



A Change of Chair at the Right Time Provided Multiple Patient Benefits

- ↑ Independent mobilisation, back to baseline prior to hospital discharge
- ↓ Manual handling no longer required to stand patient from the chair
- ↑ Lymphoedema management whilst sitting out of bed

Introduction

Mary* (age 89) was admitted to hospital for lymphoedema management and treatment of suspected cellulitis. She weighed 198kg and had the following comorbidities / past medical history:

- **Chronic oedema and lymphoedema**
- **Type 2 diabetes**
- **Breast cancer**

Prior to admission, Mary could walk round her house and garden using either a stick or a walking frame.

On admission both of Mary's legs were extremely swollen. She had some skin breakdown on both shins and her feet which were extremely dry. Her Waterlow score was 24, placing her in the very high pressure ulcer risk category. She was initially too unwell and in too much pain to weight bear, so she remained in bed.

**Mary is not the patient's real name*



Clinical Challenges

The staff requested a suitable bed to help Mary to mobilise and prevent further complications of immobility and deconditioning. They also required a turning mattress to help her reposition in bed; she was sometimes unable to do this due to pain.

The Trust protocol is to provide a static chair to manage posture. However, Mary's legs were very swollen, and there was a danger of this being exacerbated by her lower legs being in a vertical position.

Patient Objectives

- **Treat cellulitis and manage lymphoedema**
- **Pain management**
- **Improve skin condition and prevent further breakdown**
- **Regain mobility using walking frame**

Introduction of Medstrom's Bariatric Equipment Package

Mary was given a MMO 8000 bed with a TurnCair 1000 surface. This combination allowed for early in-bed mobilisation, safe turning with less staff and early mobilisation when she was well enough to get out of bed.

Shortly after Mary had started getting out of bed and sitting on a static chair, Medstrom's Clinical Advisor spoke to her. Mary raised concerns about the chair; she wanted to sit out of bed as she said it made her feel like she was getting better. However her legs couldn't be elevated, so the lymphoedema was becoming worse and the staff had asked her to remain in bed because of this.

To ensure early mobilisation and reduce "pyjama paralysis," Medstrom's Clinical Advisor spoke with the TVN and requested her help with an assessment. At the joint assessment, the TVN provided criteria for what a chair suitable for Mary would need to do:

- Provide contouring at the thighs and buttocks
- Increase the contact area for better pressure redistribution, support and postural stability compared to a standard chair
- Must not prohibit self-transfer

Riser-Recliner Chair

The Medstrom Select bariatric riser-recliner chair exceed the must-have requirements of the TVN:

- Mary was able to control the handset independently and **reposition herself** to offload pressure and to stand
- She could raise the calf section independently as required, allowing her to achieve her objectives of being out of bed and **reducing the swelling** to her legs
- The ability to raise her legs and alter the backrest on the chair helped to **increase comfort and reduce pain**, allowing her to become more mobile and **walk further**
- The riser-recliner chair **halved the number of staff required** from two to assist, to one to just supervise, so manual handling interventions were **eliminated**



Mary stayed in hospital for a total of 46 days. All objectives for her had been met; her lymphoedema and cellulitis had improved, her skin was now intact with no new breakdown and she was back to her baseline mobility.



Skin improved



Independence



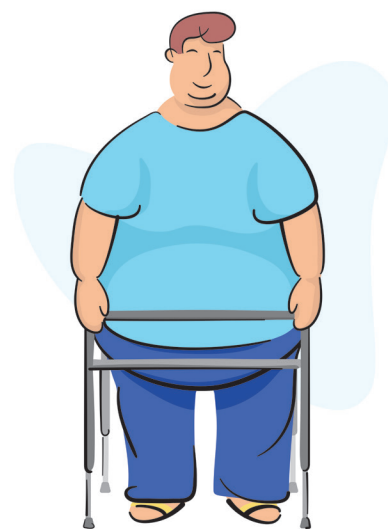
Baseline mobility achieved

Summary

The swapping out of a static chair to a riser-recliner was a pivotal point for Mary. Had she not received the new chair when she did, she would have spent more time in bed. This would have led to increased immobility and deconditioning with the associated risks, which could have meant long-term she would have failed to regain her baseline mobility. This would have affected her independence and ability to cope at home.

The chair allowed her to stand independently, halved the number of caregivers needed and eliminated moving and handling risks as it allowed her to stand independently. The calf section elevation provided the best of both worlds – she could sit out of bed, which she wanted, and adjust her leg elevation to reduce pain and swelling.

This case study clearly demonstrates the importance of providing the right equipment at the right time, and the difference it can make to patient outcomes.



To discover more about Medstrom's range of solutions for dignified plus-size patient care and enhanced support for caregivers, contact Medstrom's Bariatric Product Specialists 24/7/365 on:

UK: 0845 371 1717 or info@medstrom.co.uk IRE: 01 686 9487 or info@medstrom.ie