

Strategic Equipment Changes at Key Milestones Assisted a Plus-Size Patient to Recover Baseline Mobility and Go Home

medstrom+

Improved Patient Outcomes

Kirsty McLelland, National Bariatric Lead, Medstrom

Introduction

Patient H* (age 38) was admitted to hospital following increasing shortness of breath, worsening sleep apnoea and severe cellulitis to her abdomen and both legs.

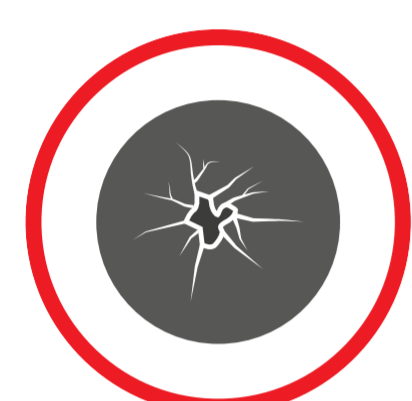
She weighed 343kg on admission. Prior to hospital admission she was able to walk short distances unaided. Other comorbidities/past medical history included:

- Oedema
- Cellulitis
- Sepsis
- Pressure ulcers

On admission, Patient H had an oedematous pannus with extensive moisture damage underneath. A previous open wound to her pannus left friable scar tissue after healing, at high risk of breakdown.

*This case study is anonymised

Clinical Challenges



Skin integrity



Immobility with associated complications



Risk of permanent loss of ability to walk

Patient Objectives

- ✓ Early mobilisation
- ✓ Improve skin condition
- ✓ Achieve 'medically fit for discharge' status
- ✓ Prevent further skin breakdown
- ✓ Walking ability back to baseline
- ✓ Return home

Case Study

Patient H's equipment was changed a total of four times during her three month hospital stay, to reflect her changing needs and better support her rehabilitation and recovery.

Assessment 1

Initially bedbound, Patient H needed a suitable bariatric bed and support surface for comfort, in-bed mobility, and pain management. The **Versatech 1100 bed**, with an expanding platform and low height of 21cm provided a suitable surface for repositioning and mobilisation, and a **TurnCair 1000 mattress** assisted with repositioning (Figure 1).

Assessment 2

Once Patient H was well enough to get out of bed, a **Gantry Hoist** and **Riser Recliner** chair were provided (Figure 1). Using the hoist preserved her energy for standing practice, and allowed her to sit out of bed.

Assessment 3

After a setback, where she developed sepsis and was bedbound again for two weeks, Patient H resumed getting out of bed, and became well

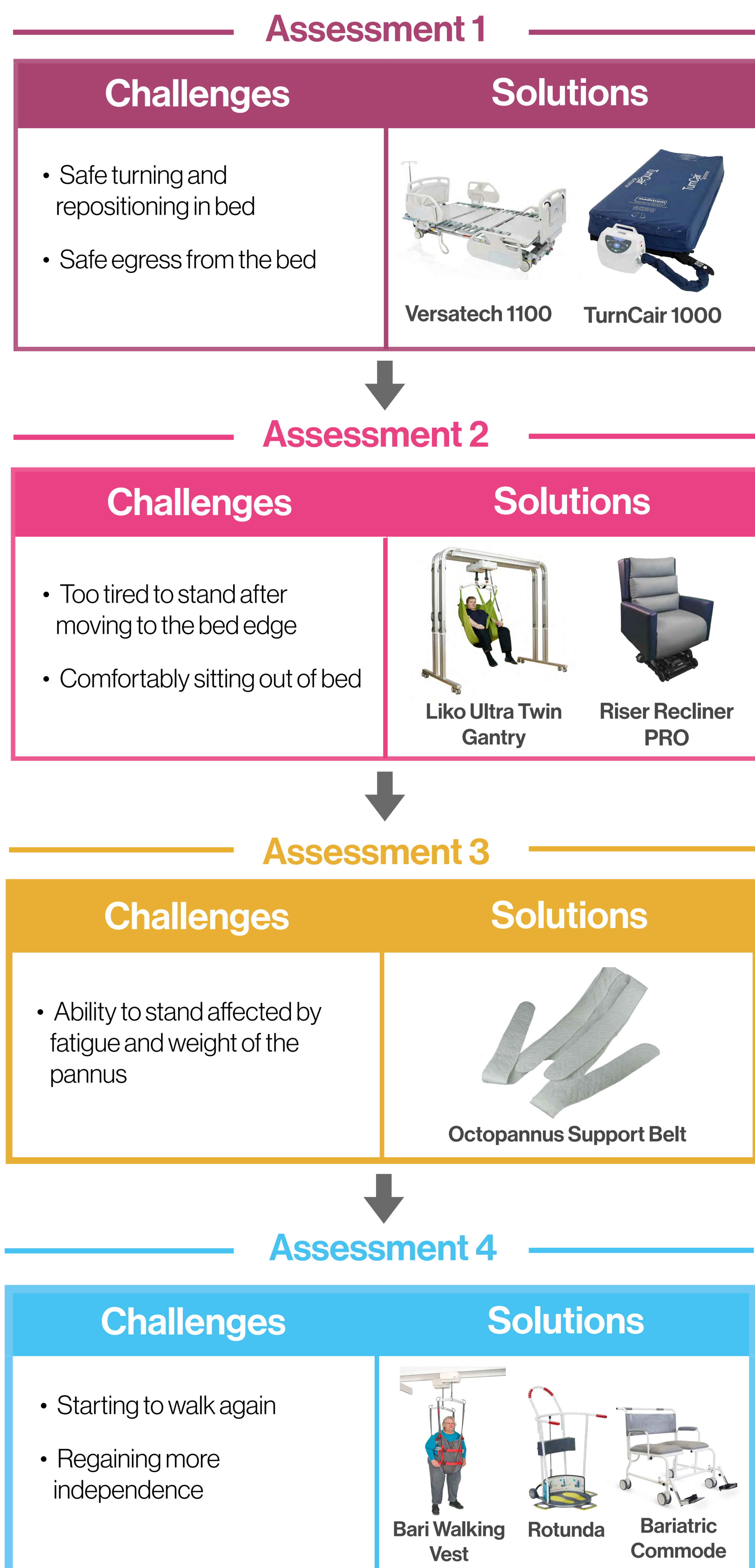


enough to start standing. To help achieve this, the **Octopannus support belt** was introduced, giving a dramatic improvement in her ability to stand (Figure 1).

Assessment 4

When Patient H was ready to start walking, a **Bariatric Walking Vest**, **Rotunda**, and **Shower Chair/Commode** were brought in (Figure 1).

Figure 1. Equipment solutions for different stages of Patient H's recovery journey.



Outcome & Conclusion

Three months after admission, Patient H's mobility was back to her pre-admission level, and she was discharged home. She no longer needed the Octopannus to walk, although she still used it for personal care. **Her skin had improved, with no new areas of damage. All of her objectives had been met.**

This case study demonstrates how the **right equipment, supplied at the right time, is fundamental to achieving the best patient outcomes.**

*"I'm not too proud to say, **I actually cried** when the physiotherapist called me to say that Patient H had **stood and taken steps**, as it was such a **monumental achievement** for her. I was **so proud of her**, and felt truly honoured that I'd been able to help her throughout her journey from hospital to home."*

Kirsty McLelland, National Bariatric Lead, Medstrom