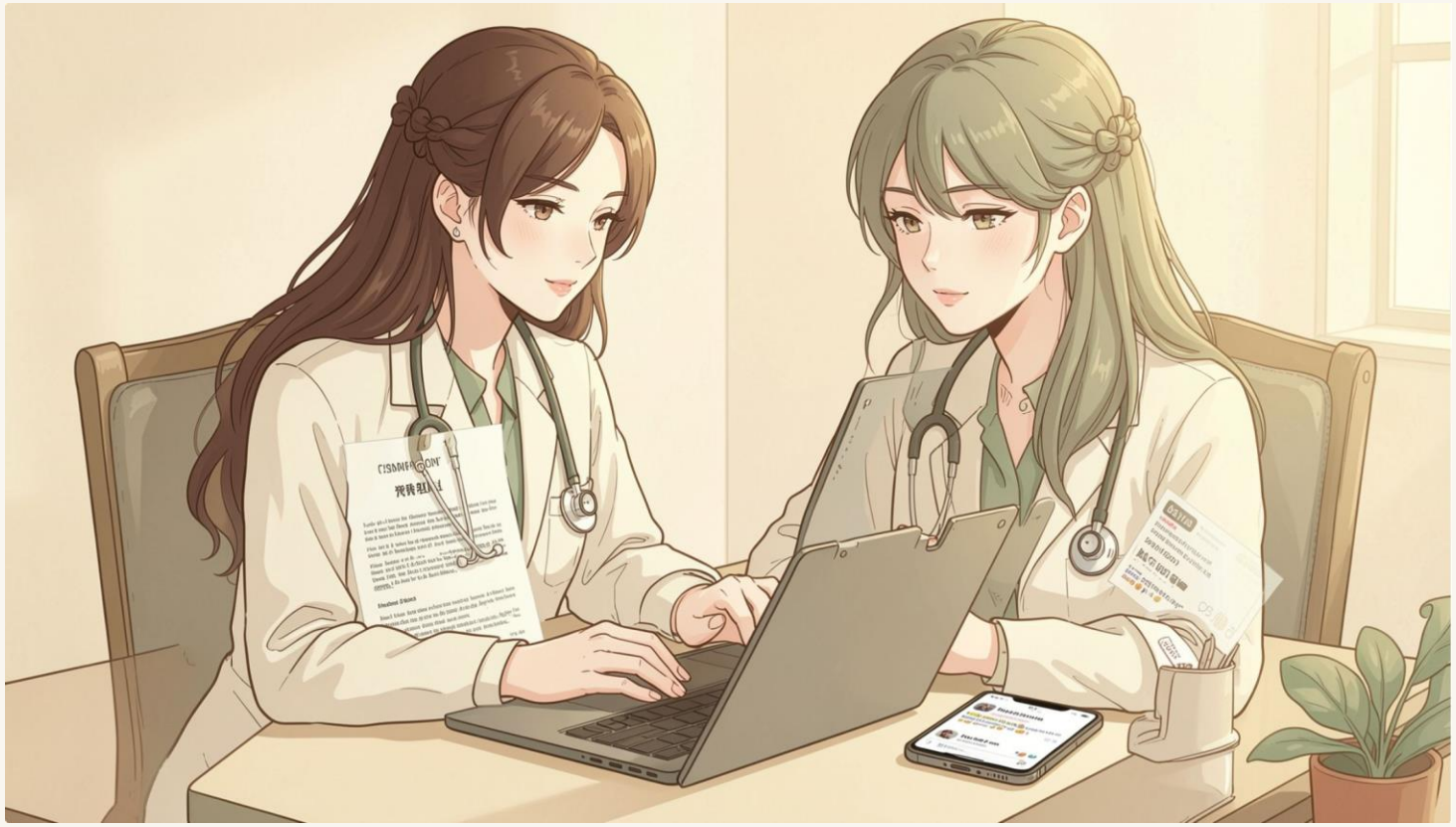
> A patient question I answered in a reel became the most-watched thing I've ever posted — and the most useful.

> A post about a conference talk led to a collaboration I didn't expect.

> The content that felt most personal performed best. Every time.

The numbers matter less than what they represent: people looking for a trustworthy voice in a noisy space.





Professional Visibility and Community

Amplify your work

Research, conference talks, patient advocacy — visible beyond journal paywalls

Your digital footprint is assessed

By media, publishers, and collaborators

Peer learning

Technique exchange, mentoring juniors, society-level advocacy

Patient Confidentiality — Where to Draw the Line

Explicit informed consent

Not implied. Not assumed.

Anonymize everything

Faces, tattoos, scars, names, dates, identifying context

Composite storytelling

Safer than single-patient narratives

Consent under pressure may not be valid

Pre-op and post-op moments are vulnerable

Regulations vary by country

Default to the strictest applicable standard

If in doubt, don't post it.

Other Cautions

Promotion

Credential-heavy posts read as advertising, not authority.

Oversimplification

A 30-second reel can mislead as easily as it informs.

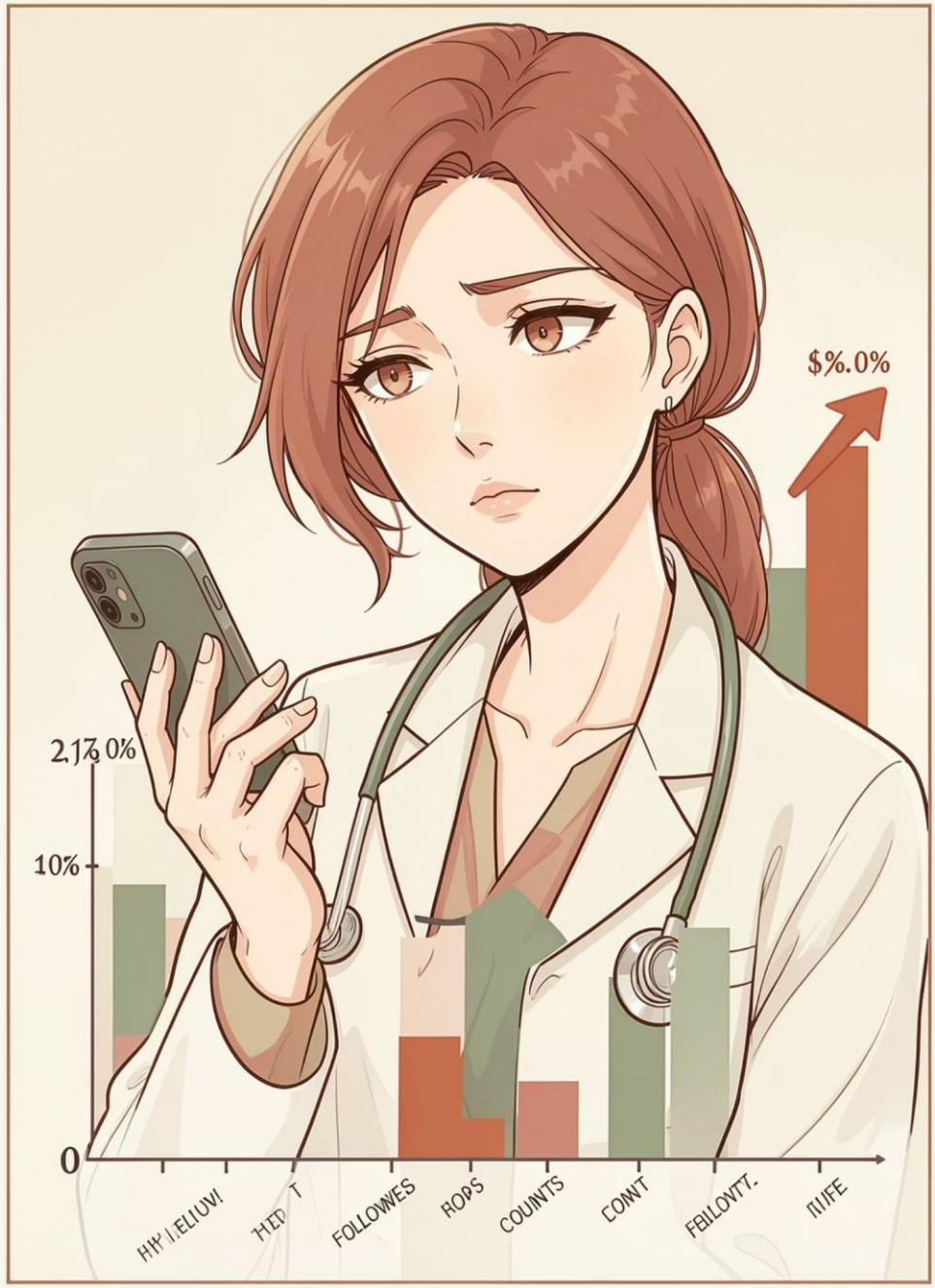
Vanity metrics

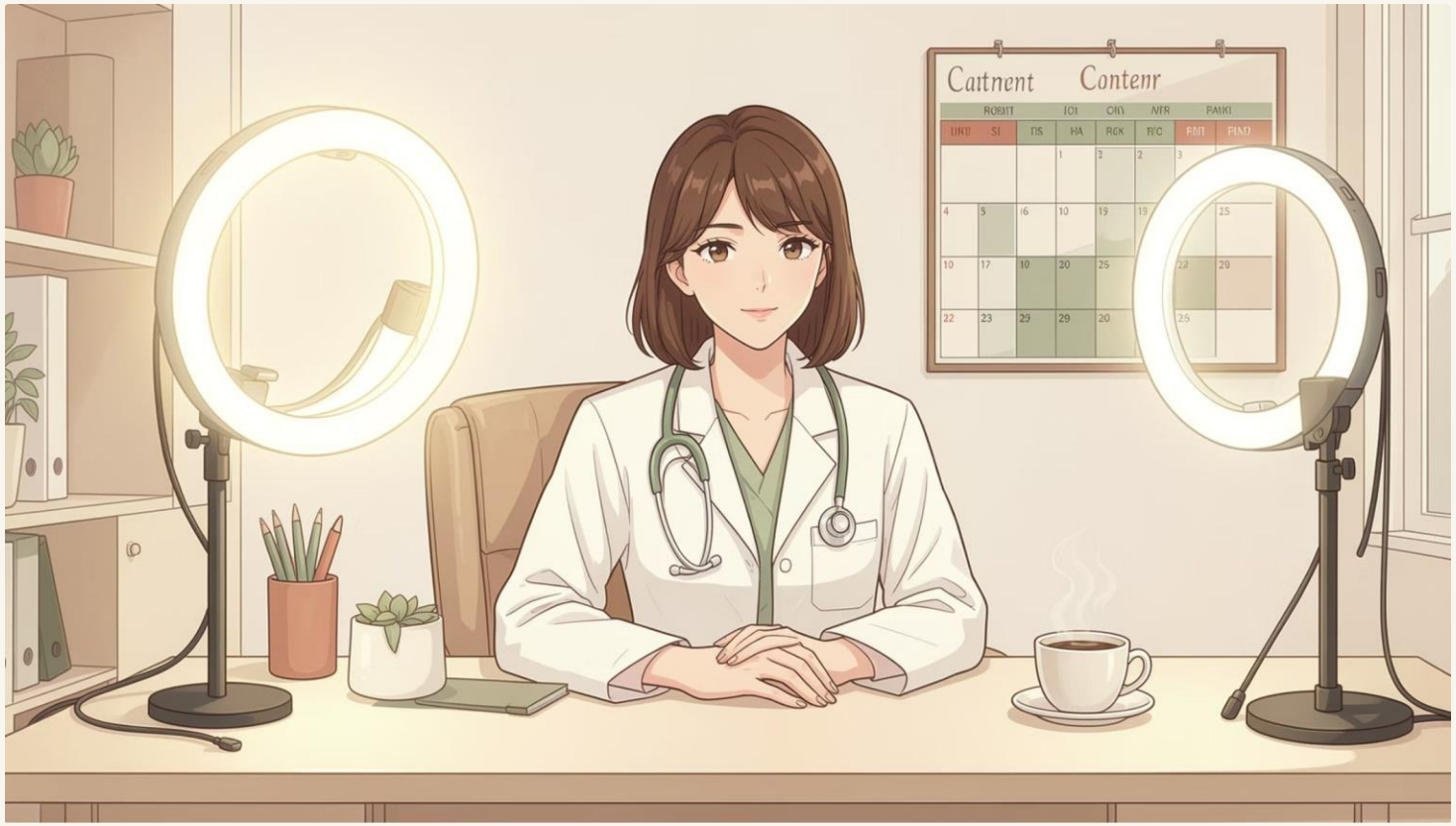
Followers ≠ impact. Reach without substance is noise.

Inauthenticity

Patients and peers can tell when content is performed rather than felt.

The rest is best explained verbally.





Making It Work in a Surgical Schedule

01

Batch-record reels in one sitting

Not daily improvisation

02

Repurpose what you already have

Consult FAQs, conference talks, patient questions → content

03

Delegate editing and scheduling

Retain clinical sign-off yourself

04

One fixed weekly slot

Protect it like an OR booking

Consistency beats polish.

What to Post

Myth-busting FAQs
Correct misconceptions about bariatric surgery & GLP-1s

Procedure explainers
Short, clear breakdowns of what surgery involves

Patient journey milestones
Anonymized, consent-obtained progress stories

Conference highlights
Share what you're learning and presenting

Peer Q&As
Engage colleagues publicly to model professional discourse

Consistency Over Perfection

→ A regular, imperfect post beats a polished reel you never publish. Frequency builds trust. Production value does not.

→ Your audience is not waiting for cinematic content. They are waiting for your voice.

The Multi-Platform Problem — and the Fix

Pick one platform first
Go where your patients already are. For most bariatric audiences, that is Instagram or TikTok. Master one before expanding.

Repurpose, don't recreate
One piece of content → trimmed for Reels, captioned for a post, quoted for LinkedIn. One recording session, three platforms.

Use a scheduler
Tools like Later, Buffer, or Meta Business Suite let you batch and automate. Post once, publish everywhere — on your terms, not the algorithm's.

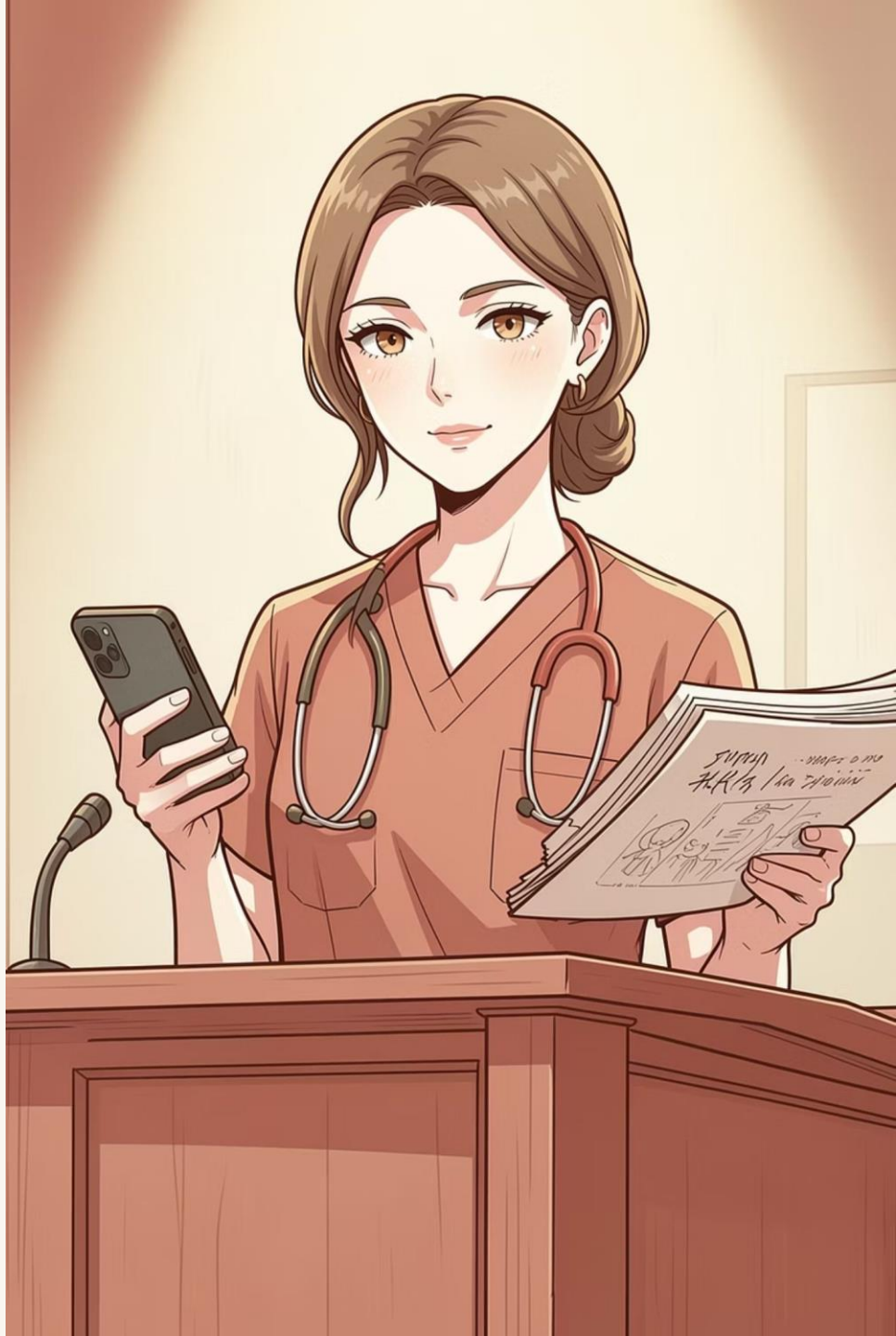
> The best content you'll ever post is the one that sounds like you — not a brand, not a department, not a disclaimer. Authenticity is not a strategy. It is the point.
>
> Post consciously. Post honestly. And make it worth your audience's time.

The Follower Count Was Never About Vanity

It was a signal — of where trust is built before a patient ever walks through your door.

Show up as yourself. Post with intention. Let your values do the work.

> **"Our responsibility is not just visibility. It is visibility with integrity."**



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