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Defining Dignity for Plus-Sized Patients

Surgery Recovery: How the Right Equipment at the Right Time allowed Early Mobilisation and an Uncomplicated Recovery following a Fracture

- **Early mobilisation following surgery**
- **Psychological benefits**
- **Ability to weight bear and walk regained**

Introduction

Andrea* (age 57) was admitted to hospital following a fall which resulted in a fractured right ankle which required open reduction and internal fixation surgery.

Andrea weiged 1301kg on admission. Prior to hospital admission she was able to walk short distances using a frame, and used an electric scooter to get around outside. Several months before her hospital admission she had suffered a CVA, which had affected her mobility, and had fallen several times at home. Since her CVA she had used a calliper to assist with walking.

Her other past medical history/comorbidities included depression and migranes.

On admission, Andrea had nressure damage but did have a moisture lesion on her groin area due to profuse sweating and occasional incontinence.

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

Clinical Challenges

Andrea was in danger of losing her ability to walk altogether, as following surgery she was extremely sleepy and unable to weight bear. In-bed mobilisation was therefore very important tp reduce complications and deconditioning.

Once she was awake enough, it was important for Andrea to get out of bed to prevent complications post-surgery, and for psychologica; benefits. However this was a challenge as she was initially unable to weight bear.

With a Waterlow score of 30, Andrea was very high risk of pressure damage. A suitable surface was required to help prevent this.

Patient Objectives

- **Early mobilisation**
- **Autonomous repositioning in bed**
- **Comfort and pain management**
- **Prevent skin breakdown**

Introduction of Medstrom's Bariatric Equipment Package

Medstrom's Clinical Advisor assessed Andrea on the day she was admitted, and commented:

> "When I initially assessed Andrea, she was very sleepy. When I spoke with the multidisciplinary team, we decided it would be best to get a package of equipment in that would **enable early mobilisation straight away,** so when Andrea was more awake she would **benefit immediately**."

MMO 8000 Bed: This bed has a platform width of 110cm (compared to approximately 90cm for a standard width bed). This gave sufficient width for Andrea to move and reposition. She could also use the controls to move herself, helping with early in-bed mobilisation.

Initially, the hospital used their own hoist to transfer Andrea from her bed to a chair. 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.

When Andrea did start to weight bear, the custom height mobilisation setting meant that she was mobilising from the safest position every time, with her feet flat on the floor. The height adjustment of the bed was also used to assist her with standing.

P.R.O. Matt Extra Wide Surface with Control Unit: This was selected as Andrea initially 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. As her condition improved, the control unit was removed, stepping the surface down and preparing her for discharge.

Bariatric Static Chair: This allowed Andrea to get out of bed, initially using a hoist. The arms of the chair slide down to the level of the seat, which allows lateral transfers. This is particularly useful if someone can move sideways but not weight bear.

Bariatric Shower Chair/Commode: This enabled Andrea to go into the bathroom to use the toilet and have a shower, for dignity and psychological well-being.

Andrea stayed in the acute hospital for 11 days, and was then transferred to a rehabilitation hospital. Her bariatric equipment package went with her. At the time of writing this case study, she was expecting to be discharged home imminently.

All objectives for Andrea had been met; early in-bed mobilisation and transfer out of bed had helped prevent deconditioning, and her recovery from surgery was uncomplicated. Sitting out of bed helped with comfort and gave psychological benefits, and her bed and mattress helped with comfort and pain management. Her skin remained intact, and she regained the ability to stand, walk a few steps and transfer.

Psychological benefits

Mobility regained

Uncomplicated recovery

Summary

The decision to get a full package of equipment in as soon as Andrea was admitted played a key role in her recovery. As well as providing a comfortable and supportive bed and surface immediately post-op while she was sleepy, it meant as soon as she was alert enough she could start to mobilise in bed and get into the chair.

This early mobilisation, together with the ability to go to thre bathroom to shower, helped reduce deconditioning and keep Andrea's skin intact. It demonstrates that having the correct equipment ready to use when needed offers both physical and psychological benefits.

Andrea spoke to Medstrom's Clinical Advisor shortly before she was due to be discharged home:

> "The bed has given me **independence**. I can get myself into a sitting position and move around using the buttons. It's good to feel **I'm not relying on the staff for my every movement.** Being able to sit out and go to the bathroom has made me **feel better** too."

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