Choosing equipment for the heavier person

(known by professionals as bariatrics)

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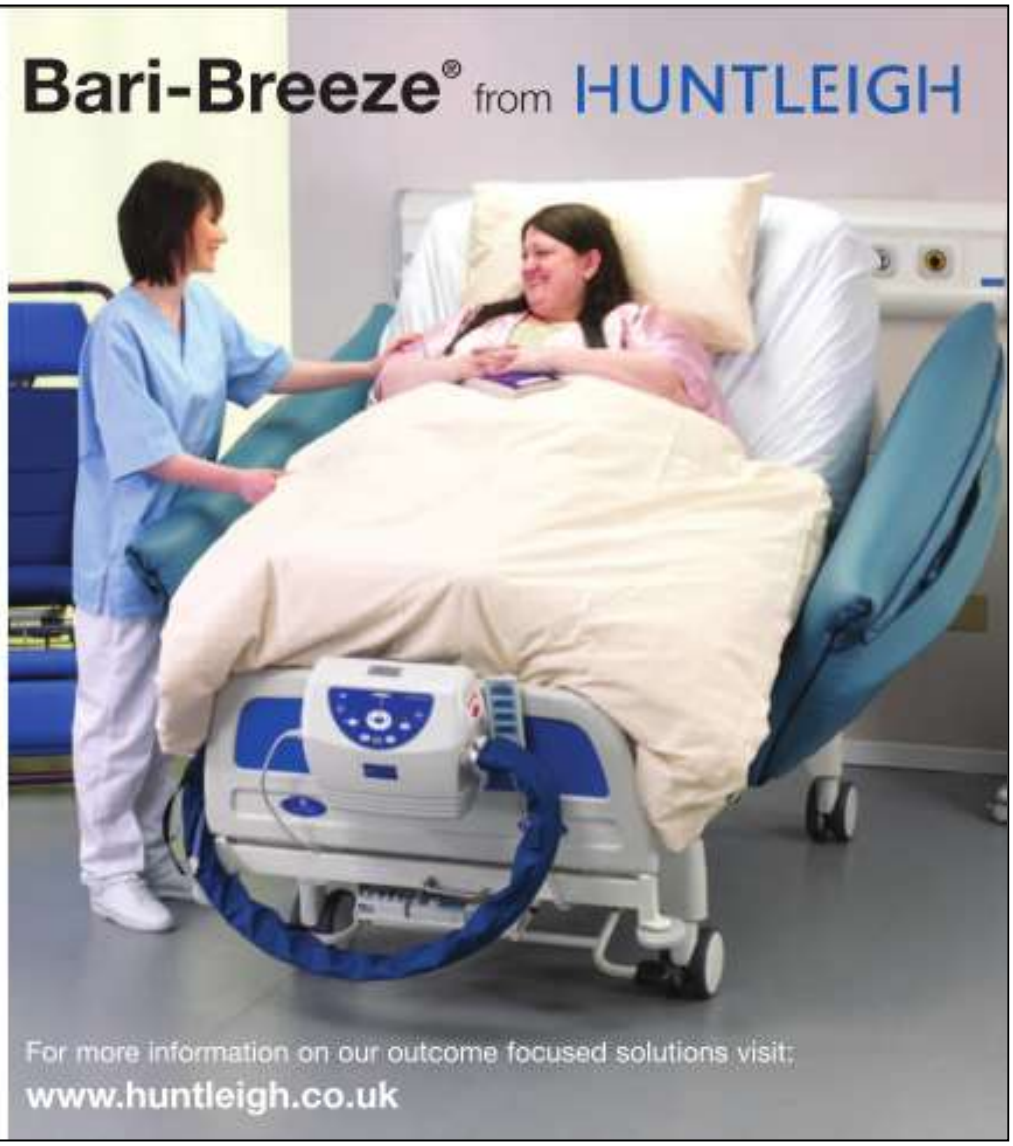

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(known by professionals as bariatrics)

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INTRODUCTION

The aim of this factsheet is to provide an overview of equipment that is designed to enhance independence and comfort, and provide assistance to bariatric people. Bariatrics is the science of providing healthcare for the heavier population and has its origins from the Greek word *"Baros"* meaning weight and "*iatrics"* (medical treatment).

There are different ways of defining bariatrics. Body weight alone is not an accurate measure (compare the health and fitness of a person of small stature weighing 20 stone to a 6ft man of similar weight). A more scientific measure is to look at the amount of fat a person carries – the Body Mass Index.

Healthy weight	10 – 20% fat
Overweight	20 – 25% fat
Moderately obese	25 – 30% fat
Severely obese	30 – 40% fat
Morbidly obese	40% + fat

Managing the care and daily living needs of bariatric people can be a challenge. In the first instance, people may feel unable to ask for help because of the stigma attached to being obese, and in households where a balanced diet has been given low priority, the care-giver may be in poor health themselves. Solutions to practical difficulties must take into account the changes in the body dynamics of a heavier person as this can cause an increased risk of injury to both the person and the carer(s), particularly during manual handling task. Training in the correct use of equipment is essential.

Choice of equipment must take into account the size and shape of the user. Equipment purely designed to take a heavier weight may not necessarily be of the right dimensions to meet the comfort and support needs of the user.

Appraisal of the environment is also essential before making choices. Equipment must fit through doorways

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and should not cause an obstruction within the room it is to be used in. If it is to be used on an upstairs floor, a safe method of moving the equipment upstairs, and the load capacity of floors and ceilings must be determined.

Some disability equipment suppliers have a range of 'heavy-duty' products for people weighing 127 – 158 kg (20 – 25 stone), and a few may have the facilities to make equipment to order. In addition, there are companies that specialise in bariatric equipment that has a higher weight limit, sometimes in excess of 250 kg and up to 315 kg. Equipment choices at this top end of the scale can be very limited.

For up-to-date product and supplier information contact the DLF equipment helpline, open Monday to Friday from 10am to 4pm, tel: 0845 130 9177 (calls charged at local rate); or if you use a text phone, 020 7432 8009 (calls charged at standard rate).

Alternatively, you can write to us or contact us via email at advice@dlf.org.uk. To help us give you a concise and informative reply, please provide us with as much detail as possible including information on the difficulties you are having and any solutions you have considered, including equipment ideas.

WHERE TO GET HELP AND ADVICE

Everyone has the right to ask social services for a community care assessment and will qualify for help if they meet local eligibility criteria. The council assessor will consider personal needs – whether they are simple or complex; whether they are many or few; and whether they are essential to independence and quality of life. If the client qualifies for help their needs will be more fully assessed and this should include a full risk assessment to identify hazards such as difficulties with moving and handling a heavy person, the level of

risk caused by the hazards (to both the client and their carers) and the action necessary to reduce risk. Help may be provided by way of a service e.g. extra carers; and/or equipment that will make managing tasks at home easier.

People don't have to accept the service or equipment offered by social services. Instead, they are entitled to ask for a direct payment that is a cash alternative, equivalent in value to the service/equipment they would have received. This money must then be used to independently organise relevant services or to buy appropriate equipment. Social services, using Government guidelines, will make a decision on an individual's capabilities to organise their own services when deciding on whether a direct payment will be appropriate.

If an individual is assessed by social services as having few needs or if remedies are simple, social services may not be able to provide direct or on-going help themselves, but should be able to suggest alternative solutions, for example an alternative method of working, or where to buy equipment locally or mail order. It may help to visit a Disabled Living Centre where you can get independent advice and try out equipment. Assist UK (previously the Disabled Living Centres Council) can provide addresses of local centres (see 'Useful Organisations').

Social services can also help carers who give regular or substantial care. Carers can request an assessment of their own needs under the Carers (Recognition and Services) Act 1995.

If you plan to buy equipment, be cautious of sales people who try to persuade you to buy equipment that may not fully meet your needs or is over-priced. Some re-assurance may be available by buying from a company that belongs to a trade association such as the British Healthcare Trades Association (see 'Useful Organisations').

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CONSIDERATIONS BEFORE BUYING EQUIPMENT

The expertise of a physiotherapist or occupational therapist can help to identify areas of need and activities that increase risk, and to decide on the best and safest solutions including the selection of appropriate equipment. Bariatric people often have complex needs, for example skin care and moving and handling issues, not only within the home but beyond e.g. transportation to hospital clinics and help in emergency situations.

When purchasing equipment, several factors need to be considered, including:

Capacity of equipment

The equipment must be strong enough to take the user's weight (and beyond). Don't purchase equipment that is just strong enough if the user is likely to gain weight.

Size of equipment

A person who is short and pear shaped (weight on the hips and thighs) will have different needs to a person who is tall and apple shaped (weight round the trunk).

Ability of the user

An assessment of how physically able the user is, is essential. The restrictions common to bariatric people are:

- Muscle weakness caused by inactivity;
- Restricted movement caused by bulk;
- Pain from over-loaded joints;
- Breathlessness on exertion.

Whilst obesity can be the cause of arthritis, diabetes, high blood pressure and heart disease, it is important to bear in mind that there may be an underlying condition that has contributed to the increase in weight, be it psychological, physical or genetic.

Inactivity + poor circulation and skin condition will increase the risk of developing pressure ulcers, so whilst this may not be the focus of the assessment, it should be considered for all areas of the assessment, e.g. beds, chairs and wheelchairs, and preventative measures taken if necessary.

Ability of the carer

Consider the number of carers required (which might vary according to the task); the carers' physical abilities and size, their knowledge of equipment and manual handling techniques.

The environment

Look at:

- Layout of the home and the location of the key rooms e.g. bedroom WC/bathroom and living room;
- Doorway width - the average door opening width of 76 cm may not be wide enough for bariatric equipment;
- Thresholds and changes in floor surface where movement of wheeled equipment might be hindered;
- Circulation space for free movement of transfer equipment and the carers
- The practicalities of moving bariatric equipment upstairs;
- The safe working load of the floor (or ceiling if ceiling-fixed equipment is being considered). A structural engineer (council or private) should be able to advise on this issue;
- Storage space for equipment e.g. hoist.

Assessing the user's weight

Knowledge of a person's weight is essential. Many people who have gained weight gradually will not have weighed themselves for years and are likely to under-estimate rather than over-estimate their weight if asked.

Domestic weighing scales with a weight capacity of 150 kg (23.5 stone) are readily available from high street stores.

Larger capacity scales are available but are more commonly used in clinics or G.P. surgeries. Versions are available with a standing platform, a chair or a ramped platform to take the person in their wheelchair.

Some hoists have the option of a weighing scale attachment.

Bed scales that weigh the unoccupied bed then subtract this from the weight of the occupied bed are also an option.

MOVING AND HANDLING

Transfer boards

Transfer boards are used to bridge the gap between two surfaces, for example a bed and wheelchair to enable a person who is unable to stand to transfer, shuffle across. The user must have sufficient strength in their arms to assist themselves by lifting up their buttocks to move sideways in stages. Transfer boards are designed for independent use

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- the carer should not be involved in assisting the transfer.

Heavy duty transfer boards are available up to a capacity of 250 kg and beyond. However, if the user is very large, their buttocks will overlap the relative narrow depth of a transfer board, possibly causing discomfort and a feeling of insecurity. Also getting leverage to push up and shuffle can be difficult if bulk is distributed around the waist and hips. Therefore transfer boards are more successfully used with people who are at the lower end of the bariatric scale.

Sliding sheets & fabric rollers

These are double layers of slippery fabric (a roller is like a sleeping bag in cross-section) used as a reposition tool, giving the carers the ability to slide rather than lift the person into position, e.g. on a bed. Positioning the roller under the person on a bed is usually by rolling the person from side to side and tucking the sheet under. This manoeuvre may be difficult and require several carers. Carers may also have difficulty positioning themselves close to their client if he/she sleeps in a wide bed.

Sliding sheets can be used to help reposition a heavy limb and will prevent dragging the skin across a surface which is potentially damaging**.**

Hoists

Hoists are used to lift and transfer people who are unable to take weight through their legs. A range of hoists is available that will take a working load of 190 kg/30 stone with safety. There are basically two styles of hoist: mobile hoists and overhead hoists.

Mobile hoists

Mobile hoists are used by carers to transfer a person over a short distance e.g. bed to chair. The person is usually lifted in a sling, with the lifting arm being raised and lowered by battery power.

The hoist is turned and re-positioned manually and this can require considerable effort on behalf of the carers. For this reason an overhead hoist may be preferred.

Overhead hoists

Overhead hoists run on tracking that can be fixed to:

- the ceiling;
- wall-to-wall, spanning the room from one side to the other; or
- on a free-standing gantry.

Assessment of the strength of the ceiling or walls will determine whether tracking can be fitted (advice from a structural engineer may be required). If they are assessed as not being strong enough then the option is to use a gantry frame. Gantry-fixed hoists are simplest to install as they require no permanent fixing. Some gantries are designed to be portable and easy to assemble.

Overhead hoists offer the facility to lift and lower, and move sideways powered by mains electricity or a battery pack. Their disadvantage is that once installed, they can only be used in a defined area.

Slings

Both mobile and overhead hoists lift the person in slings. Sling selection may not always be straight-forward because the person's weight, size and their weight distribution needs to be considered. If someone is pear-shaped, for example, with the bulk of their weight around the hips and thighs, a sling with long leg sections will be required.

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Sling fabric can be quite abrasive when space is tight and skin condition is poor. To make positioning a sling easier, a sliding sheet or roller sheet (thin, slippery fabric that slides easily over itself) can be positioned first, and used to glide the sling into position, both behind the back and under the thighs.

When choosing a hoist consider:

- Weight of the user;
- Capacity of the hoist and slings;
- Types of transfer required;
- The required distance of travel;
- Floor surfaces;
- Loading capacity of ceiling/floor/walls;
- The upper and lower lifting limits of the hoist (to ensure clearance when lifting off a bed, from the floor);
- Space around and underneath furniture (if considering a mobile hoist);
- How much the person can assist the carers;
- Number of carers.

Lifting from the floor

The need to lift from the floor is relevant if the person is at risk of falling. If falls do occur, it is important to assess for injury first. If there is cause for concern, call the emergency services.

Some hoists can lift from the floor, but if the fall occurs outside the area covered by the hoist an alternative method of lifting will be needed.

A possible solution is a lifting cushion, an inflatable device that lies flat to the floor when deflated to make getting onto the cushion easier. Compressed air inflates the cushion bringing the person up to a sitting position, capacity 315 kg.

CHAIRS

Consideration must be given to:

- The weight and shape of the user;
- How much time is spent in the chair?
- Purpose of the chair;
- Position within the room (location of TV, window, door, lamp etc)
- Other equipment the chair is to be used with e.g. hoist, cantilever table

A chair should provide comfort and support for chair-based activities such as reading and watching TV, and any special hobbies the client may have.

To facilitate standing from sitting, chair dimensions are critical. The ideal of 90 degrees at the hips, knees and ankles, may not be possible if the person has bulk around their stomach and thighs so a recline on the backrest might be needed.

Armrests should provide a firm surface to push up from and should extend at least to the front of the seat. Detachable/drop down armrests can help positioning of slings should the person use a hoist for transfers.

People who have difficulty standing from sitting may be assisted if they use a riser chair. These can be spring assisted or powered. The seat, seat unit or the entire chair rises and tilts to help bring the user up to a standing position. The user must have sufficient strength in their legs to brace their knees back as they rise up from sitting.

People who have difficulty transferring may spend the majority of the time, day

and night, in their chair and consequently a powered recliner, may best meet their needs. Lying flat to sleep may be impossible due to shortness of breath, so a semi-reclined position with legs up would be a compromise. A dual motored chair gives the ability to adjust the leg rest independent of the backrest angle gives more choice of position, helping pressure distribution; and the ability to sit with legs up for periods during the day can help reduce swelling. Transferring into a recliner using a mobile hoist can present a problem if the chair base is wide and filled-in, making it difficult to fit the hoist chassis around or underneath the chair base.

Some high seat chairs and riser/recliner chairs can have integral pressure reducing cushions, and this may be necessary for someone who sits for long periods of time and is unable to shift their weight within the chair. Having pressure reduction integral to the chair is preferably to adding a separate pressure reducing cushion as the latter changes the proportions of the chair.

BEDS

Consideration should be given to:

- The position of the bed within the room;
- Transfers on and off the bed;
- Changing position in bed;
- Special requirements.

Bed position

Decide whether access to the bed needs to be from either sides or one side only.

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The position of fixtures and fitting within the room e.g. power point, window;

- Method of transfer. If independently transferring, does the person prefer to transfer from a particular side? If assisted, allow space for the carers and transfer equipment;
- The tasks carried out on the bed - do carers need access from both sides, for bed bathing, for example?

Bed transfers

Height of the bed is critical if the person is transferring independently: a bed that is too low is difficult to rise from; a bed that's too high is difficult to shuffle back on and to lift the legs up on to. Also the firmness of the mattress will make a difference. An old mattress or one that is soft 'gives' under body weight, so is difficult to shuffle on or to get assistance from when pushing up to stand.

Equipment that can help with independent bed transfers includes:

- Bed block positioned under the legs of the bed to raise up a low bed;
- A bed lever – a handle that fits between the mattress and the bed base to provide a handhold when pushing up to standing from sitting;
- A leg lifter, a powered device that lifts the legs up level with the mattress;

- A sliding sheet – slippery fabric that can help sliding backwards and turning on a bed.

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There are a few beds that tilt from horizontal to vertical to assist a person who is unable to transfer sideways onto a bed. The bed brings the user up into a standing position enabling them to walk off the end. These beds are large and can be too big to use at home.

In addition, a few profiling beds can raise into a full sit-up position with the lower legs down again making it possible to transfer from the end of the bed.

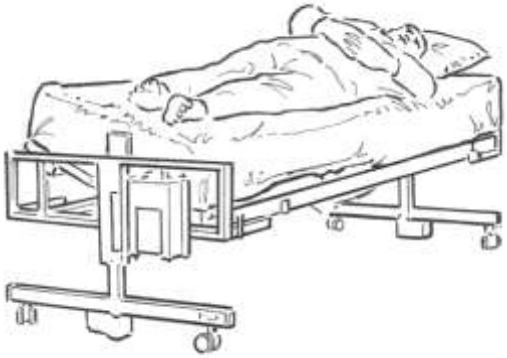
Hoist to bed transfers

If a hoist is used for transferring, make sure there is sufficient clearance under the bed for the hoist chassis, and that the hoist lifts to a height to adequately clear the bed.

Changing position in bed

A larger person may well need a wider bed to enable them to turn safely without falling out of bed. Bed levers can be used to pull on to make independent turning easier. If help is required to turn over, a wider bed can present problems to the carers because they have to reach across the width of the bed to give assistance.

Beds that turn the user from side to side automatically can solve the difficulty of turning.



device that raises the head end of the mattress up, putting the user in a sitting position with their legs straight out in front. There is a risk of sliding down in bed when using these devices. A footboard placed across the bed at feet level can provide an anchor.

Similarly, profiling beds adjust to a sit-up position. These beds have a mattress platform made up of sections that are hinged together so that the platform changes shape to support the user in a range of different positions. They have the advantage that profiling also occurs at knee level and this can help stop downwards slide. Some mattress platforms have just three sections which means the user is sitting in a 'V' – not comfortable for people who are pear-shaped. A bed base with a minimum of four sections, means the seat section will remain horizontal, opening out the sitting position and distributing pressure through the buttocks more evenly.

Some profiling beds also adjust in height to meet the needs of both the person and carer.

Special requirements

Typically these can be:

- Shortness of breath;
- Circulation difficulties;
- Skin vulnerability.

Some people may be unable to lie down due to breathing difficulties. Trying to maintain a comfortable sitting position using pillows is not always successful because the pillows shift and flatten. A mattress inclinator or a profiling bed may provide a better solution. If the person carries weight around the gluteal region, it can make leaning onto the backrest difficult and a pillow may need to be placed above the buttocks to fill in the gap.

If breathing difficulties are caused by obstructive sleep apnoea (which can be caused by excessive weight around the

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neck pushing on the airway and blocking it) contact your G.P. for medical advice, and the Sleep Apnoea Trust, who can provide addresses of local sleep clinics. If blood flow is sluggish and legs are swollen, a profiling bed that elevates the legs above hip height can help return fluid back up to the heart.

People who have difficulty changing position, have sluggish circulation, sweat excessively, have a poor diet or have difficulty with personal hygiene because of their size will be more vulnerable to pressure ulcers. An adjustable bed i.e. a profiling bed or one that turns from side-to-side helps to re-distribute weight.

Beds can also be fitted with a special mattress to more evenly distribute pressure. The mattress needs to accommodate the user's weight and work on the bed it is to be used with. Refer to DLF factsheet "Choosing pressure relief equipment" for information on the types of mattresses available.

MOBILITY

Walking

It is inappropriate for a carer to assist a bariatric person to walk because of the risk of back injury should the walker rely too heavily on their carer.

Walking aids help by providing steadying support and by taking weight off a painful leg, transferring a proportion of the weight through the user's arms. Walking sticks, crutches and walking frames are all available with a higher capacity for a heavier user.

Walking frames are design so that the user steps part-way into the frame and not just up to it. In this way the user is able to get their body weight over the handles to gain maximum support. People who are very wide might find that a standard sized frame will not accommodate their girth. A few frames are extra wide, but their drawback is that they can be cumbersome to use and may be difficult to manoeuvre through

doorways. However, independent mobility, even in small amounts, is better than none and these walking frames can assist during standing transfers and provide steadying support whilst a carer assists with dressing, for example.

Wheeled walking frames are pushed forwards rather than lifted, so are less cumbersome to manoeuvre but there may still a problem with doorway width. Some can have a tray or basket attachment making it easier to carry things.

Overhead hoist and some mobile hoists can be used to support a person in standing. The person's body weight is partly supported in a walking harness or lift pants. This equipment is more commonly used as part of a rehabilitation programme.

Getting up and down stairs

A second stair rail can help to get up and down stairs, if the person purely needs a higher degree of support. The rail must be securely fixed to a solid wall.

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Breathlessness, heart problems or restriction in movement can make stairs too difficult. Sometimes it is possible to install a stairlift (maximum capacity 180 kg). The alternative is to provide facilities downstairs.

Manual wheelchairs

Limitations of reach and stamina make self-propelling a wheelchair a difficult task for bariatric people over any distance. A low-seated wheelchair gives potential for the wheelchair user to assist hand propulsion by paddling with their feet. People that carry a lot of weight around their stomach and thighs are likely to be more comfortable if the backrest is angled back. A high backrest with a reclining option gives a more comfortable sitting position when at rest.

Wheelchairs that are wide and have a heavy occupant are difficult for a single carer to manoeuvre and tiring to push over any distance.

Wheelchairs should be fitted with a cushion that corresponds in size to the wheelchair seat and which is suitable for the person's weight. The cushion should be ordered at the time of the wheelchair assessment because adding a cushion afterwards will change the seat to footrest length, the distance between the armrests and the seat, and the reach to the propelling rims on the rear wheels of the wheelchair.

Powered wheelchairs & scooters

A range of powered wheelchairs and scooter is available with a capacity in excess of 160 kg but their size and level of manoeuvrability can make it difficult to use them in the average home. However, they can give independent outdoor mobility.

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Both styles of vehicle can be driven forwards and in reverse, and although reverse may not be used that often, it is needed for tight manoeuvring. If the driver has difficulty turning to see behind them, wing mirrors might help. Some vehicles are capable of climbing kerbs, but it is safer and more comfortable to cross the road where the kerb has been dropped. It's also important to keep in mind that the performance of the vehicle (as given in the manufacturers specifications) is determined with an average sized person driving, and will decrease with a heavier driver.

Wheelchairs provide a more supportive seat than scooters. Footrests are flipped up when transferring in and out of the seat. Some models have detachable armrests that make it possible to transfer into the seat from the side or using a hoist. The controls for wheelchairs are positioned on the armrest, or can be at the back to enable a carer to take control. A few companies can build a powered wheelchair to order to cater for personal needs.

The majority of scooters have a swivel seat that helps when getting on and off, and often the armrests can be flipped back. Armrests when down give a hand-hold when sitting down and standing up, but can restrict width within the seat. Controls are mounted on a tiller that is turned left and right to steer the scooter. Check the space between the seat and the tiller, and that controls can be easily reached.

Both powered wheelchairs and scooters need to be stored in a secure place and with larger vehicles a garage or shed is often required. Batteries must be charged up regularly using a charger that plugs into the mains. The position of the

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charging point on the vehicle will affect how easily this can be done independently.

PERSONAL CARE

The bathroom environment in most homes is small making it particularly difficult for people of larger stature, and will be more restricting if help from equipment and/or a carer is required. More space can be obtained by knocking the toilet and bathroom into one and by changing an inward swinging door to an outward swing.

Washing

Keeping the skin clean, especially in difficult to reach places and in skin folds can be difficult, but is essential for health and hygiene. Accessing the bath is not often an option. Alternatives are to:

- Strip wash at the wash basin;
- Shower.

A heavy duty perching stool (capacity 250 kg) can be used to rest on whilst washing at the wash basin. Armrests on the stool provide some sideways security and a handhold to push on when standing up.

Showering provides a more satisfactory alternative to bathing and, whilst the needs of other household members should be considered, the usual option is to replace the bath with a shower, or convert the bathroom into a wet room.

Shower trays are available in a wide range of sizes and some can take up the space previously occupied by the bath using the existing plumbing so that installation is simpler. They can have a level or ramped access so make walking in easier, or to enable use of a mobile shower chair. If a larger area is required or there are concerns about the capacity of the shower tray, convert the bathroom into a wet room by laying a suitable anti-slip flooring and tiling the walls.

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If the user is to be seated whilst showering check that:

- The chair fits into the shower area, leaving elbow room and space to lean sideways and forwards for washing;
- The person can reach the shower controls from a seated position.

Half doors across the front of a cubicle or to section off a shower area will be less restricting than a completely enclosed shower, reduce water spillage out of the area, and can help to keep a carer dry.

Static and mobile shower chairs are available with a large user capacity. If a static shower chair is used check the strength of the shower tray because weight distribution through the four legs of the chair can puncture some acrylic trays.

Mobile shower chairs enable the person to prepare for their shower in a bedroom where there is more space, and then be wheeled through to the shower. Be sure that the person is covered with towels or a dressing gown to preserve their dignity when moving from one room to another.

Check the thresholds and floor surfaces to ensure movement of the shower chair will not be impeded and that the chair can be turned within the bathroom and manoeuvred within the shower. Brakes are essential to keep the chair stationary during transfers.

People, who spend the majority of time in bed, may be able to transfer into a mobile shower chair using a hoist. If this is not possible a bed bath would be the only option, so a bed that rises to a

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convenient height for the carers and access to both sides of the bed would be required.

After washing, it is essential to dry the skin especially under the folds because leaving skin wet encourages fungal and bacterial growth. Sometimes, placing a soft cloth between the skin folds will reduce friction and absorb moisture.

Toileting

The working load of the WC should be checked. A wall-fixed WC pan is particularly unsuitable. The seat on a standard sized toilet is often inadequate and causes pinching.

A WC is available for a larger person that has a wider, deeper seat and a larger user capacity. The size of the aperture remains similar to a standard toilet (so can safely be used by children).

A standard WC can be adapted in a variety of ways to make it more comfortable and to provide better support, although space around the WC can limit what can be used.

A raised toilet seat can give a higher seat height, but seat size is similar to a standard WC seat so may only be suitable for people who are lower down the bariatric scale. The seat must be firmly secured: If the user drops down onto the seat, it may be safer to opt for one that replaces the existing WC seat and uses the bolt-holes at the back of the pedestal to secure it. Reaching to clean

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is easier if there is a substantial cut-away at the front of the seat. Grab rails on the wall can provide a handhold to pull on. If wall-fixing alone is not adequate, some drop-down rails can have an extra support leg, distributing some of the load through the floor. These need to be mounted on the wall behind the WC. Another option is a floor to ceiling rail that is secured with screws at both ends, and can also have a separate horizontal rail attached to the side wall.

A raised toilet seat frame combines a raised seat on a frame, and can be adjusted in height to suit the stature of the users. Some styles have a squarer seat giving a larger area to sit on. Frames can be bolted to the floor to prevent tipping. Check that there is room either side of the toilet to accommodate the frame and that the toilet waste, if it exits sideways, doesn't get in the way of the back legs.

Toilet chairs are also available that include a backrest to increase comfort and stability. Check that the chair backrest doesn't obscure the WC flush.

Some toilet chairs are mobile so can be wheeled over the toilet (space permitting), and as with the mobile shower chairs, the person can transfer into the chair in their bedroom, using a hoist if necessary. Over-toilet chairs usually have fittings to take a commode pan so if there are occasions when the user is less able; the commode option can be used.

Combining a shower and a toilet chair will cut down on the amount of equipment in the home, and the number of transfers.

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Commodes

If access to the WC is impossibly, or physically, the person is unable to move any distance, a commode will be required. The commode can be positioned, for example, beside the bed to reduce the distance of travel to the commode both for a person who can stand and independently transfer, and for people who transfer using a hoist. A range of static commodes are available with features such as:

- Wooden or metal frame;
- Wide seat with a central aperture;
- removable armrests and/or a removable backrest, to make positioning on the commode easier if transfers are via a hoist;
- height adjustment.

Check how the commode pan it positioned – some slide in from the back and this might present problems if the commode is placed with its back to a wall.

A mobile commode gives the opportunity to bring the commode to the person when the need arises, but then taken away and stored elsewhere.

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Visit www.dlf.org.uk/training for details

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Portable urinals

Urinals are useful for night time, for people who are very immobile and also for emergencies when there's not enough time to transfer. Versions are available to comply with the male and female anatomy, but are easier for men to use than women. A perching or sitting position is best although some designs can be used in lying. For women, if there's lots of bulk around the thighs, it may be difficult to position ones that are designed to fit snugly to the female anatomy. Consider using a wider necked receptacle.

Incontinence

The majority of bariatric people have stress incontinence and will require pads of an appropriate size. A referral to the incontinence adviser for assessment will ensure that the pads prescribed are fit for the purpose.

If solutions to toileting difficulties can not be found, then the person can be catheterised.

CLOTHING & FOOTWEAR

Clothing

Loose fitting clothing is easier to manage and more comfortable. Avoid clothing styles that could cause restriction to blood flow or irritation such as tight straps, waistbands, collars, cuffs and sock/stocking tops. Fabric choice should be considered for ease of wear and laundering. Natural fabrics are more absorbent and tend to be kinder to the

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skin; synthetics are easier to launder and some are stretchy. Front fastenings are better for independent dressing. Small fastening will be difficult for large or oedematous fingers to manipulate. Velcro can be used to replace buttons, but be sure that the garment is generous in size or Velcro will part under strain. Clothing can influence how well toileting procedures are carried out. For men, trousers with a long length fly zip helps when positioning a urinal. Edgware braces are a home-made idea that stops trousers falling down round the ankles when they are dropped to sit on the toilet (contact DLF Helpline for pattern). For women, fuller skirts and dresses are easier to adjust when using the WC. It's generally easier to pull up the bottom layer than pull it down (as the latter presents problems of reaching down to pull up afterwards). Wrap over designs can help by being easier to put on and because the overlap can be pulled open.

It can be difficult for women to find under-garments that are large enough or comfortable to wear. Wide-legged French knickers are less likely to dig into the thighs, and if lose enough can be pulled to one side to use a urinal. Bra straps can be made more comfortable by fixing a padded guard to the shoulder strap, and the back can be lengthened by using an extender that hooks onto the existing back fastening.
It's often difficult to find clothing of the right size and style via high street shops. The DLF Helpline can supply addresses of mail order suppliers. There's also a few clothing services around the country that can make or adapt clothes to meet individual needs. For further information see the DLF factsheet "Specialist clothing services".

Footwear

If a person is to be encouraged to move their footwear must fit and be comfortable.

Inactive people often have swollen feet and the joints of the foot can be particularly painful because they are taking all the person's weight. The arches

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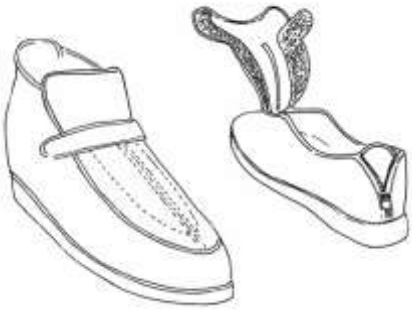
of the foot may well have fallen and will need supporting within the footwear. Poor diet may cause gout and also diabetes. Diabetes over a long time can result in poor circulation and reduced sensation. People with poor circulation and who do not move will have difficulty keeping their feet warm.



Footwear that opens to the toe is easier to put on. Extra width and depth is needed to accommodate swelling. Supportive insoles can make weight bearing more comfortable. Soft leather and cushioning can protect the skin against pressure ulcers. Thicker soles give more heat insulation. Fleece-lined slippers can be worn when at rest.
A long handled shoe horn can help to put shoes on. Reaching down to do fastenings may be difficult. Velcro is easiest and can also be adjusted if swelling varies throughout the day.

The British Footwear Association has information on suppliers of 'hard to find footwear' on their web site www.britfoot.com; or contact the DLF Helpline information.

If off-the-shelf footwear is not suitable, footwear can be made-to-measure. This is sometimes available through a local hospital via a G.P. referral, or it can be bought privately.

DIET & EXERCISE

It should be remembered that the diet of bariatric people is often lacking in essential proteins, vitamins and minerals contributing to ill health and lethargy. It is advisable to seek advice from a dietician, so that a diet appropriate to an individual's needs and exercise levels is adopted. The British Dietetic Association has a register of dietician and manages a

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website www.bdaweightwise.com with information on eating well.

HIRE

Many of the companies supplying bariatric equipment offer a hire service. Contact the DLF Helpline for contacts.

USEFUL ORGANISATIONS

Assist UK
Redbank House
4 St Chad's Street
Manchester M8 8QA
Tel: 0870 770 2866
Text: 0870 770 5813
Fax: 0870 770 2867
Email: general.info@assist-uk.org
Website: www.assist-uk.org

Assist UK is the National network for advice on independent living equipment. Currently there are over 50 member Centres.

British Dietetics Association
5th Floor, Charles House
148/9 Gt Charles Street
Queensway,
Birmingham B3 3HT
Tel: 0121 200 8080
Fax: 0121 200 8081
Email: info@bda.uk.com
Website: www.bda.uk.com

Has a register of dietician and manages a website www.bdaweightwise.com with information on healthy eating and diet.

British Healthcare Trades Association
New Loom House
Suite 4.06, 101 Back Church Lane
London E1 1LU
Tel: 020 7702 2141,
Fax: 020 7680 4048
Email: bhta@bhta.net
Website: www.bhta.com

Represents healthcare companies that supply products and services for people with specific physical requirements. A code of conduct governs all members

Continence Foundation
307 Hatton Square

16 Baldwins Gardens
London EC1N 7RT
Tel: 020 7404 6875
Fax: 020 7404 6876
Helpline: 0845 345 0165 (Mon- Fri 9.30am – 1pm)
Email: continence-help@dial.pipex.com
Website: www.continence-foundation.org.uk

Provides information and advice to the general public and those professionally concerned with continence issues. Publishes leaflets, factsheets and reports, a directory of continence products and an index of local continence services.

National Obesity Forum

PO Box 6625
Nottingham NG2 5PA
Tel/Fax: 0115 846 2109
Email: info@nationalobesityforum.org.uk
Website: www.nationalobesityforum.org.uk

Organisation for professional and the general public with advice on a wide range of issues relating to obesity including care management, diet and exercise.

Sleep Apnoea Trust

12a Bakers Piece
Kingston Blount
Oxon
OX39 4SW
United Kingdom
Tel 0845 6060 685
Website: www.sleepmatters.org/

Offers practical advice. Can provide details of local sleep clinics.

Toast – The Obesity Awareness and Solutions Trust

The Latton Bush Centre
Sourthern Way
Harlow
Essex CM18 7BL
Tel/fax: 01279 866010
Helpline: 0845 0452 225
Email: Obesity.helpline@toast-uk.org.uk
Website: www.toast-uk.org

Raises awareness of obesity and related issues with policy makers. Runs a help and information service.

DLF online

The majority of DLF's advice is now online. If you would like advice and support to get online or information on local courses about getting online please visit one of the following websites.

Age UK
http://www.ageuk.org.uk/work-and-learning/technology-and-internet/
Call **0800 169 8787**

BBC Webwise
http://www.bbc.co.uk/webwise/
Call **08000 150 950**

Digital Unite
http://learning.digitalunite.com/category/using-the-internet/
Call **0800 228 9272** Or you can write to them
Digital Unite Limited, Unit 2B Poles Copse, Poles Lane, Otterbourne, Winchester, SO21 2DZ

Go On
http://www.go-on.co.uk/
Call 0800 77 1234
UK online centres, The Quadrant, 99 Parkway Avenue, Parkway Business Park, Sheffield, S9 4WG

UK Online Centre
http://www.ukonlinecentres.com/

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Authorisation Code* ☐☐☐ Issue No. *Switch Only* ☐

* This is the last three digits found on the signature strip on the reverse of your card

Cardholder's Signature _____ Date _____

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