Bariatric Sensitivity 2011
Statistics and Health Risks

• Currently in the United States:
  • 68% of adults are overweight
  • 34% of adults are obese
  • 6% of adults are severely obese with a BMI of >40

• BMI= "Body Mass Index" This is an index of weight adjusted for the height of an individual.
According to the National Institute of Health (NIH):

• Obesity contributes to at least 100,000 deaths per year
• Obesity costs the country more than 100 Billion dollars per year
• Currently less than 1% of the NIH budget is spent on obesity research
Obesity Related Health Risks:

- People are 12 times more likely to die suddenly
- People are 10 times more likely to develop diabetes
- People are 6 times more likely to develop heart disease
- Obese people are at an increased risk for Cancer, Respiratory Problems, Gallbladder Disease, Sleep Apnea as well as Acid Reflux
Genetic Contribution to Obesity:

- Over 300 Genes have been discovered to contribute to obesity
- Genes that determines appetite
- Genes that determines Metabolism
- Genes that determines body fat

"People accept that height is genetically determined, but they are less willing to accept that a person’s weight depends on genetic makeup." ~Allen Spiegel, MD

National Institutes of Health. Allen M. Spiegel, MD, director, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, Md.
Society Views of the Obese

• Obese people are ridiculed by MDs, teachers and complete strangers (supermarket, restaurants and airlines)
• Viewed as second class citizens
• Accommodations Substandard:
  – Airlines- seating, toilet and seat belts
  – Turnstiles size restrictions
  – Restaurant booths and small theatre seating
  – Doctors scales not equipped to calculate the obese patient
  – Automobile size
Society Views of the Obese

• Studies have shown that physicians view obese patients as unintelligent, non-compliant, hostile, dishonest, unsuccessful, inactive and weak-willed.

• Physicians indicated that they prefer not to treat obese patients and did not expect success when they are responsible for their management.

• 13.2% of women reported physicians have said critical or insulting things about their weight.

• 22.5% of obese women reported physicians treating them with disrespect because of their weight.

(Foster et al., 2003)
Nursing Views of the Obese:

- Noncompliance was the most rated reason for the inability for patients to lose weight.
- The least rated reason for weight loss according to nurses is ineffectiveness of weight loss programs.
- Nurses report confidence in giving weight loss advice while only spending <10 minutes discussing the weight loss with patients.
Attitude Effects on Health of the Obese Patient

• Anti-fat attitudes across all healthcare teams affect clinical judgments and may deter obese patients from seeking medical care.
Caring for the Obese Patient

• Provide human contact
• Maintain open lines of communication
• Show compassion
• **Be Sensitive **
• Remember that Obesity is a chronic illness.
• You would not laugh at other chronic diseases such as diabetes or congestive heart failure.
• Do not tolerate behind the back whispers and jokes related to obesity.
• Be careful of what your body language can say about you!!!
When Caring for Obese Patients

• Display a non-defensive posture
• Listen
• Display a calming mannerism
• Exhibit an open and friendly attitude
• Be respectful
What happens when the patient’s needs are not met?

• Patients become distrustful
• Patients become less tolerant of uncomfortable or frightening procedures
• Patients are non-compliant/non-adherent to treatments and therapies
• Patients become less collaborative
• Patients are less communicative
• Patient becomes discouraged
• Patients become less satisfied with their healthcare

Understanding the challenges of bariatric patients is the key to providing them safe and effective quality care.
Bariatric Patient Satisfaction

• Higher level of quality care can be achieved
• Patients equate the experience of care as treatment
• Press Ganey- Obese patients ARE consumers
• Staff more content- lower turnover rate
• Hospital remains financially secure
• Risk for law suits decreased
Institutional commitment at all levels of staff to be sensitive to needs of our bariatric population

The "Right Care Every Time"

Understanding the challenges of bariatric patients is the key to providing them safe and effective quality care.
Bariatric Patients Special Needs

• Equipment considerations for sturdiness/weight limits
• Operating Room Amenities
• Operating Room table with high weight capacity

• Specialized radiology equipment
  – Specialized instruments for fluoroscopic procedures
Special Needs

Hospital/Room Amenities

• XXL patient gowns
• Patient Bed with 500lb weight capacity, and Rental beds with >500lb capacity available
• Extra large BP cuffs
• 1000 pound capacity lift- Located on 6A
• Scales with capacity of 1000lbs- Located on 6A
• Floor mounted toilets
• Bathrooms with adequate clearance and guardrails
• Extra wide wheelchairs
Critical Positioning Team

• The purpose of the critical positioning team is to assist departments who have a need regarding a patient’s position that requires an immediate need to move patients to a safe position.

• The Critical Positioning Team is comprised of environmental, security, EMS, and facility services to assist with lifting as well as a 6A team member responsible for operating the EZ Lift device.

• To notify the team, please dial 0 and provide the operator with the location of the need.

• The care giver needs to remain with the patient to assist the lift team in safely positioning the patient.
References