The Nursing and Midwifery Planning and Development Unit, HSE West/Midwest

Bariatric Care: ‘A Multidisciplinary Approach to a Multifaceted Condition’ Conference

March 7th 2018

@nmpduwest  #bariatriccare2018
INTRODUCTION

The Nursing & Midwifery Planning Development Unit (NMPDU), HSE West/Mid-West would like to take this opportunity to welcome you to our conference.

The aim of this conference is to support nurses, midwives and multidisciplinary healthcare professionals, to enhance their awareness, understanding, and knowledge of bariatric care as a challenge for the population. Ireland’s health and wellbeing profile is changing, obesity is fast becoming the most significant threat to our health, with 6 in 10 adults, and 1 in 4 children in Ireland, categorised as being obese or overweight.

The philosophy of this conference supports the need to provide care to individuals who have been diagnosed as obese, and recognises the importance of addressing the physiological, psychological and sociological needs of patients in a holistic compassionate manner. The delivery of quality care which is underpinned by best evidenced based practice is vital. The speakers at this conference will present you with current best available evidence, and specialised knowledge of bariatric care. We recognise the significance of building on healthcare professionals’ prior knowledge and understanding in the management of bariatric care.

The conference provides a platform for multidisciplinary healthcare professionals to share current knowledge, and discuss care trends within an Irish context, while taking into consideration policy documents such as; ‘A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016- 2025’ and ‘The Healthy Ireland Framework 2013-2025’.

The contribution of patients and their personal experiences to this conference will enhance healthcare professionals’ understanding of the complexity of this condition, and the need for compassionate care in our interactions with patients/service users.

We would like to thank all our presenters, clinicians and session chairs for taking time from their busy schedules to share with us today, their knowledge and expertise of bariatric care from a multi-disciplinary perspective. Many thanks to all who submitted posters, your efforts are much appreciated. We would encourage all delegates to take time to visit the poster display throughout the day.

Many thanks to the organising committee and administrative staff who have worked so hard to bring this conference to fruition; thank you for the long hours and attention to detail you have put in to make this day a success.

Finally, to our delegates who have come from far and wide, we hope you enjoy today and take the opportunity to network with other delegates to inspire and foster personal learning.

Mary Frances O’Reilly
Director, NMPDU, HSE West/Mid-west Galway
CONTENTS

PROGRAMME

BIOGRAPHIES

POSTER No1 - The Management of Chronic Oedema with the use of compression hosiery in obese patients can prevent complications and improve quality of life

POSTER No2 - Changes in quality of life, dietary, activity and self-monitoring behaviours among severely obese individuals attending a multidisciplinary weight management programme

POSTER No3 - Managing Manual Handling issues of Service Users with Bariatric Needs

POSTER No4 - Bariatric Matters: A sizeable Problem

POSTER No5 - A multidisciplinary approach to the management of a bariatric patient post stroke

POSTER No6 - The importance of multidisciplinary team in metabolic surgery

POSTER No7 - Nutritional Food Labelling Awareness in the Community

POSTER No8 - Perioperative positioning of Bariatric Patients

Contact Details

- CNME Galway
- CNME Castlebar
- CNME Limerick

NOTES PAGES
## Bariatric Care: A Multidisciplinary Approach to a Multifaceted Condition

### CONFERENCE PROGRAMME

**08.00-08.30**

**Registration & Refreshments**

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30 - 8:40</td>
<td>Welcome</td>
<td>Ms Mary Frances O’Reilly. Director NMPDU</td>
</tr>
<tr>
<td>08.40 - 08:50</td>
<td>Opening Address</td>
<td>Ms Mary Wynne, Interim Nursing and Midwifery Services Director</td>
</tr>
<tr>
<td>08.50 - 09:20</td>
<td>A Healthy Weight for Ireland Obesity Policy and Action Plan (2016-2025)</td>
<td>Professor Donal O Shea, Clinical Lead for Obesity, HSE.</td>
</tr>
</tbody>
</table>

### Session 1 Chair – Ms Mary Wynne, Interim Nursing and Midwifery Services Director

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.20 - 09.50</td>
<td>Medical Management of Bariatric Patients</td>
<td>Professor Francis Finucane, Consultant Endocrinologist, GUH</td>
</tr>
<tr>
<td>09.50 - 10.20</td>
<td>Dietary Management of Severe Obesity</td>
<td>Ms Katriona Kilkelly, Dietician, Community Healthcare Organisation 2</td>
</tr>
<tr>
<td>10:20 - 10.50</td>
<td>Bariatric and Metabolic Surgery</td>
<td>Mr. Chris Collins, Consultant Surgeon, GUH</td>
</tr>
<tr>
<td>10:50 – 11.00</td>
<td>Questions &amp; Answers Session</td>
<td>Panel Discussion</td>
</tr>
<tr>
<td>11.00 – 11.30</td>
<td>Coffee Break</td>
<td></td>
</tr>
</tbody>
</table>

### Session 2 Chair – Dr Georgina Gethin, Head of School of Nursing & Midwifery, NUIG

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:30– 11:50</td>
<td>The Clinical Nurse Specialist’s role in Obesity Care</td>
<td>Ms. Helena Griffin, Clinical Nurse Specialist Obesity</td>
</tr>
<tr>
<td>11:50– 12:20</td>
<td>Patient Stories</td>
<td></td>
</tr>
<tr>
<td>12:20 – 12:50</td>
<td>Compassion-Focused Therapy for People with Severe Obesity</td>
<td>Dr. Mary Hynes, Senior Psychologist, Bariatric Services, Galway</td>
</tr>
<tr>
<td>12:50 – 13.00</td>
<td>Questions &amp; Answers Session</td>
<td>Panel Discussion</td>
</tr>
<tr>
<td>13.00 – 14:00</td>
<td>Lunch</td>
<td></td>
</tr>
</tbody>
</table>

### Session 3 Chair – Mr Martin Greaney, Head of Health and Wellbeing, Community Healthcare Organisation 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 14.30</td>
<td>Healthy Eating and Active Living Programme</td>
<td>Ms Sarah O Brien, National Lead, Healthy Eating Active Living Programme</td>
</tr>
<tr>
<td>14.30 – 15.00</td>
<td>Physical Activity, Sedentary Behaviour and Obesity</td>
<td>Mr. Alan Donnelly, Associate Professor Exercise Physiology, University Of Limerick</td>
</tr>
<tr>
<td>15.00 – 15.10</td>
<td>Questions &amp; Answers Session</td>
<td>Panel Discussion</td>
</tr>
</tbody>
</table>

### Session 4 Chair – Ms. Alison Enright, Health & Social Care Professions Development Manager

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.15 – 16.00</td>
<td>Multidisciplinary Panel Discussion</td>
<td>Ms. Cathy Breen, Dietician, Loughlinstown Ms. Denise Dunne, Physiotherapist, Croi Ms. Anita Singyard, Occupational Therapist, CHO 2</td>
</tr>
<tr>
<td>16.00 – 16.20</td>
<td>Closing Remarks &amp; Poster Presentation</td>
<td></td>
</tr>
</tbody>
</table>
Professor Donal O’Shea is a consultant endocrinologist at St. Columcille’s and St. Vincent’s University Hospitals and a clinical professor of medicine, University College Dublin. Donal qualified from University College Dublin in 1989. He studied obesity in London and now runs an obesity service and is the HSE lead for obesity in Ireland.

Professor Francis Finucane is a consultant endocrinologist at Galway University Hospitals and an honorary personal professor in medicine at NUI Galway. Prior to this he was awarded an MD from the University of Dublin for research on the mechanistic basis for type 2 diabetes in young people and then he completed an MRC-funded post-doctoral career development fellowship at the Institute of Metabolic Science in Cambridge, UK. Since returning to Ireland in 2010, Dr. Finucane has established a regional bariatric service for patients with severe and complicated obesity. He chairs the regional Diabetes Service Implementation Group for the West of Ireland, is a member of the National Clinical Advisory Group for Diabetes and is the clinical lead for endocrinology for the Saolta University Healthcare Group. He is on Council at RCPI and chairs the Obesity Section of the Irish Endocrine Society.

Katriona Kilkelly graduated from The University of Ulster with a B.Sc (Hons) in Nutrition and Dietetics. She has been a Dietitian since 2005 working in both hospital and community settings. She worked as Dietitian in Specialist Weight Management Service in Galway University Hospital from 2009-2017, providing a service to the Bariatric Medicine and surgical services. In 2017 she moved to her current post as Primary Care Diabetes Dietitian in East Galway. She is an accredited DESMOND educator. She is passionate about weight management and endeavours to incorporate evidence based strategies for weight management into Primary Care.
Mrs Helena Griffin, commenced her career as a registered nurse and midwife, gaining experience in both thoracic and renal units. In 2003, Helena completed a BSc in Nursing in NUI Galway. Following on from this, Helena completed both a Certificate in Nursing Management (DIT) and Higher Diploma in Diabetes (DCU). Before taking up her post as a Bariatric Clinical Nurse Specialist (CNS) and co-ordinator of the Bariatric service in Galway in 2006, Helena worked as a CNS in the Diabetes Unit in Galway. In her current role, Helena is an educator delivering both the Counter Weight and DESMOND programmes (Diabetes Education Self-Management Ongoing and Newly Diagnosed). As a member of a multidisciplinary team she is actively involved in various research projects in the areas of Bariatric Medicine and Surgery.

Dr Mary Hynes is a Senior Clinical Psychologist in Galway University Hospitals. She has extensive training in psychological therapy and over 25 years’ experience as a Clinical Psychologist. She specialises in Bariatric assessment, weight management and mental health evidenced based interventions. Dr Hynes currently works in a specialised position in the Department of Diabetes, Endocrinology and Metabolism in GUH. She has recently completed a RCT in the area of Compassion-Focused Therapy for Severe Obesity.

Sarah O’Brien, National Lead – Healthy Eating and Active Living Policy Priority Programme. As National Lead for the Healthy Eating and Active Living Programme, Sarah is responsible for ensuring that key national policies, Healthy Weight for Ireland and Get Ireland Active are implemented across the health services and funded agencies. For the past 16 years, Sarah has worked in the Health Service Executive in the area of health promotion and social marketing. Her roles have included policy, programme and campaign development and project management. Sarah holds a BSc (Hons) Nursing Studies from the University of Salford in the UK and an MSc in Leadership and Management Development from the Royal College of Surgeons Ireland.
Professor Alan Donnelly is an Associate Professor of Exercise Physiology in the Department of Physical Education and Sport Sciences at the University of Limerick. He is a graduate of Strathclyde and Aberdeen Universities in Scotland, and moved to Limerick in 1997. Alan’s research group works on the interaction between physical activity, sedentary behaviour and health risk, and he was a member of the European “DEDIPAC” (Determinants of Diet and Physical Activity) knowledge hub. He leads the Lifestyle and Health theme of the Health Research Institute at UL, and has a particular research interest in how activity and sedentary behaviour influence adiposity across the lifespan. His current research projects include membership of the research team for the HSE funded “Move 4 Life” project which is evaluating a new type of community based physical activity intervention for the over 50’s in Ireland.

Cathy Breen qualified from TCD/DIT with a BSc (Human Nutrition and Dietetics) in 2002. She has worked as a Senior Dietitian specialising in diabetes and weight management in the Endocrine Service, St Columcille’s Hospital, Loughlinstown, Co Dublin since 2003. Over the last 12 years, she has been a member of the Weight Management Interest Group of the Irish Nutrition and Dietetic Institute (INDI) and has been involved in the development of guidelines and resources for the dietary management of obesity. She has represented the INDI on the Irish National Obesity Taskforce Treatment Algorithm- and Nutrition-sub groups and the Royal College of Physicians of Ireland Policy Group on Obesity. Her research interests include the translation of evidence to clinical practice in weight and diabetes management, completing her PhD in this area through UCD in 2016.
Denise Dunne BSc (Hons), PDip, MSc, MISCP, graduated from the University of Limerick in 2006 with a BSc. honours degree in Sports and Exercise Science. She then went onto complete a PgDip in Physiotherapy at the University of Huddersfield in the UK. Having worked for a number of years in the NHS in the UK she moved back to Ireland in 2010 and took up a post at St. Vincent’s University Hospital, Dublin. She is an experienced clinician with a diverse range of clinical skills and experience across a variety of acute, sub-acute and rehabilitative settings. She completed her Masters in Preventive Cardiology in 2015 and her thesis focused on sedentary behaviours and physical activity levels of the Irish Heart Failure population.

She is currently working as the lead specialist cardiac physiotherapist at the National Institute for Preventive Cardiology based in the Croí Heart and Stroke Centre, Galway. Here she is involved with developing and implementing quality service models and driving vital research in cardiovascular disease prevention and rehabilitation. She is also working with the HSE, Health and Wellbeing Division to develop a national model of care for cardiac rehabilitation in Ireland. She is part of the teaching faculty within the Institute’s Education and Training Academy for the Diploma and Masters in Preventive Cardiology at the National University of Ireland, Galway. She is also involved in the teaching of the BSc. Physiotherapy Heart Failure module at RCSI and UCD. Denise currently is the Chairperson for the Clinical Interest group of Physiotherapists in Cardiac Services and sits on the Council for Irish Association of Cardiac Rehabilitation.

Anita Singyard is a Senior Occupational Therapist, working in Galway Primary Care. She trained in the London School of Occupational Therapy, and also studied Architecture at Greenwich University. She has worked as both O.T and Architect in London, and Germany. Anita has been involved with both Bariatric and Mediatric clients within the community. She has also worked closely with Galway County Council in the development of a Bariatric suitable single family dwelling in Connemara.
**Bariatric Care: A Multidisciplinary Approach to a Multifaceted Condition**

**POSTER No. 1**

**The Management of Chronic Oedema with the use of compression hosiery in obese patients can prevent complications and improve quality of life**

**Presenter:** Edel Brangan, Community RGN & Tissue Viability Nurse  
**Organisation:** Shannon Health Centre, Shannon, Co Clare

**Background & Context**

Chronic oedema of the legs is a problem that many obese people experience. This chronic condition can cause a number of problems, such as reduced mobility, cellulitis and/or ulceration due to excess fluid in the lower limbs. This can lead to hospitalisation for intravenous antibiotics and long term wound care regimes that are not always effective in the long run.

Chronic oedema and its complications can be managed with early intervention of compression bandaging and or the use of compression hosiery. However, the lack of adequately educated community nurses and the resources to implement appropriate care in the early stages of oedema is currently not always being addressed in the Irish community.

**Aims & Objectives**

Presented are two case studies of clients who were referred to our leg ulcer clinic. One with bilateral ulceration of the lower limbs as a result of chronic oedema, and other with bilateral; oedema making walking difficult. Both had a BMI of over 30. One had two episodes of cellulitis in the previous year and explained that his legs always felt heavy which made walking difficult.

**Evaluation and outcomes/results**

Both clients were treated with 2-3 weeks compression bandaging, advised to carry out exercises to improve calf muscle activity and to lose weight. They were then measured and fitted with European class 2 compression stockings. Both of their leg measurements reduced significantly and have remained infection free, mobile and independent at home.
Changes in quality of life, dietary, activity and self-monitoring behaviours among severely obese individuals attending a multidisciplinary weight management programme

Presenter: Cathy Breen
Organisation: Weight Management Service, St Columcille’s Hospital, Loughlinstown, Co Dublin

Aims & Objectives:
The Weight Management Service (WMS), St Columcille’s Hospital is a specialist service for the management of severe obesity. Patients attend a behaviourally-focused programme delivered by a team of clinical psychologists, registered dietitians and chartered physiotherapists. The primary aim of the programme is development of self-management skills and behaviours that support longer-term weight management. This audit examined changes in quality of life, function and self-management behaviours / skills among individuals who attended the service from 2013-2015.

Methods:
Data were gathered at baseline (first visit) and again at 8-12 months using self-report, questionnaires modified from National Weight Control Registry [1], Weight and Lifestyle Inventory [2], Impact of Weight on Quality of Life [3] and a 6-minute walk test. Data was analysed using Microsoft Excel 2010 (Microsoft, Washington, USA). Statistical significance was determined using Chi-square for categorical data, paired t-tests for parametric data and Wilcoxin Signed Rank test for non-parametric data. Data is presented as mean ± standard deviation or per-cent. P ≤ 0.05 was considered statistically significant.

Results:
Individuals with repeat data were 62% female, mean age 44.7 ± 12.1 years, weight 145.7 ± 28.3 kg and body mass index 50.9 ± 8 kg/m^2. Repeat weight was 139.8 ± 28.8 kg and body mass index 48.8 ± 7.3 kg/m^2.

Conclusions:
Quality of life, functional outcomes and self-management behaviours / skills that are associated with health, weight loss and longer-term weight maintenance improve significantly among severely obese individuals who engage with the MDT Weight Management Programme at St Columcille’s Hospital.

References:
Bariatric Care: A Multidisciplinary Approach to a Multifaceted Condition

POSTER No. 3

Managing Manual Handling issues of Service Users with Bariatric Needs

Presenter: Margo Leddy, National Health & Safety Manager & Brid Cooney, National Health & Safety Advisor

Organisation: National Health and Safety Function Policy Team & Policy Subgroup

Background and Context

In 2015, The ‘Healthy Ireland Survey’ reported that 60% of the population aged 15 years and over are either overweight (37%) or obese (23%).

With an increase in service users with bariatric needs accessing our services, there is a need for an emphasis on a proactive approach to caring for this demographic profile of service users to include their manual handling requirements.

Aims and Objectives:

The HSE aims to promote a safe manual handling and people handling culture to reflect current best practice and legislation.

The objectives of this Guideline are to ensure:

- Compliance with statutory requirements
- The risks associated with meeting the moving and handling needs of bariatric service users’ when accessing our healthcare services are assessed, managed and reduced to as low as is reasonably practicable, without compromising the dignity and safety of the client and staff involved.

Main Content:

The document covers the following aspects:

- Risk Factors
- Risk Assessment Process
- Bariatric Service User Pathways i.e. accessing Hospital, Community and Ambulance Services
- Training
- Emergency planning
- Equipment
- Infrastructure / design

Processes Used: A robust risk assessment approach is fundamental at all stages of the service users’ care pathway. Risk assessments which consider the risk factors identified (section 8.2) and the provision of controls are a key component in managing the risks associated with moving and handling service users with bariatric needs.

Evaluations and Outcomes: The aim of the guideline document is to promote best patient care and reduce the risk of injury to employees involved in the provision of care to service users with bariatric needs.
Bariatric Care: A Multidisciplinary Approach to a Multifaceted Condition

POSTER No. 4

Bariatric Matters: A sizeable Problem

Co Presenters: Niamh Bolas CNS Tissue Viability, Alison Smith Programme Leader TQIP &
Charlotte Hannon Specialist Coordinator, Grainne Cawley Inventory Project Officer Saolta Group

Presenter: Natalie Downs, Staff Nurse, Theatre Admission Area (TAA), General Theatre, Sligo University Hospital

Organisation: National Health and Safety Function Policy Team & Policy Subgroup

Background and Context:
A barrier was identified when bariatric patients were admitted for elective surgery and no appropriate equipment/bed was available. This resulted in the cancellation of surgery.

Aims and Objectives:
Improve the planned and unplanned bariatric patient admission pathway
Develop guidelines for managing bariatric patients and ordering equipment
Improve communication between departments
Draw up a business case for bariatric equipment

Outline Main Content:
A review of national and international guidelines was undertaken to aid guideline development. Existing bariatric equipment was logged and a Gap analysis was generated to identify the shortfall. A case study of one Bariatric patient was used to highlight specific requirements and challenges in the management of a bariatric patient. Members of the multidisciplinary were consulted on equipment needs. Equipment needed for a Bariatric Equipment Library for SUH was identified and storage area sought. A business case was drawn up for the purchase of bariatric resources on a rolling programme.

Processes Used:
A permitted ward walkabout established the current provision of equipment and formed the basis of a gap analysis.
All departments in SUH provided feedback on barriers to safe care.
A case study of one Bariatric patient highlighted specific requirements in ICU and Theatre.

Evaluations and Outcomes/ Results:
Guidelines are awaiting approval by the Executive Management Team
Business Case awaiting submission
Flow chart developed for ordering bariatric beds
Better communication between departments for identification of need, location and availability of bariatric equipment
Bariatric equipment storage cupboard secured
Costs are reduced through ordering equipment with a safe working load that can be also used for Bariatric patients.
Staff Training is recommended.
Bariatric Care: A Multidisciplinary Approach to a Multifaceted Condition

POSTER No. 5

A multidisciplinary approach to the management of a bariatric patient post stroke

Co Presenters: Genevieve Casey (Senior Occupational Therapist), Anne Marie Benson (Senior Physiotherapist), Leona Cremin (Dietician),

Presenter: Christopher McCarthy (Speech and Language Therapist)

Organisation: Midland Regional Hospital Tullamore

Background/ Context:

48 year old female transferred from neurosurgery post left temporal intraparenchymal haemorrhage with ruptured left posterior communicating artery aneurysm. Left craniectomy and evacuation of intracerebral haematoma. Now partaking in rehabilitation in an acute hospital setting. Currently presents with a dense right sided hemiparesis, significant verbal apraxia and aphasia, managing modified oral diet and fluids, and assistance of 6 for hoist transfers on ward level. Tolerating sitting out for 1-1.5 hours per day.

Aims and objectives:

The aim of our poster is to present a multidisciplinary approach to management and rehabilitation of a bariatric patient presenting with significant disabilities post- stroke. We will describe current management, and reflect barriers/ challenges faced during this management due to the patient’s bariatric status. We will look ahead to potential changes which could be adopted in future.

Main Content:

The main content of our poster will describe each discipline’s management, whilst making clear our shared goals and objectives. We will each relate our management to the unique challenges faced by the bariatric patient, and recommendations for future management.

Processes used, outcomes, and results:

We will describe the processes of collaborative goal setting, MDT problem solving, and reflective practice. We will discuss assessment and outcome measures in relation to post-stroke rehabilitation. We will focus on challenges faced by the bariatric patient and by MDT members
The importance of multidisciplinary team in metabolic surgery

Co Presenters: Amjed Khamis, Consultant Endocrinologist, Letterkenny University Hospital
Paul O’Connor, Consultant Anaesthetist, Letterkenny University Hospital
Aimee Kemp, Clinical Psychologist, Letterkenny University Hospital
Nina Singaroyan, Clinical Dietitian, Letterkenny University Hospital
Sharon Gallagher, Program Coordinator, Letterkenny University Hospital
Edit Tidrenczel, Metabolic Medicine University of South Wales

Presenter: Zsolt Bodnar, Consultant Surgeon, Letterkenny University Hospital

Organisation: Letterkenny University Hospital

Background/Context:

Ten years ago, an international consensus conference (1st Diabetes Surgery Summit), reviewed available clinical and mechanistic evidence and recommended expanding the use and study of gastrointestinal surgery to treat diabetes, including for individuals with only mild obesity. During the last years, the concept of metabolic surgery” or „diabetes surgery“ has become widely recognized in academic circles and most major worldwide bariatric surgery societies have changed their names to include the word „metabolic“.

Type 2 diabetes is associated with complex metabolic dysfunctions, leading to increased morbidity, mortality, and cost. Although population-based efforts through lifestyle interventions are essential to prevent obesity and diabetes, people who develop this disease should have access to all effective treatment options. Over the last decade, there has been increasing awareness of the importance of the multidisciplinary team in the management of a number of conditions which have traditionally been considered as surgical conditions. This is particularly true in bariatric surgery where the complex multifactorial nature of obesity combined with the need for regular follow-up and monitoring after the surgery means that this specialty leads itself to following an MDT approach.

Authors highlight the importance of the multidisciplinary team in the management of type 2 diabetes within the program of metabolic surgery, including the crucial role and constant communication among: diabetology, endocrinology, internal medicine, cardiology, gastroenterology, primary care, nutrition, psychology, anaesthesiology and surgery, including official representatives of partner diabetes organizations.

Although there is limited prospective data on the efficacy of the MDT in bariatric surgery, given the trends with respect to the rising incidence of high-risk surgical candidates and revisional surgery, it is likely that the MDT will have an increasingly important role in the future in managing pre- and post-bariatric patients. The multidisciplinary team should point to a comprehensive tailored management, considering motivation, compliance and adherence to a long-term follow-up as the keys for surgical success.
Bariatric Care: A Multidisciplinary Approach to a Multifaceted Condition

POSTER No. 7

Nutritional Food Labelling Awareness in the Community

Presenter: Ms Claire Duffy – Practice Nurse

Organisation: General Practice Medical Centre, Ballina, Co Mayo

Background and Aim:

Diet is a modifiable risk factor for Cardiovascular Disease. Food labels can help consumers to make informed and healthy dietary choices. However, food labels can be complex and confusing. The primary aim of this survey was to explore the awareness, understanding and use of food labelling in the prevention of lifestyle related disease in the community. The secondary aim was to encourage people to be more proactive in their nutritional choices based on enhanced food labelling knowledge.

Methods

This survey took place in Spring 2017 in a GP practice setting in the west of Ireland. A cross-sectional observational study design was used. A questionnaire was devised and piloted as a validated questionnaire was not sourced. During a one-month period, participants who attended the General Practice were invited to complete a questionnaire. Only persons aged eighteen years of age and older, who spoke English without the aid of an Interpreter, were invited and included.

Results

n=200 participants completed the survey. Mean age was 46 (±16). Females read food labels more frequently than males (p<0.005). 56% (n=110) believed food labels were very important. Over 40% of males rarely or never read food labels. Participants with a higher level of education thought there was too much information about nutrition. Only 54% (n=107) reported they had a normal weight. There was no association between having an elevated cholesterol level and always reading the fat content on the nutritional label (p=0.891). Taking anti-hypertensive medication was not associated with increased frequency of reading food labels (p=0.865) or salt content (p=0.524). Only 56% (n=31) of participants who had a family member with diabetes read the sugar and salt content on food labels. Most participants with CVD read about fat, however, only a third read about saturated fat, salt and fibre. Older participants aged up to eighty years read food labels. Most females read food labels before purchasing a product and read about sugar. Participants had difficulty analysing nutritional information and interpreting the TFLs (Traffic Light Label). Most participants with CVD, diabetes or raised cholesterol were aware that the colour red was associated with an elevated level on the TFL. Overweight individuals read about carbohydrates, sugars, vitamin and minerals. Persons with food allergies read allergy information.

Conclusion

Like previous food label studies participants had difficulty understanding and interpreting food labels. Education and implementation of TFLs on the front of food packaging of all foods, in shops and on-line, may be beneficial for choosing healthy products. Food labelling needs to be improved especially for illiterate groups and people with colour and vision deficiency. The interpretation and appropriate use of food labels is poor especially in males and people with recognised CVD risk factors. Increased awareness of food labels is needed.
Bariatric Care: A Multidisciplinary Approach to a Multifaceted Condition

POSTER No. 8

Perioperative positioning of Bariatric Patients

Co Presenters: Sosamma Varughese, Sandhya Tippani
Presenter: Nisha Mathew, Staff Nurse
Organisation: University Hospital, Galway

Background and Context:
The poster about the perioperative positioning of bariatric patients explores the current positioning practices and equipment, based on the evidence-based literature (Fencil 2015). This poster is made to help overcome the barriers and challenges confronted by the multidisciplinary team.

According to World Health Organisation (2016), Bariatric originates from the Greek Words ‘baros’ means weight, and ‘iatreia’ means treatment referring patients who are heavier than 150kgs or 25 stones or with a body mass index (BMI)>40kg. As per the Department of Health of Ireland (2016) currently, six in ten adults and one in four children are obese.

Aim and Objective:
To increase awareness in the perioperative team about safe positioning of the bariatric patients.

Main Content
Obesity is associated with comorbidities such as diabetes, hypertension, venous thromboembolism, coronary artery disease, and obstructive sleep apnea. This may result in increased hospitalization rates (Fencil 2015). Conservative approaches such as dieting, exercise, cognitive behavioural therapy and drugs (orlistat) have failed in reducing unhealthy lifestyles which lead to obesity. This creates an increased financial burden on the government with adverse effects on the life style. Currently surgical procedures become safer and more efficient, as such the number of obese patients considering bariatric surgery is likely to increase (Owers et al. 2012). Therefore, the incorrect positioning of bariatric patients can lead to a greater risk of injury to the patient and perioperative team who are attempting to lift or move. Moreover, it is the responsibility of the multidisciplinary team to safely position the patient without causing harm to the patient and the team. According to Al Benna (2011), specific positioning considerations for a patient undergoing bariatric surgery include:

- Adequate manpower
- Bariatric table with extension
- Weight appropriate manual handling and lateral transfer equipment
- Beanbag to prevent fluctuating position
- Safety straps to maintain anatomical position
- Width extensions to prevent overhanging of body parts
- Gel pads for pressure points
**Bariatric Care: A Multidisciplinary Approach to a Multifaceted Condition**

- Buttocks pad to prevent the patient from slipping
- Padding on limb boards to protect the extremity’s bony prominence
- Loop fastening straps to secure extremities
- Full body skin assessment
- Sequential compression device to prevent thromboembolism
- Bair Hugger to provide warmth

**Processes Used:**

Evidence based practice research articles and health department polices.

**Evaluation and Outcomes:**

This can enable the perioperative team to risk assess bariatric patients and identify the equipment and the resources required.

**Limitations:**

- Unavailability of proper bariatric positioning guidelines/policies
- Lack of advanced equipment and resources
- Knowledge deficit

**Future Plan:**

- Development of bariatric positioning guidelines/policies
- Education and Training of multidisciplinary team
- Requirement of audit and staff feedback
- Sourcing and storing of equipment with in easy accesses
- Involvement of manual handling and risk management teams

**REFERENCES:**


## Centre of Nursing Midwifery Education

**HSE West – Mid West**

**Contact List**

<table>
<thead>
<tr>
<th>CNME Galway</th>
<th>CNME MAYO</th>
<th>CNME LIMERICK</th>
</tr>
</thead>
</table>
| Ms Marissa Butler  
Director  
091 544351 Galway Office  
0909648311 Portiuncula Office  
087 1332778  
mariissa.butler@hse.ie | Ms Annette Cuddy  
Director  
094-9042074  
087-9317039  
anette.cuddy@hse.ie | Ms Margaret Crowley-Murphy  
Director  
061-483162/061-48218  
086-3877833  
Margaret.crowleymurphy@hse.ie |
| Ms Maura Loftus  
Specialist Co-ordinator:  
091 893346 Galway Office  
0909648311 Portiuncula Office  
087 6318568  
maura.loftus@hse.ie | Mr Philip Beirne  
Principal Nurse Tutor  
094-9042055  
086-8389784  
philip.beirne@hse.ie | Ms Nuala Flannery  
Specialist Co-ordinator:  
061-482675.  
086 7716926  
nuala.flannery@hse.ie |
| Ms Angie Barry  
Nurse Tutor  
091 544969  
086 0138953  
angie.barry@hse.ie | Ms Gráinne Glacken  
Specialist Co-ordinator  
094-9042122  
087-2682195  
grainne.glacken@hse.ie | Ms Fiona Hurley  
Specialist Co-ordinator:  
061-482678.  
fionam.hurley@hse.ie |
| Ms Mary Connor  
Nurse Tutor  
Telephone: 091 544308  
Mobile: 086 7833892  
Email: mary.connor@hse.ie | Ms Rachael Comer  
Specialist Co-ordinator  
094-9042067  
087-2466084  
rachael.comer@hse.ie | Ms Emer O’Donoghue  
Specialist Co-ordinator:  
086 3884332  
emerp.odonoghue@hse.ie |
| Ms Marie Delaney  
Nurse Tutor  
091 544521  
087 2999142  
marie.delaney@hse.ie | Ms Mairéad Loftus  
Nurse Tutor  
094-9042184  
087-7645883  
Mairead.loftus@hse.ie | Ms Marie O’Dowd  
Clerical Officer  
061-482967  
cnmemidwest@hse.ie |
| Ms Carmel Brannigan  
Clerical Officer  
091 544362  
carmel.brannigan@hse.ie | Ms Paula Scully  
Clerical Officer  
094-9042054  
087-9472881  
paula.scully@hse.ie  
Fax number  
094-9042075 | |
| Ms Caroline Rocke  
Staff Officer (Portiuncula Hospital)  
09096-24588  
Caroline.rocke@hse.ie | | |
| Ms Kathleen Leahy  
QQI Co-ordinator  
Telephone: 091 542399  
Mobile: 0873595391  
Kathleen.Leahy@hse.ie | | |
Bariatric Care: A Multidisciplinary Approach to a Multifaceted Condition

Nursing & Midwifery Planning & Development Unit
HSE West – Mid West
Contact List

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Mary Frances O’Reilly</td>
<td>Director</td>
<td>NMPDU, HSE West – Mid West, Clinical &amp; Administration Building, Block A, Merlin Park University Hospital, Galway</td>
<td>091-775840/1 087-9087552</td>
<td><a href="mailto:Mary.oreilly4@hse.ie">Mary.oreilly4@hse.ie</a></td>
</tr>
<tr>
<td>Ms Gillian Conway</td>
<td>Project Officer</td>
<td>NMPDU Office, Nurses Home, University Hospital, Ennis, Co. Clare</td>
<td>065-6863225 087-2023377</td>
<td><a href="mailto:Gillian.conway@hse.ie">Gillian.conway@hse.ie</a></td>
</tr>
<tr>
<td>Ms Annette Connolly</td>
<td>Project Officer</td>
<td>NMPDU, 31/33 Catherine Street, Limerick</td>
<td>061-483283 086-0470863</td>
<td><a href="mailto:Annette.connolly@hse.ie">Annette.connolly@hse.ie</a></td>
</tr>
<tr>
<td>Ms Fiona McMahon</td>
<td>Project Officer</td>
<td>NMPDU, 31/33 Catherine Street, Limerick</td>
<td>061-483552 087-2363913</td>
<td><a href="mailto:Fiona.mcmahon1@hse.ie">Fiona.mcmahon1@hse.ie</a></td>
</tr>
<tr>
<td>Ms Valerie Ryan</td>
<td>Staff Officer</td>
<td>NMPDU, 31/33 Catherine Street, Limerick</td>
<td>061-483552</td>
<td><a href="mailto:Valerie.ryan2@hse.ie">Valerie.ryan2@hse.ie</a></td>
</tr>
<tr>
<td>Ms Lorraine Dunne</td>
<td>Clerical Officer</td>
<td>NMPDU, 31/33 Catherine Street, Limerick</td>
<td>061 – 483521</td>
<td><a href="mailto:Lorraine.dunne@hse.ie">Lorraine.dunne@hse.ie</a></td>
</tr>
<tr>
<td>Ms Carmel Hoey</td>
<td>Project Officer</td>
<td>St. Brigid’s Hospital, Creagh Road, Ballinasloe, Co. Galway</td>
<td>091-775843 087-7903569</td>
<td><a href="mailto:Carmel.hoey@hse.ie">Carmel.hoey@hse.ie</a></td>
</tr>
<tr>
<td>Ms Mary B Rice</td>
<td>Project Officer</td>
<td>CNME, St. Mary’s Campus, Castlebar, Co. Mayo</td>
<td>094-9042038 087-9087482</td>
<td><a href="mailto:Mary.rice@hse.ie">Mary.rice@hse.ie</a></td>
</tr>
<tr>
<td>Ms Anne McCarthy</td>
<td>Research Officer</td>
<td>NMPDU, HSE West – Mid West, Clinical &amp; Administration Building, Block A, Merlin Park University Hospital, Galway</td>
<td>091-778542 087-9082504</td>
<td><a href="mailto:Annem.mccarthy@hse.ie">Annem.mccarthy@hse.ie</a></td>
</tr>
<tr>
<td>Ms Mary Gannon</td>
<td>Clinical Link Facilitator Gerontology</td>
<td>NMPDU, HSE West – Mid West, Clinical &amp; Administration Building, Block A, Merlin Park University Hospital, Galway</td>
<td>091-775844 087-1224237</td>
<td><a href="mailto:Marye.gannon@hse.ie">Marye.gannon@hse.ie</a></td>
</tr>
<tr>
<td>Ms Sarah Deeney</td>
<td>A/Staff Officer</td>
<td>NMPDU, HSE West – Mid West, Clinical &amp; Administration Building, Block A, Merlin Park University Hospital, Galway</td>
<td>091-775839</td>
<td><a href="mailto:Sarah.deeney@hse.ie">Sarah.deeney@hse.ie</a></td>
</tr>
<tr>
<td>Ms Jackie Lillis</td>
<td>Assistant Staff Officer</td>
<td>NMPDU, HSE West – Mid West, Clinical &amp; Administration Building, Block A, Merlin Park University Hospital, Galway</td>
<td>091-775842</td>
<td><a href="mailto:Jackie.lillis@hse.ie">Jackie.lillis@hse.ie</a></td>
</tr>
</tbody>
</table>

Useful links:

NMPDU website: [https://www.hse.ie/eng/about/who/onmsd/nmpdu/nmpdugl/](https://www.hse.ie/eng/about/who/onmsd/nmpdu/nmpdugl/)


CNME Mayo Roscommon Diary of Learning Events: [https://www.hse.ie/eng/about/who/onmsd/eductraining/centresofnursingmidwiferyeduc/west/mayo/diary%20of%20learning%20events,%20booking%20forms%20and%20applications.html](https://www.hse.ie/eng/about/who/onmsd/eductraining/centresofnursingmidwiferyeduc/west/mayo/diary%20of%20learning%20events,%20booking%20forms%20and%20applications.html)

# Bariatric Care: A Multidisciplinary Approach to a Multifaceted Condition

## My Contacts from today

<table>
<thead>
<tr>
<th>CONTACT NAME</th>
<th>WORK PLACE</th>
<th>EMAIL</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>