Defining Dignity for Plus-Sized Patients

Person-Centred Care: The MMO 8000 Bed and P.R.O. Matt Extra Wide Surface Assisted with Early Mobilisation following Hip Replacement Surgery

Equipment in place prior to admission for early mobilisation

Reduced moving and handling risks for staff

Improved comfort and pain management

Introduction

Sylvia* (age 72) was admitted to hospital as she had fallen and sustained a fractured right neck of femur, requiring emergency total hip replacement surgery. She weighed 136kg and had the following comorbidities/past medical history:

- Chronic kidney disease
- Hypertension
- Left total hip replacement
- Right total knee replacement
- Meningioma

Prior to admission Sylvia could walk unassisted with a walking frame.

On admission, Sylvia's skin was intact, but her sacrum was red and vulnerable to damage due to immobility before, during and following surgery.

*Sylvia is not the patient's real name



Clinical Challenges

Prevention of complications of immobility was very important for Sylvia, as she was bed bound before surgery and for two days afterwards.

It was important to get Sylvia up, out of bed and walking as soon as she was medically fit to do so, to preserve her ability to mobilise. However, this needed to be done as safely as possible, as she was at risk of further fractures if she were to fall again.

Medstrom's Clinical Advisor commented:

"I was told that Sylvia was on her way to hospital and would need a bariatric bed and surface. I arranged for both to be delivered to Accident and Emergency, so they were there for her when she arrived. This stopped the need to transfer her from a trolley to the bed later, to avoid the pain and stress that would have caused."

Patient Objectives

- Uncomplicated recovery from surgery
- Early mobilisation following surgery
- Pain management
- Maintain skin integrity
- Comfort
- Manage and reduce manual handling requirements to prevent patient and staff injuries

Introduction of Medstrom's Bariatric Equipment Package

A bariatric bed and surface were provided to initially help with in-bed mobilisation following Sylvia's surgery, then to help with early mobilisation from the bed:

MMO 8000 Bed: This bed has a platform width of 110cm (compared to approximately 90cm for a standard bed). Its fully electrical operation, including a one button cardiac chair position, means that the patient can be frequently and effortlessly moved. These movements help to prevent complications of immobility whilst someone is confined to bed. The chair position offers gravitational benefits and facilitates eating and drinking, which helps healing through better nutrition and hydration.

The MMO 8000 backrest moves in a 2D elliptical fashion as it rises, mimicking spine elongation when a person goes from a lying to sitting position. This means the patient isn't pushed down the bed as they sit up, avoiding heel travel and the resultant pressure damage which can occur. It also avoids abdominal crunching, pressure on the patient's



back, and squashing; this was of particular benefit to Sylvia as it reduced pressure on her hips, decreasing the risk of dislocation of her new replacement hip and opening of her surgical wound.

The bed's ultra-low height of 21cm allows 96% of UK females to mobilise safely, and the customisable optimum egress height allowed safe mobilisation to and from the bed at Sylvia's popliteal height1 every time she got out of bed, helping to reduce the risk of falls and associated injuries.

In addition, the high height of the platform (83cm) provides a safe height for 98% of UK adults to work from without twisting or stooping, reducing manual handling risks.

P.R.O. Matt Plus Extra-Wide Surface: This support surface was selected as it gave Sylvia the stable surface she needed following her surgery, whilst still providing effective pressure ulcer prevention. Uniquely, the P.R.O. Matt Extra-Wide can be utilised in non-powered semi-dynamic mode or stepped up to a dynamic system with the addition of a control unit. This meant staff could 'step up' and 'step down' easily, utilising powered mode when she was bed bound and non-powered mode when she was mobilising and preparing for discharge home.

Sylvia was bed bound for two days following surgery but then started to mobilise with her walking frame aided by physiotherapists. Her mobility continued to improve, and she was discharged home 16 days after admission (14 days after surgery). Her mobility wasn't yet back to her baseline because she was still recovering from surgery, but a rehabilitation package was arranged to continue at home.

The objectives for Sylvia had been met; she had an uncomplicated recovery from surgery, her pain was well controlled, she was comfortable on the equipment she'd been given, and she was able to mobilise early. She suffered no skin damage, and her sacrum was no longer red on discharge.



Uncomplicated Recovery



Skin Intact



Early Mobilisation

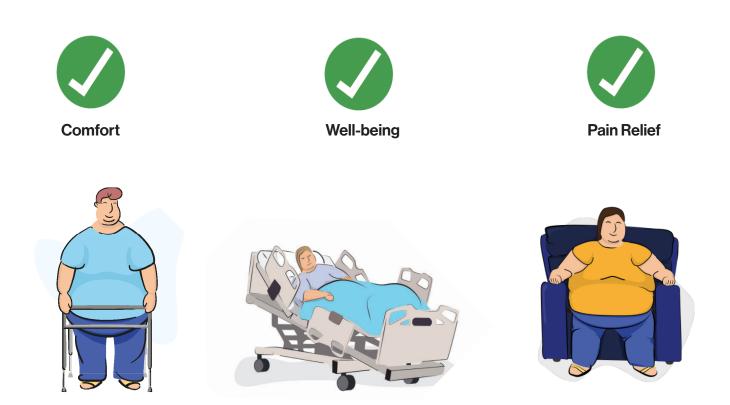
Summary

Forward planning meant that the equipment that Sylvia needed was available to her as soon as she got to hospital. This was very beneficial in terms of early in-bed mobilisation and avoiding the need to transfer her later with the associated pain and discomfort that could have caused.

Once Sylvia was ready to mobilise from bed, she could do so at a safe height every time, helping to decrease the risk of falls. Stepping down of the P.R.O. Matt Extra Wide surface from powered to non-powered helped to prepare her for home, as the non-powered mode was closer to her mattress at home.

Shortly before discharge, Sylvia commented to Medstrom's Clinical Advisor:

"I was **relieved** when the bed was there for me when I arrived. I was in a **lot of pain** and didn't want to move any more than I really had to. The **bed and mattress** are **comfortable** and have **helped me to recover** from my operation."



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:

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