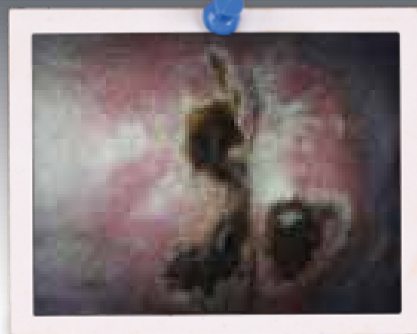


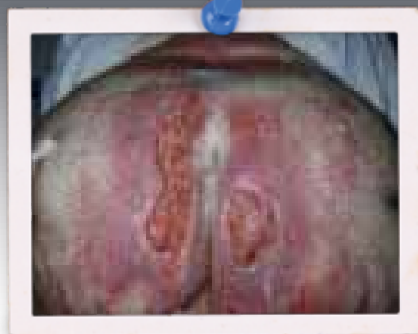
Case Study: Obesity, Pressure Ulcers and Rotation Therapy

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[Post Op Day 35]



[Post Op Day 66]



[Post Op Day 96]



[Post Op Day 126]



[Post Op Day 156]



Clinical Problem

A 29 year old unemployed, 624 pound male was admitted to the acute care facility for bariatric weight loss surgery. The patient has a long history of sleep apnea and hypertension, although no other comorbidities. Postoperative course was expected considering the patient's size, and subsequent challenges in mobility. However, the patient was reluctant to accept the specially designed, oversized equipment that was offered postoperatively; therefore, exacerbating immobility-related complications by postoperative day 33, the patient had developed full thickness pressure ulcers over the right and left buttock. Presenting to the WOCN was the challenge of managing numerous pressure ulcers, while the patient refused both a support surface and an extra wide bed that would allow him to reposition himself.

Description of Past Management

The first 8 days postoperatively, the patient was in the intensive care unit because of respiratory difficulties. Once transferred to the surgical unit, the patient grew increasingly reluctant to reposition himself in the bed, refusing a wider bed low air loss therapy or rotation therapy. Postoperative pain also interfered with activity to a lesser extent. Sharp debridement was initially performed at the bedside, which the patient tolerated poorly. Surgical debridement was necessary, which revealed three stage IV pressure ulcers over the right and left buttocks, a stage III pressure ulcer in the buttock cleft, and a stage III over the waist area.

Current Clinical Approach

A 39" wide frame with a support surface, which provided continuous full body lateral rotation (CFLRT) was employed on the 34th postoperative day. By day 35 this was readily accepted by the patient. Ancillary equipment was added as the patient became more willing to transfer, ambulate, and grow increasingly independent. Daily local treatment was conducted by the WOCN.

Patient Outcomes

Because of the surface area and the depth of the wounds involved, and the threat of deterioration of the wound based on the risk factors such as immobility, an interdisciplinary team was actively involved with prevention and intervention modalities. Objective outcomes include: full resolution of the pressure ulcers in 120 days, at which time the patient had lost 128 pounds and had become increasingly independent in activities of daily living. Subjective outcomes include: increased patient comfort, dignity, and confidence with specially designed oversized equipment, which included a means for relieving pressure and promoting independence.

Conclusion

Prevention is a cost effective alternative to treatment. Although, this particular patient was reluctant to accept prevention modalities, this would likely prevent the adverse therapeutic, cost and satisfaction outcomes associated with numerous pressure ulcers. Daily local treatment, CFLRT, and ancillary oversized equipment was provided throughout the hospitalization. The patient continues to lose weight at home, has not had a recurrence of the pressure ulcers, and is adapting to his new body.

[Local Treatment]



Local Treatment

Initial treatment began on the 33rd postoperative day with betadine scrub brushing, followed by sharp debridement. Day 40-47 acetic acid was added to reduce bacterial load and control odor. Day 48, cleanser was changed to normal saline. Intrasite Gel was applied to all wounds, damp fluffed normal saline gauze was placed into cavities, covered with dry dressings. The dressing was secured using Nu-Hope Skin Barrier Straps, which protected frail, thin skin; was changed every 3 days. Calmoseptine protective ointment was applied to the skin around the wound.



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