Obesity Sensitivity and Patient Transfer

Presented by: Pat Cline
Surgical Weight Loss Coordinator
423-431-1449 - ClinePG@msha.com
## BMI-Associated Disease Risk

<table>
<thead>
<tr>
<th>Classification</th>
<th>Class</th>
<th>BMI (kg/m²)</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td></td>
<td>&lt;18.5</td>
<td>Increased</td>
</tr>
<tr>
<td>Normal</td>
<td></td>
<td>18.5-24.9</td>
<td>Normal</td>
</tr>
<tr>
<td>Overweight</td>
<td></td>
<td>25.0-29.9</td>
<td>Increased</td>
</tr>
<tr>
<td>Obesity Class</td>
<td>I</td>
<td>30.0-34.9</td>
<td>High</td>
</tr>
<tr>
<td>Severe Obesity</td>
<td>II</td>
<td>35.0-39.9</td>
<td>Very High</td>
</tr>
<tr>
<td>Morbid Obesity</td>
<td>III</td>
<td>&gt;40</td>
<td>Extremely high</td>
</tr>
<tr>
<td>Super Obesity</td>
<td>IV</td>
<td>&gt;50</td>
<td>Extremely high</td>
</tr>
</tbody>
</table>

Definition of Morbid Obesity

• “A life-long, progressive, life-threatening, genetically-related, costly, multi-factorial disease of excess fat storage with multiple co-morbidities (obesity related health condition).”

ASBS
Obesity Trends* Among U.S. Adults

BRFSS, 1990

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” woman)

Obesity Trends* Among U.S. Adults

BRFSS, 2000

(*BMI ≥30, or ~30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults

BRFSS, 2008

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Environmental Assessment

*Walk through your facility in the shoes of a morbidly obese person*

- Waiting rooms chairs
  - wide, armless, hold additional weight
- Doorways
  - wide enough to accommodate Bari-bed
- Floor-mounted toilets
- Railings
  - withstand greater weights & larger waiting areas
  - patients feel welcome
Nurse’s Role

• Nurses not only care for their physical needs, but emotional needs as well
• Empathy is important
• Support and encouragement are essential
  – WLS pt have goals for surgery
• Communication and listening skills
Patients may accept substandard care without complaining because of low self-esteem.

"Demanding patient" is just a frightened patient, and studies demonstrate that obese patients are no more demanding than any other patient.

Source: Pattie Randolph-Clark MA, RN, ANP
Addressing the Patient

• Avoid making remarks about their size outside doorway
• Be mindful when asking for equipment; don’t ask for the “BIG” anything in front of the patient
• Speak to patient in intelligent manner
• Obesity does not numb feelings…
• Obesity not character flaw, but a disease
• Treat thy neighbor…
• Privacy - HIPAA
  – Don’t discuss one patient with another patient
    • The patient across the hall did great on their swallow test this morning
    • The patient across the hall has already walked two times today

Source: Obesityhelp.com message board responses 2/04
We Don’t Mean to Hurt, But...

• Comments by the staff such as:
  
  “You don’t look like you need this surgery!”

  “You carry your weight well.”

• Assuming that visitors know what type of surgery the patient had may present real risks to breaches in confidentiality
Judge me by the size of my heart, my mind and my contributions to society... not by the size of my belt

Source: Obesityhelp.com sensitivity survey response 02/04
Issues for the Bariatric Patient

“Patients having obesity surgery tell us they are frightened, ashamed, and embarrassed of their obesity.”

Caregivers need to:

– Encourage them
– Discuss expectations
– Encourage questions
– Address issues
Treatment Options?

Conventional Methods:

- Diet
- Exercise
- Behavior Modification
- Anti-Obesity Drugs

Surgical Therapy

- Weight Loss Surgery

- 95% to 98% failure rates of sustained weight loss in obese population at 5 years
- 98% failure of sustained weight loss for the morbidly obese population
- 50% success rate at 16 years

Sources: Eliosoff 1997, Dietel 1999, ASBS 2000
Why Patients Choose Bariatric Surgery

• Management of morbid obesity such as diet, exercise, drugs, behavioral modification ineffective long term
  • Often men choose surgery for medical reasons
  • Often women choose surgery for social reasons
  • Improvement in health conditions
  • Sustainable weight loss
  • Reduction of life-threatening risk factors
  • Improving activities of daily living
  • Improvement of self-esteem
  • Achieving one’s own perception of “normal”
  • Multiple weight loss attempts have failed
Perceptions...

“It sounds like a quick fix to me.” - Family member

“It’s a lack of self discipline.” - Family member

“They’re looking for a quick fix and they should make a lifestyle change.” – Consumer

“I think for those people who are looking for the easy way out this is one way for them to lose weight with little effort.” - PCP
Bariatric Patient Profile

- 80% are women between ages of 25-45
- Often overweight since childhood
- Lifetime of discrimination
- Tried multiple (10+) diets and exercise
- Average 2 years of research into surgery
  - Educated and knowledgeable
Components of Successful Program

• Skilled and compassionate surgeon
• Dedicated compassionate and knowledgeable office staff
• Well trained hospital nursing staff
• Programs address pre-operative care and long term management
  – Include nutritional counseling and biochemical surveillance
Summary

• Morbidly obese patients rarely maintain weight loss long-term by:
  – Eating less
  – Exercising more

• Bariatric sensitivity training is a process
• Obesity is a disease
• Team approach to treating bariatric patients
• Treatment doesn’t end with surgery, merely the beginning
Supportive Language

OLD

Willpower
Preach
Compliance
Should, must
Limit, restrict
Prescribe
Approval
Expectations
Good/Bad
Diet
Exercise regimen
Ideal Weight

NEW

Commitment
Enable
Exploration
Consider
Choose, experience
Negotiate
Self-esteem
Discoveries
What works for you
Eating Style
Activity Style/Physical activity
Healthy weight

from Centers for Obesity Research and Education (CORE)
“Rather than feel anger or revulsion toward this person, my first obligation, especially if I am in the helping professions is to understand him or her: to gain insight into what it is like to be him or her; to imagine and to interpret the world from his or her perspective of experience…”

John Banja, PhD  Obesity, Responsibility, and Empathy, *The Case Manager*, Nov/Dec 2004
TRANSFERS OF PATIENTS
Bariatric Equipment

Transfers
• Beds
• Wheelchairs
• Commodes
Air assisted lateral transfer device

• Lateral transfer device:
  – Placed on stretcher in surgical holding and ER
  – Stays under patient until they are fully mobile
    • 93% less force than draw sheet on 210 lb pt
    • Place evenly under pt
    • Inflate
    • Transfer
    • 1000# weight limit
Transfers - Lifts

• Sabina II, sit to stand, capacity= 440 pounds
• Viking 300, capacity= 660 pounds
  – ICU 2700/2800
  – Super Users
Beds

- OR Stretchers
  - 1,000 pounds
- Total Care Bariatric Plus
  - 500 pounds (pt 450)
    - 4” wider and 4” longer than Total Care
- Excel Care ES Bariatric bed
  - 1,000 pounds
  - Super Users
Wheelchairs, Walkers & Commodes

• Various widths and weight capacity
  – Look for “Dove” weight capacity sticker.
  – “30” = 300lb limit
  – “40” = 400lb limit

• Toilets--Floor mounted or supported

• Bedside commode
  – 5300 owns one – capacity 800 pounds
    • Offensive to smaller patients

• Contact Central Supply at ext. 4051
  -Provide the right equipment for the right patient.
  Have an adequate amount of specialized equipment.
Other Supplies

- Gowns: 3X or larger are recommended and should be readily available.
- Larger grip socks
- Blood pressure cuffs: Extra-large cuffs (or thigh cuffs) are recommended to accurately measure blood pressure. Wrist blood pressure cuffs can also be considered by well trained staff.
Questions/Comments