Defining Dignity for Plus-Sized Patients

# The Right Products for the Right Person: From Bedbound to Sitting Out for the First Time in Nine Years

Able to sit out of bed after nine years of being bedbound

Improved in-bed comfort and repositioning

Improved well-being and quality of life

### Introduction

Anne\* (age 58) was living in a nursing home. At the time of her assessment for new bariatric equipment, she weighed 245kg and had been bedbound for the last nine years, with complex needs. She had the following comorbidities:

- Spinal damage
- Fibromyalgia
- Multiple poorly healed fractures to her legs
- Psoriasis
- Lymphedema
- Addison's Disease
- Type 2 diabetes

Her past medical history included:

- Pneumonia
- Falls
- Pressure ulcers
- Internal hip abscess



<sup>\*</sup> Anne is not the patient's real name

## **Clinical Challenges**

Anne wanted to be able to sit up in bed comfortably and to reposition herself, and ultimately to get out of bed and sit in a chair.

Prior to getting a new equipment package, Anne was using a community bariatric electric profiling bed and hybrid mattress. She felt she was sat in a dip with her abdomen being squashed every time she sat up and couldn't reach the side rails to aid with repositioning. She was unable to find a position that was comfortable.



## **Clinical Challenges Cont.**

Her hoist was an old design, heavy to push and incompatible with her bed, so there was no means of moving her to sit out of bed. The boom of the hoist didn't go high enough to lift her off the mattress at the bed's lowest height. Even if the hoist and bed had been compatible, she didn't have a suitable chair to sit on.

#### Medstrom's Clinical Advisor commented:

"The abdominal crunching and inability to reach side rails for repositioning is typical feedback for a lot of community bariatric beds. The hinged backrest movement pushes the person down the bed, squeezing their abdomen between the seat and thigh sections, even at low backrest angles. The side rails are often too far away for the person to be able to catch hold of for turning."

## **Patient Objectives**

- Achieve comfort in bed whilst in sitting position
- · Sit out of bed to improve sitting balance and for psychological benefits
- Heal existing skin damage and prevent further breakdown

## Introduction of Medstrom's Bariatric Equipment Package

Medstrom's Clinical Advisor discussed the best way forwards for Anne with her and the multidisciplinary community team who were responsible for her care. The equipment package below was selected to help achieve her goals:

**MMO 8000 Bed:** This bed has a platform width of 110cm (compared to approximately 120cm for her previous bed). This gave sufficient width for Anne to move, but the reduction in width compared to her previous bed meant she could reach the side rails more easily.

The bed's 2D elliptical backrest movement increases the platform length by 23cm, mimicking the way a person's spine elongates as they go from lying to sitting. Anne noticed an immediate improvement when sitting, commenting that she no longer felt like she was squashed and sitting in a dip.

The open 'A' frame of the MMO 8000 bed gives unrestricted hoist access, meaning a suitable hoist would be able to be used to get Anne out of bed.

**P.R.O. Matt Extra Wide Surface with Control Unit:** This was selected as Anne required the therapy of a dynamic system but with the benefits of a firm surface when required, to ensure she was able to participate in her own repositioning and personal care.

**Calibre Mobile Hoist:** Unlike the older bariatric hoist that Anne's caregivers were previously using, Calibre is lightweight and easy to manoeuvre. The caregivers felt more confident using it and found they could use it with less people. In addition, the boom height of Calibre coupled with the low height of the MMO 8000 bed allowed the team to hoist Anne effectively without her feet touching or dragging on the mattress, which caused a lot of pain.



Bariatric Tilt-in-Space Chair: The tilt-in-space chair was selected as it offered three major benefits for Anne:

- 1. The chair could be positioned completely flat to enable lateral transfers, which could be an alternative to hoisting going forwards.
- 2. The tilt-in-space feature could be utilised to ensure correct positioning in the chair while strength and conditioning was being built. It also helped to redistribute pressure while Anne was sitting in it.
- 3. The footplate was used to ensure that Anne's feet were receiving adequate support due to the extensive nerve damage to this area.

## Introduction of Medstrom's Bariatric Equipment Package Cont.

This new equipment package allowed Anne to sit up in the chair and enjoy the view from her window for the first time in nine years.

Anne's concordance to care also improved; she was in less pain, could move herself more easily in bed and looked forward to sitting in the chair.

All objectives for Anne had been met; she was more comfortable and could move better in bed and she was able to sit in a chair. The pressure damage to her skin was healing, and there was no new skin breakdown.



**Increased comfort** 



Repositioning easier



Improved well-being

## Summary

This case study clearly demonstrates how the wrong equipment can really hinder a person, and in stark contrast how the right equipment can really help them. It's difficult to imagine what it must feel like to look out of your window at the view again after nine years of being unable to.

The right equipment, which achieves results and objectives, can provide major psychological benefits as well as physical.



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