

Meeting the Assistive Technology, Continence and Pressure Management Needs of Bariatric Clients

Medical Aids Subsidy Scheme

30 November 2022



Queensland
Government

Session Outline

- Overview of obesity
- Equipment – wheelchairs, wheeled walking aids
- Pressure management
- Equipment – beds, hoists, bathing and toileting aids
- MASS SOA bariatric equipment
- Continence and skin issues



Obesity and Overweight - World Health Organisation

- Worldwide obesity has nearly tripled since 1975
- In 2016, more than 1.9 billion adults, 18 years and older, were overweight. Of these, over 650 million were obese
- 39% of adults aged 18 years and over were overweight in 2016, and 13% were obese
- Most of the world's population live in countries where overweight and obesity kills more people than underweight



Persons of Size and Co-Morbidities

Hypertension^{1,8,13}

Diabetes^{1,3,8}

Coronary artery disease^{3,8,13}

Dyslipidaemia^{1,8}

Gastro-oesophageal reflux^{3,8}

Musculoskeletal disorders³

Some cancers³

Incontinence^{3,4,5,7, 8, 10,11,13}

Respiratory problems³

Soft tissue infections³

Skin Disorders³

Pressure Injuries³

Arthritis^{8,13}

Hernia¹

Lymphoedema and
oedema

Depression^{1,13}

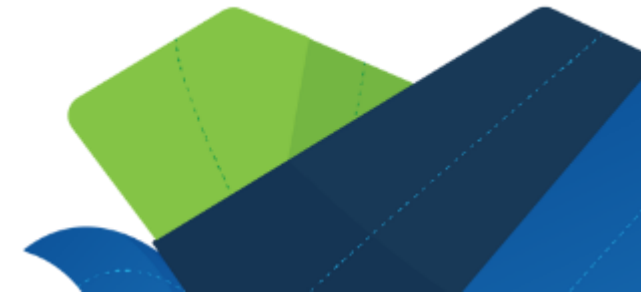


Working with people who are bariatric



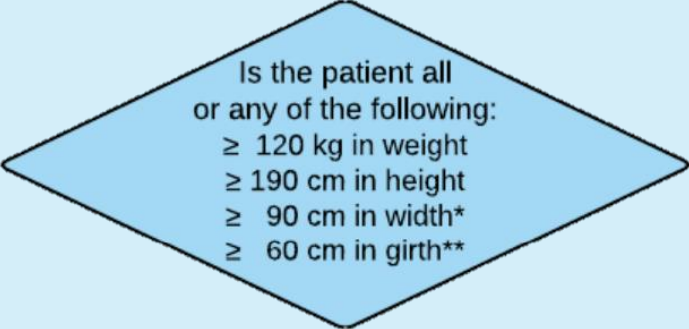
General considerations, e.g.,

- Respect
- Safety
- Trials
- Cost



Definition of Bariatric

Metro South – *If the client meets any of the measurements, and/or clinical judgment determines client to be bariatric due to their size, shape and functional ability and requires specialised equipment required for their safety.*



Is the patient all
or any of the following:
≥ 120 kg in weight
≥ 190 cm in height
≥ 90 cm in width*
≥ 60 cm in girth**

[Metro South Health Bariatric Identification, Classification and Admission flowchart](#)

Enable NSW - *‘a bariatric (over 120kgs) or super bariatric (over 250kg) person is defined as anyone who is obese and where their body shape and size restricts: capacity to fit into standard equipment, mobility, health, and/or access to available services’ (NSW Health, 2015).*

Body Shapes

Apple Ascites



Apple Panniculus



Pear Abduction



Pear Adduction

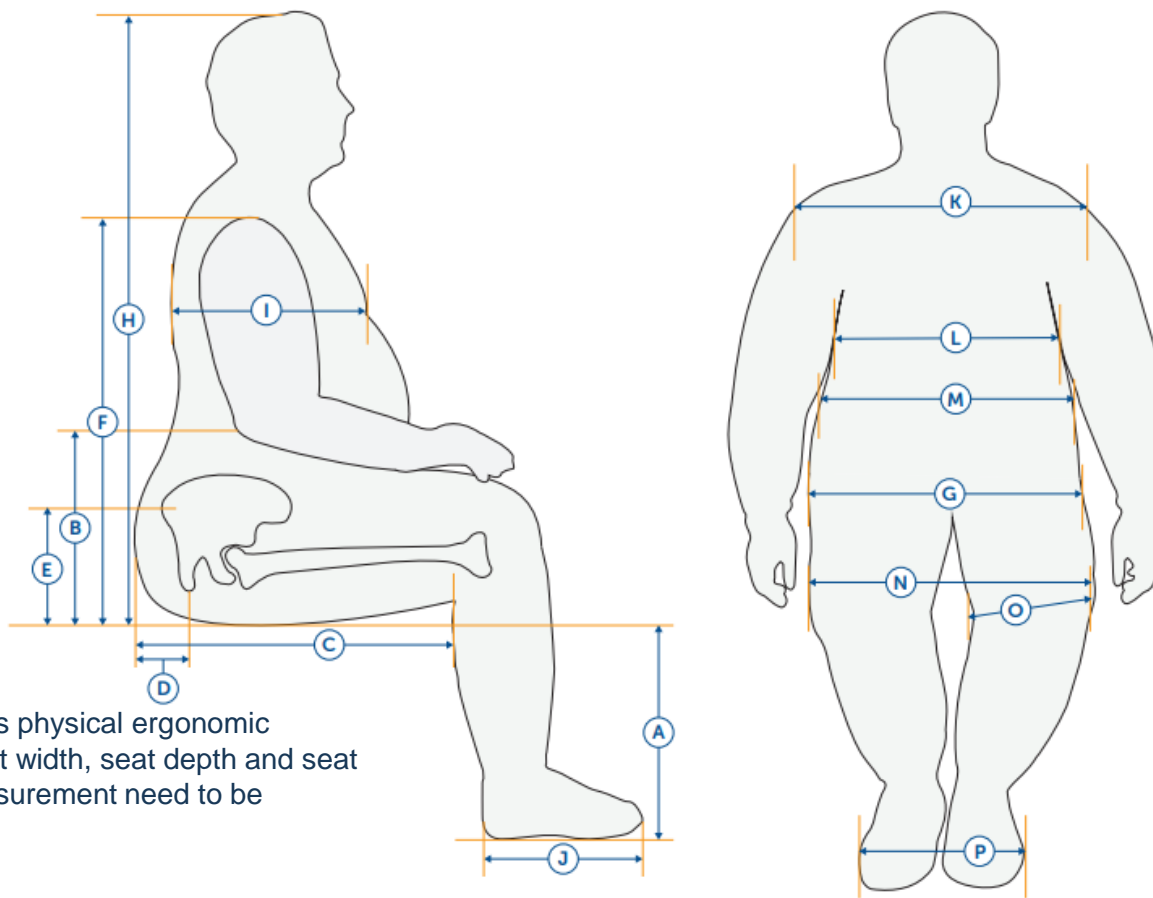


Gluteal Shelf



Measuring weight and dimensions

Bariatric Measuring Guide



These are the clients physical ergonomic measurements. Seat width, seat depth and seat rail to footplate measurement need to be provided separately.

REQUIRED MEASUREMENTS

- A. Lower Leg Length: _____
- B. Elbow Height: _____
- C. Buttock to Thigh: _____
- D. Ischial Depth*: _____
- E. PSIS Height*: _____
- F. Shoulder Height*: _____

* Required in cases where the client exhibits a leg length discrepancy, pelvic rotation, pelvic obliquity or any other form of asymmetry.

OPTIONAL MEASUREMENTS

- G. Hip Width: _____
- H. Sitting Height: _____
- I. Chest Depth: _____
- J. Foot Size: _____
- K. Shoulder Width: _____
- L. Chest Width: _____
- M. Waist Width: _____
- N. External Knee With: _____
- O. Individual Knee Width: _____
- P. External Feet Width: _____

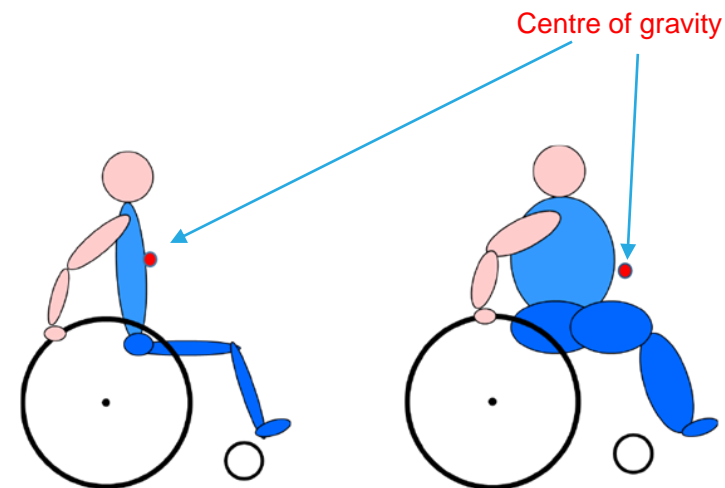
General Seating Considerations

Apple shape

- Anterior weight distribution - anterior instability of the chair limiting forward mobilisation
- Limited hip flexion when seated – impacts ability and tolerance to sit upright
- Hips abducted and/or femur externally rotated – lateral feet placement on footplates and lateral aspects of the knees or lower legs may be in contact with leg-rest hangers
- Wider trunk than hip width – different measurements between upper and lower body requiring different size supports

Seating prescription

- Seat to back angle adjustment greater than 90°
- Footplate extensions/footboard or elevating leg rests with calf supports



[Sunrise Medical: Centre of gravity impacted by weight distribution](#)

General Seating Considerations

Pear shape

- Increased seated hip width - overall width of chair unsuitable for the environment
- Increased seated hip width - increased seat width which influences footrest and armrest position/support and access to the rear wheels for self propulsion
- Wider hip width than trunk width – different measurements between upper and lower body requiring different size supports

Seating prescription

- Skirt guard to decrease overall width of chair **monitor for pressure injury risk*
- Consider the armrest mounting points to allow whether adipose tissue can extend past the seat width
- Wider seat surface and narrower back support for adequate postural support



General Seating Considerations

Durable Medical Equipment: Pear Abduction

Durable Medical Equipment: Pear Adduction

Pear abduction

- Hips abducted - difficulty positioning feet on footplates and lateral aspects of the knees or lower legs may be in contact with leg-rest hangers
- Limited knee and hip flexion – sit with legs extended



Pear adduction

- Hips adducted – midline positioning of feet and lateral aspects of the knees or lower legs may be in contact with leg-rest hangers
- Limited knee and hip flexion – sit with legs extended

Seating prescription: Footplate modifications

- Footplate extensions
- Footboard

- Elevating / angled leg rests
- Midline footplate



General Seating Considerations

Gluteal Shelf

- Excessive gluteal adipose tissue limits contact with the back support which may result in posterior pelvic tilt, sliding forward on seat and back pain.
- May cause anterior weight distribution - anterior instability of the chair limiting forward mobilisation

Seating prescription

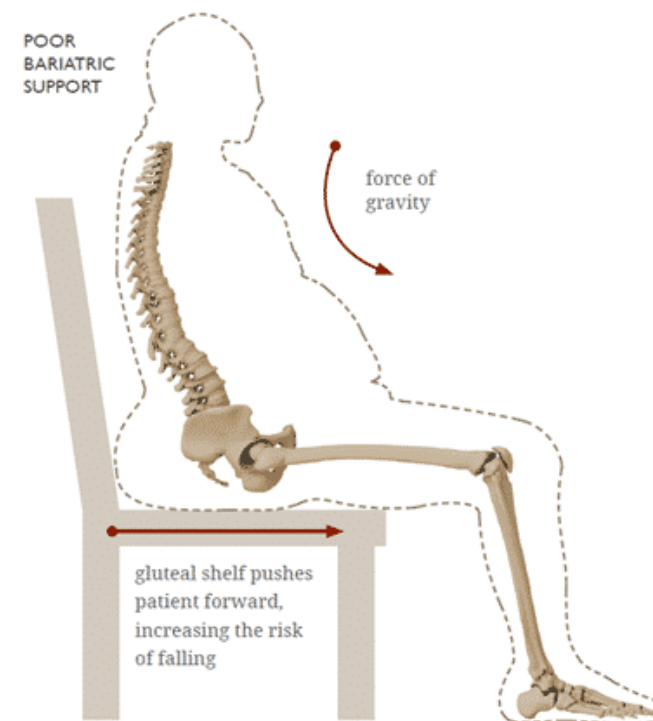
- Provide back support above the gluteal shelf



[Image from Seating Matters](#)



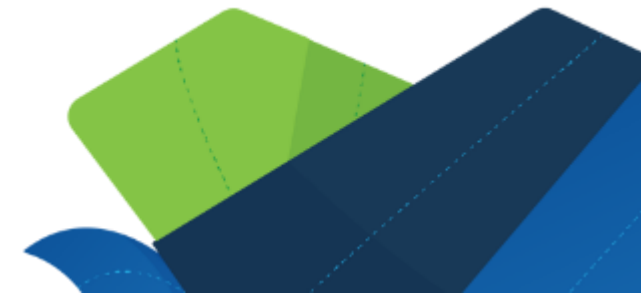
[Image from Seating Matters](#)



[Image from Seating Matters](#)

Manual Wheelchairs

- Safe Work Load (SWL) *on all features of the chair
- Seat width & overall width
- Seat depth
- Carer's capacity
- Chair weight
- Positioning of footplates
- Frame strength / rigid frame
- Back / postural support



Manual Wheelchair Attachments

ACTION 4NG HD



Drum brake kit



Tension adjustable backrest



Elevating leg-rest



Other options:

- Footplate extension/Footboard
- Height adjustable armrests



SOA Manual Wheelchairs

KARMA EAGLE 8000*



- 160kg SWL
- Max seat width: 550mm
- Chair weight: 15.5-15.9kg

KARMA FLEXX HD*



- 170kg SWL
- Max seat width: 610mm
- Chair weight: 17.2-19.4kg

ACTION 4NG HD*



- 160kg SWL
- Max seat width: 610mm
- Chair weight: 14kg
- Depth adjustable

SOVERIGN WHEELCHAIR



- 170kg SWL
- Max Seat width: 550mm
- Chair weight: 21kg
- Depth adjustable

EVOKE 2 HD



- 180kg SWL
- Max seat width: 610mm
- Chair weight: 16-16.2kg
- Depth adjustable

RUBIX XL*



- 180kg SWL
- Max seat width: 600mm
- Chair weight: 16.8kg
- Depth adjustable

Power Wheelchairs

- Safe Work Load (SWL) **on all features of the chair*
- Seat width & overall width
- Seat depth
- Footplates
 - Positioning (narrow vs. wide)
 - Swing away vs. platform
- Leg-rests
 - Elevating (manual vs. powered)
 - Calf support size
- Combined weight of chair and user **determine if the chair weight provided is incl. or excl. of batteries*
 - Ramp load/platform lift capacity
 - General taxi requirements ([QLD Gov](#))
 - Maximum width of mobility aid: 75cm
 - Maximum height of mobility aid: 130cm
 - Maximum combined weight of mobility aid and operator: 300kg.
 - Fit within personal modified vehicle

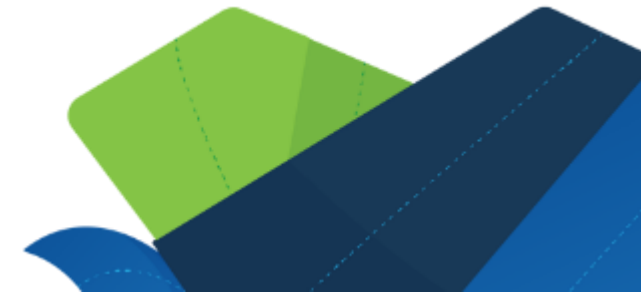


Power Wheelchairs



[Spex XLella2 Bariatric back support](#)

- Wheel drive position in relation to weight distribution
 - Mid drive
 - Rear drive
 - Front drive
- Backrest type
 - Captains chair
 - Overall backrest length
 - Backrest width (Tanguay, 2018)
- Armrest type
 - Reinforced mounting
 - Swing away / removeable armrests
 - Skirt guard or open sides
- Can the chair be scripted?



SOA Power Wheelchairs

JAZZY SELECT ELITE HD

- 204kg SWL
- Max seat width: 510mm



GLIDE CENTRO

- 175kg SWL
- Max seat width: 730mm



Power Wheelchairs (with elevate)

MC-F

- Front wheel drive
- 160kg SWL (140kg elevate)
- Max seat width: 650mm



Contoured back support

MC2

- Rear wheel drive
- 160kg SWL (140kg elevate)
- Max seat width: 650mm



Knee protector pads

Rear wheel drive

Q6 EDGE HD

- Mid wheel drive
- 204kg SWL (181kg elevate)
- Max seat width: 710mm



Transfer bars

Wheeled Walking Aids

- Safe Working Load (SWL)
- Seat width
- Seat height
- Weight
- Handle height
- Environment
 - Manoeuvrability within the home
 - Transportability
- Movement patterns
 - Gait pattern
 - Sit to stand positioning



SOA Wheeled Walking Aids

BRO204-HD
GENESIS 3- STANDARD



- **270kg SWL**
- 490mm seat width
- Weight: 9.4kg

BRO209-HD
GENESIS 3 – EXTRA WIDE



- **270kg SWL**
- 550mm seat width
- Weight: 9.9kg

MIGHTY MACK



- 225kg SWL
- 510mm seat width
- Weight: 14.4kg

SUPA MACK HEAVY DUTY



- 225kg SWL
- **610mm seat width**
- Weight: 9.4kg

SERVER HD



- 200kg SWL
- 540mm seat width
- **Lightweight (~8kg)**
- Tall seat & handle height

ASPIRE VOGUE
ADVENTURE WALKER



- 200kg SWL
- 540mm seat width
- Large Multi-Terrain Wheels (11" Front & 9" Rear)

ASPIRE XL SEAT WALKER



- 180kg SWL
- 495mm seat width
- **Lightweight (~8kg)**

ASPIRE WALKING TUTOR
HD W/ BRAKES



- 180kg SWL

Pressure Injury Risk

Intrinsic Factors

- Comorbidities
- Increased skin folds – poor perfusion, difficulty cleaning
- Excessive sweating and heat retention
- Reduced mobility & ROM for skin hygiene
- Breathing difficulties
- Poor nutrition

Extrinsic factors

- Incorrect equipment
- Ill-fitting clothing
- Wound dressing sizes
- Lack of knowledge

Rush, A. & Muir, M. (2012)
(Bennett, 2003)



Pressure Redistribution Support Surfaces

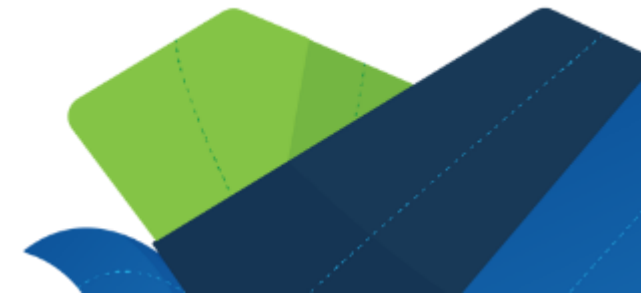
- Safe Working Load (SWL)
- Type of mattress / cushion
(foam, hybrid, alternating pressure air, gel)
- Air circulation – static and alternating
- Avoid ‘bottoming out’
- Monitor skin integrity
- Assess bed / chair mobility and transfer

Bottoming-Out Guidelines: [BottomingOut](#)

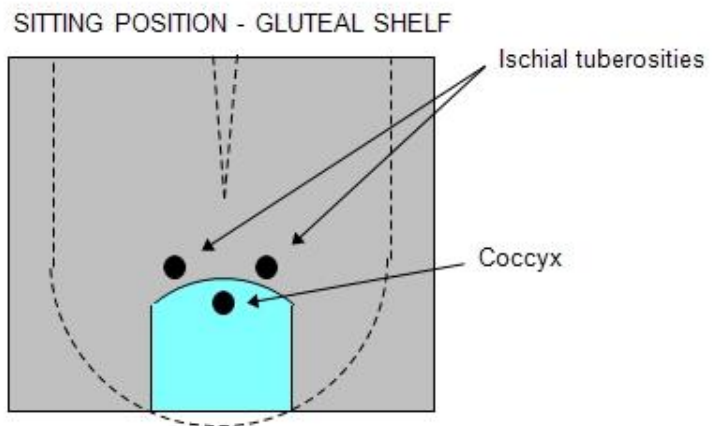
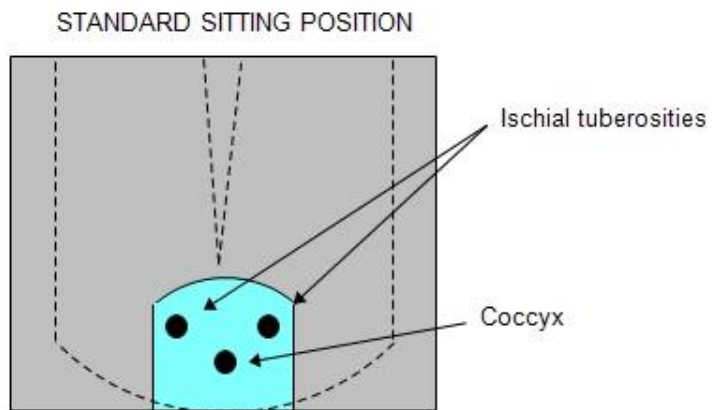
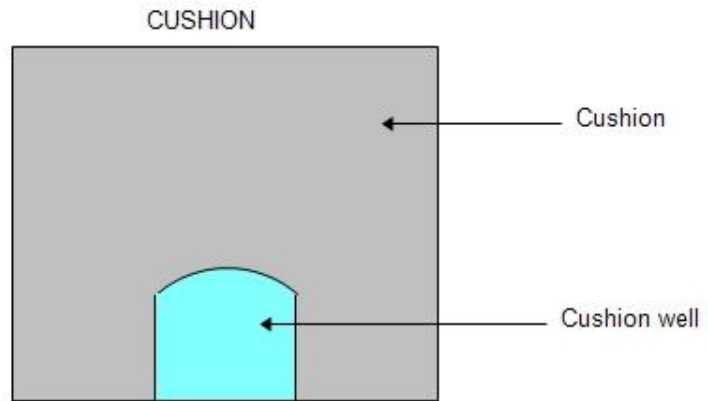
Waterlow Scale and Modified Braden Q Scale:
[Guidelines & Assessment - Pressure Injury - The Prince Charles Hospital](#)

Braden Risk Assessment Tool: [Braden Risk Assessment Tool & Protocol](#)

Norton Scale: [RCD. royalcommission.gov.au](#)



Pressure Redistribution Cushions



- Thickness
 - Gluteal shelf
- Temperature management
- Positioning of bony prominences
- Femur alignment



SOA Pressure Redistribution Cushions

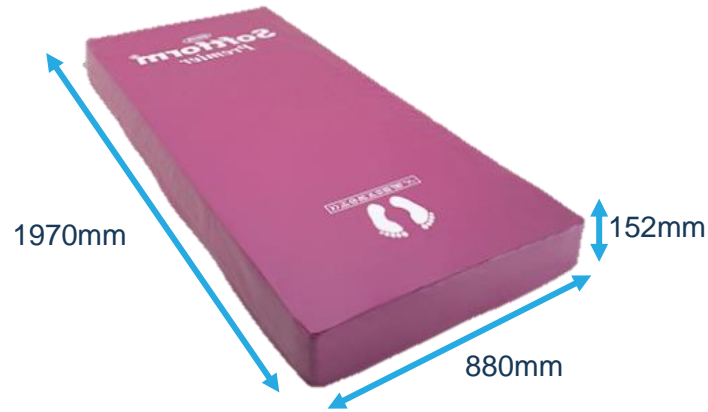
- Foam
 - Relax Easy
 - Matrx PS
 - Matrx VI
- Gel
 - Action Gel
- Dry gel
 - Equagel
- Multi-cell air
 - Star Stabil-Air
 - Vicair
 - ROHO
- Hybrid foam-gel
 - Matrx Libra
- Hybrid foam-air
 - ROHO Hybrid Elite
 - Varilite Evo



SOA Pressure Redistribution Mattresses

Foam

Soffform Premier | Invacare



- 247kg SWL
- 1970mm x 880mm x 152mm Single (S)
- 1970mm x 1050mm x 152mm King Single (KS)

Macmed Bariatric Ultimate Mattress



- 400kg SWL (min weight 200kg)
- 1980mm x 860mm x 200mm (S)
- 2030mm x 1070mm x 200mm (KS)

Hybrid (Foam/Air)

CairMax® Duo



- 230kg SWL
- 2000mm x 880mm x 180mm (S)
- 2000mm x 1050mm x 180mm (KS)

CuroCell AREA Zone Mattress 850



- Constant low pressure (powered)
- 230kg SWL
- 2000mm x 850mm (S)
- 2000mm x 1000mm (KS)

Air

Talley Pulsair Choice



- 200kg SWL
- 1950mm x 890mm x 180mm (S)
- 2080mm x 890mm x 180mm (KS)

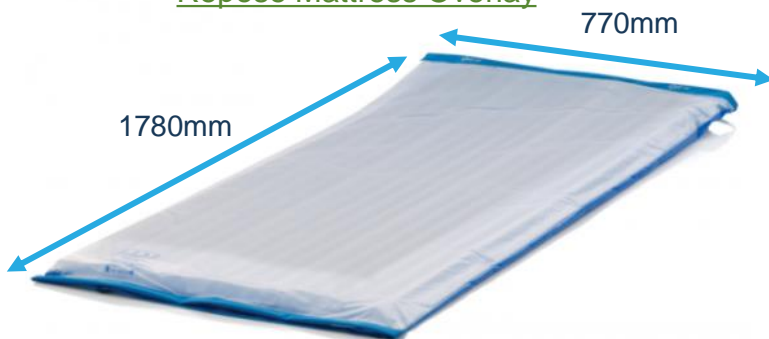
ProCair® Plus Mattress Replacement



- 200kg SWL
- 2000mm x 880mm x 200mm (S)
- 2000mm x 1050mm x 200mm (KS)

SOA Overlay and Mattress Sections

Repose Mattress Overlay



- 139kg SWL, but 222kg when used with Macmed Pressure Care mattress
- 1780mm x 770mm

CuroCell SAM Air Mattress Overlay 850



- 200kg SWL
- 2000mm x 850mm

ROHO Mattress Section



- Unlimited SWL
- 1 section 860mm x 490mm x 80mm
- 4 section 1960mm x 860mm x 80mm

Etac StarMatt Mattress Overlay



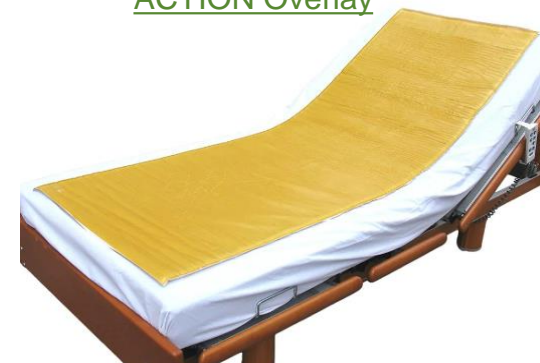
- Unlimited SWL
- 860mm x 490mm x 100mm

Active Air 5 Alternating Overlay



- 175kg SWL
- 2000mm x 850mm x 130mm (S)
- 2000mm x 1050mm x 130mm (KS)

ACTION Overlay



- Unlimited SWL
- 1 section 630mm x 690mm
- 2 sections 1260mm x 690mm
- 3 sections 1890mm x 690mm

PCEP Electric Adjustable Beds

Considerations

- Safe Working Load (SWL)
- Motor capacity
- Available funding
- Sizes (single or king single)
- Lowest and highest height of the bed

Benefits

- Promotes mobility and independence
- Assist with respiratory function
- Helps with blood circulation and fluid circulation
- Adequate size for rolling and mobility
- Ease of manual handling



K-Dee II Standard Bed

- 213kg SWL
- 2100mm x 980mm
- 335-725mm (High-Low)



Aspire Community Care Bed

- 220kg SWL
- 2140-2240mm x 1025mm
- 220-710mm (High-Low)

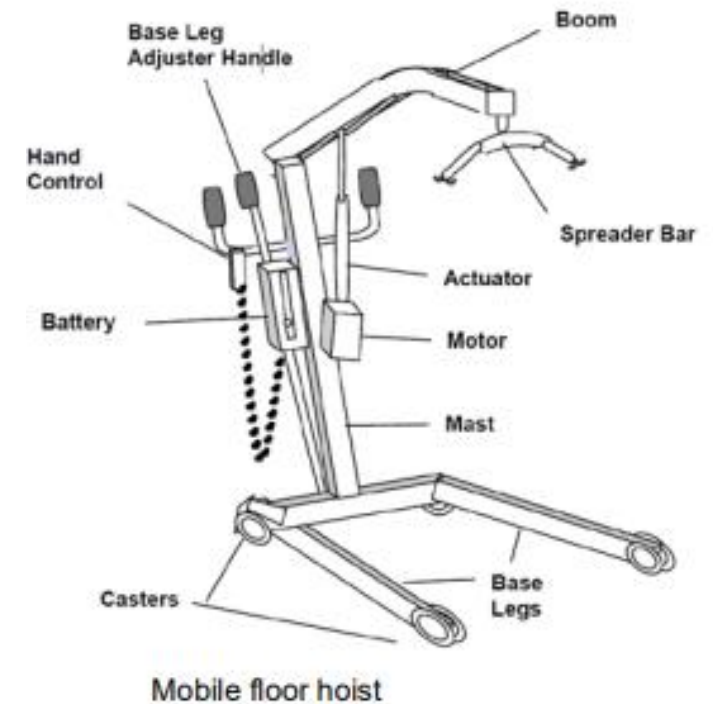
Hoists

- Safe Working Load (SWL)
- Carer's capacity to manoeuvre the hoist
- Castor size
- Boom / mast
- Attachment - Standard yoke / pivot
- Suitable for the environment
- Patient safety - cognition

[Daily living aid products and suppliers | Queensland Health](#)



[Bariatric slings for plus size patients](#)



[Looking After Your Hoist and Slings](#)

SOA Hoists (and slings)



Maxi Twin

- 182kg SWL

Approved slings:

- Arjo



Standard yoke

Aidacare Aspire A320

- 320kg SWL

Approved slings:

- Aspire
- Kerry



Pivot

Alto MKII 200 with Powered Pivot Frame

- 200kg SWL

Approved slings:

- Allegro
- Active Care



4-point spreader

Molift Mover 300

- 300kg SWL

Approved slings:

- Molift

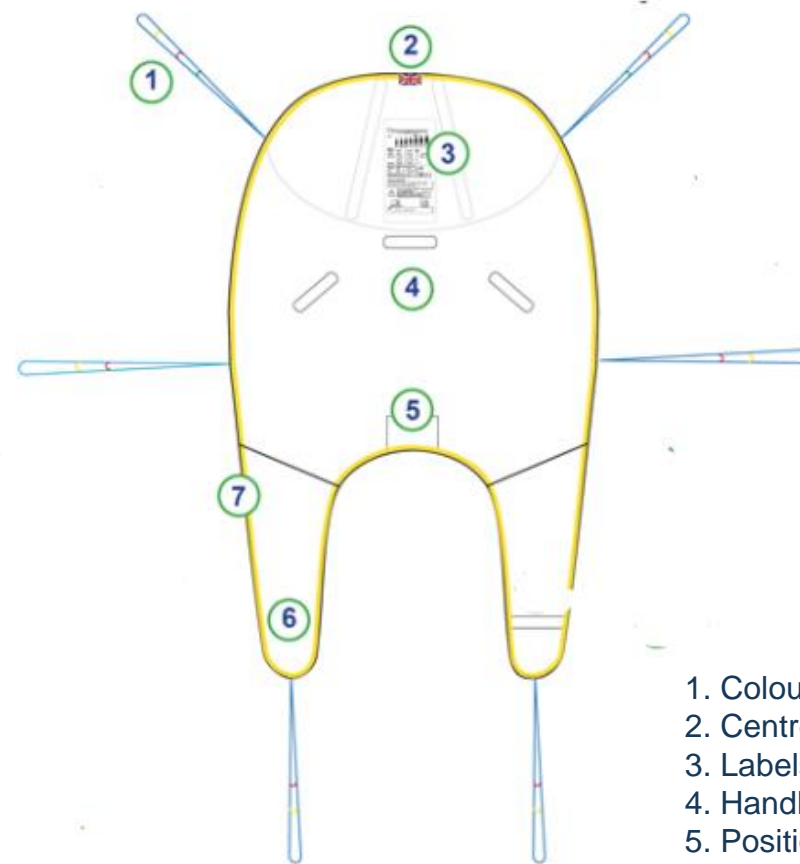
Slings

- BMI
- Body shape
- Type of slings
- Ease of application and removable
- Carer's education and training
- Safety and comfort

[Daily living aid products and suppliers | Queensland Health](#)

All slings must be marked with:

- o The manufacturer's and supplier's contact details
- o Sling design name
- o ID (preferably a serial number)
- o Month & year of manufacture
- o Safe Working Load (SWL)



1. Colour coded straps
2. Centre marker
3. Labels
4. Handles
5. Positioning pocket
6. Leg sections
7. Colour coded edging

Patient Transfer Platforms

- Safe Working Load (SWL)
- Carer's capacity to manoeuvre the platform
- Client's anthropometrics
- Client's upper and lower extremity strength
- Patient safety - Cognition

Sara Steady



- 182kg SWL
- 920mm width
- 630-880mm

Aspire STAR Mover



- 185kg SWL
- 925mm width
- 615-900mm

Return Transfer Platform



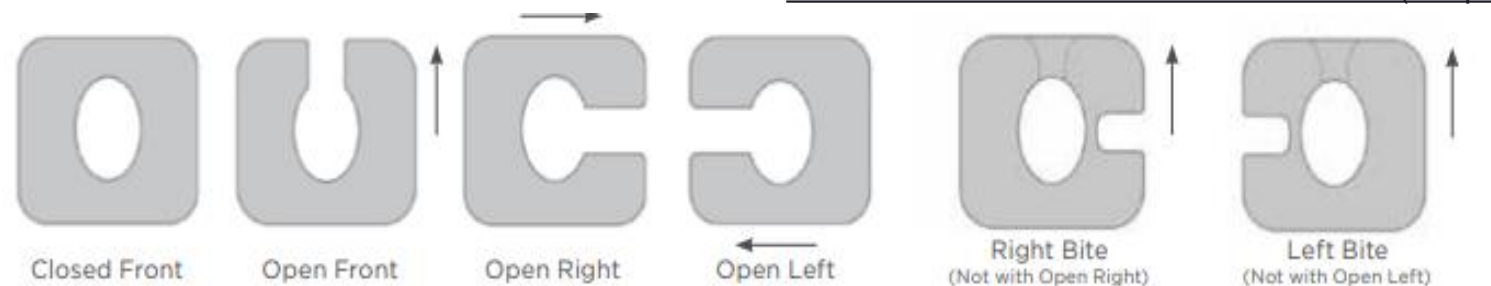
- 205kg SWL
- 972mm width x 792mm depth

Bathing and Toileting Aids

- Safe Working Load (SWL)
- Carer / client's capacity to manoeuvre the aids
- Seat depth
- Seat width
- Seat material and configuration
- Aperture location and size
- Armrest
- Backrest
- Positioning
- Environment



[Quick Guide to Mobile Shower Commodes \(otequip.info\)](http://otequip.info)



[aspire_shower_commode_brochure.pdf \(aidacare.com.au\)](http://aidacare.com.au)

SOA Mobile Shower Commodes - Self-propelled

Tubalco Bariatric Self Propelled Shower Commode



- 200kg SWL
- 600mm x 430mm

K Care Self Propel with Swing Away Footrest



- 150kg SWL
- 500mm x 430mm

Aspire 530mm Weight Bearing Platform

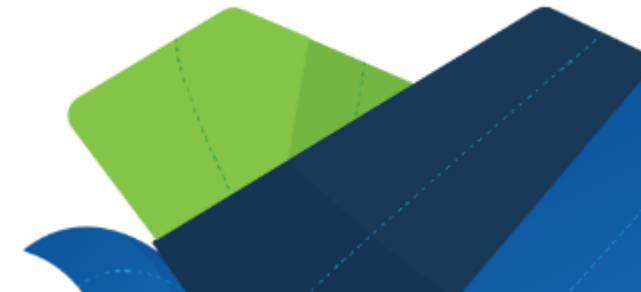


- 200kg SWL
- 530mm x 430mm

Juvo 61cm Self Propelled Platform



- 300kg SWL
- 660mm x 430mm



SOA Mobile shower commodes - Attendant propelled

Juvo 66cm Attendant - Platform



- 300kg SWL
- 660mm x 430mm

Tubalco Bariatric Transit



- 300kg SWL
- 600mm x 460mm

K Care Transit Swing Away Footrests



- 300kg SWL
- 600mm x 470mm

Aspire 600mm Swing Away Footrest



- 200kg SWL
- 600mm x 450mm



SOA Static and 3-in-1 commodes

- Seating material
- Weight of the equipment

R & R Healthcare
Deluxe Bedside Commode



- 250kg SWL
- 520-650mm x 460mm
- 470mm – 620mm seat height

K Care Deluxe Bedside Commode



- 160kg SWL
- 520-650mm x 460mm
- 500mm – 650mm seat height

Elan Medical Bariatric Commode 3 in 1



- 295kg SWL
- 660mm x 460mm

Trix 3-in-1 Shower Chair Over Toilet



- 400kg SWL
- 610mm x 470-570mm
- 410-560mm (seat height)
- >additional features – wheels

SOA Bath Transfer Benches

- Client's ability to transfer
- Seating material
- Fit to the bathtub

Juvo Heavy Duty Transfer Bench



- 200kg SWL
- 680mm x 410mm

Bath Transfer Bench - Bariatric | Aidacare



- 227kg SWL
- 670mm x 584mm

Heavy Duty Transfer Bench | Active Mobility



- 170kg SWL
- 780mm x 430mm

Filtering for Bariatric Equipment on the SOA

Approved **Mobility Equipment** Products - <https://www.health.qld.gov.au/mass/prescribe/mobility/products-suppliers>

- [Wheeled Walking Aids](#) (Excel, 44kB) (rollators)
- [Manual Wheelchairs](#) (Excel, 48kB) (folding and rigid)
- [Power Wheelchairs](#) (Excel, 39kB) (mid and rear)
- [Tilt in Space Manual Wheelchairs and Specialised Strollers](#) (Excel, 38kB)
- [Pressure Redistribution Wheelchair Cushions](#) (Excel, 45kB)

Approved **Daily Living Aids** Products - <https://www.health.qld.gov.au/mass/prescribe/living/products-suppliers>

- [Static or 3-in-1 Commodes, Bath Transfer Benches and Swivel Bathseats](#) (XLSX 33 kB)
- [Mobile Shower Commodes](#) (XLSX 39 kB)
- [Patient Transfer Platforms](#) (XLSX 36 kB)
- [Pressure Redistribution Mattress/Overlays](#) (XLSX 58 kB)
- [Hoists and Slings](#) (XLS 158 kB)
- [Pressure Redistribution Wheelchair Cushions](#) (XLSX 43 kB)



How to Prescribe Non-SOA Products

1. Clinical eligibility – adequate justification for non-MASS SOA
2. Engineering review – assessment is benchmarked against the same requirements in place for SOA equipment, OR
 - Historical supply records
 - Regulatory – Current ARTG listing
 - Standard testing – level of compliance and test facility
 - Market research and industry /stakeholder considerations
 - Product inspection and risk assessment



Incontinence and Obesity

- An increase of body mass index (BMI) by 5 points is associated with a 20%-70% increased risk of urinary incontinence⁹
- the rate of stress urinary incontinence is higher in the obese population^{4,9}
- obesity causes stress urinary incontinence because increased body weight results in increased intra-abdominal pressure (IAP), which in turn leads to weakening of the pelvic floor innervation⁹
- Women with a body fat percentage of more than 32% are 1.95 times more likely to develop overactive bladder⁵
- The prevalence of faecal incontinence among obese patients is high 32 -65%⁸



Skin Issues relating to Incontinence

- Incontinence of bowel and bladder in bariatric patients is a common cause of perineal dermatitis, which can increase tissue friability and place patients at higher risk for skin breakdown¹⁰
- Skin folds in the morbidly obese individual are numerous and sometimes very difficult to visualise. Additionally, these folds can hold moisture, harbor bacteria, cause odour as well as trap objects, all leading to skin breakdown¹



Moisture Management for Skin Folds



Medline Ultrasorbs Dry Sheets 240ml



Medline Ultrasorb AP 61 x 91cm

Incontinence–Associated Dermatitis (IAD)

- IAD is a type of irritant contact dermatitis found in people with faecal and or urinary incontinence
- IAD predisposes people to pressure injury and infection (*Candida albicans*)
- IAD complications are burning, pain, itching, reduced QOL, reduced sleep, reduced activities
- IAD risk factors are obesity with skin folds, decreased mobility, malnutrition, inability to perform ADLs and poor skin condition



Distinguishing Incontinence Associated Dermatitis (IAD) from Pressure Injury

Parameter	IAD	Pressure injury
History	Urinary and/or faecal incontinence	Exposure to pressure/shear
Symptoms	Pain, burning, itching, tingling	Pain
Location	Affects perineum, perigenital, peristomal area; buttocks; gluteal fold; medial and posterior aspects of upper thighs; lower back; may extend over bony prominence	Usually over bony prominence or associated with location of a medical device
Shape/edges	Affected area is diffuse with poorly defined edges/ may be blotchy	Distinct edges or margins
Presentation/depth	Intact skin with erythema (blanchable/non-blanchable), with/without superficial/ partial-thickness skin loss	<ol style="list-style-type: none"> 1. Presentation varies from intact skin with non-blanchable erythema to full-thickness skin loss 2. Base of wound may contain non-viable tissue
Other	Secondary superficial skin infection (e.g. candidiasis) may be present	Secondary soft tissue infection may be present



Prevention and Management of IAD

- Frequent inspection of skin and skin folds
- Implement skin care routine: cleanse to remove irritants, protect to minimize the irritants and restore barrier to skin to prevent contact with urine and faeces
- Consider soap free PH adjusted cleaners or 3 in1 wipes, followed by a barrier cream to keep moisture and protect with barrier products that are clear for inspection and easy to remove from skin to prevent friction
- Avoid products that interfere with absorption of continence pad (Petrolatum containing products)
- Manage incontinence
- Review



Sudocrem and Vaseline are not generally recommended for the bariatric population

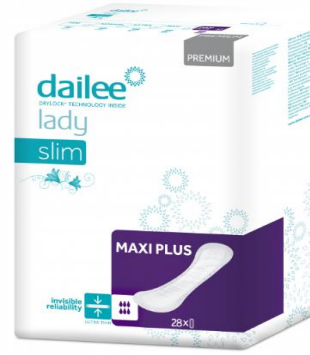
Bariatric Pads



Tena Maxi night pad



Molicare Premium Lady Pads 4 drops 782ml/5 drops



Dailee Lady Slim Premium Maxi Plus



Non adhesive high absorbency pads



Abriflex XXL



Depend buttons



Tena slip



Upcoming MASS Education

Anytime: Pressure Cushion Hands-on Learning Program

[Information sheet](#)

[Expression of interest](#)

[Online learning materials](#)

7 December, 1.00 -1.30pm

[MASS-eApply in a Nutshell](#)



Feedback form



Complete the feedback form to receive a certificate of attendance

[Link to feedback form](#)



References and Recommended Reading

1. Attrice, M. (2012). Managing and preventing skin compromise of the bariatric patient with spinal cord injury. *Rehabilitation Management*, 25(3), 26 -29.
2. Beeckman, D. et.al. (2015). Incontinence-associated dermatitis: Moving prevention forward: Addressing evidence gaps for best practice (proceedings from the Global IAD Expert Panel). *Wounds International 2015*.
3. Dial, M. et.al. (2018). "I do the best I can:" personal care preferences of patients of size. *Applied Nursing Research*, 39, 259 – 264.
<https://doi.org/10.1016/j.apnr.2017.11.028>
4. Doumouchtsis, S.K., Loganathan, J. & Pergialiotis, V. (2021). The role of obesity on urinary incontinence and anal incontinence in women: a review. *BJOG*, 129, 162 – 170. DOI: 10.1111/1471-0528.16848



References and Recommended Reading

5. Hagovska, M. et.al. (2019). *European Journal of Obstetrics & Gynaecology and Reproductive Biology*, 237, 18 – 22. <https://doi.org/10.1016/j.ejogrb.2019.04.001>
6. Lunt, A., Foy, M. & White, C. (2022). Working with clients of higher weight in Australia: Findings from a national survey exploring occupational therapy practice. *Australian Occupational Therapy Journal*, 403 -413 DOI: 10.1111/1440-1630.12799
7. Milroy, T., Jacobs, S. & Frayne, J. (2022). Impact of pelvic floor dysfunction in Aboriginal and Torres Strait Islander women attending an urban Aboriginal medical service. *Australia and New Zealand Journal of Obstetrics and Gynaecology*, 62, 748 - 754. DOI: 10.1111/ajo.13580
8. Neto, I. J. et. al. (2017). Are Obese Patients at an Increased Risk of Pelvic Floor Dysfunction Compared to Non-obese Patients? *Obesity Surgery*, 27,1822-1827. DOI 10.1007/s11695-017-2559-z



References and Recommended Reading

9. Osborn, D.J. et.al. (2013). Obesity and female stress urinary incontinence. *Urology* 82, 759.
10. Rush, A. & Muir, M. (2012). Maintaining skin integrity in bariatric patients. *British Journal of Community Nursing*, 17(4), 154 – 159.
11. Sileri, P. et.al. (2012). Prevalence of defaecatory disorders in morbidly obese patients before and after bariatric surgery. *Journal of Gastrointestinal Surgery* 16(1) 66-67.
12. Tanguay, S. (2018). Chapter 19: Considerations when working with the bariatric population. In M. L. Lange & J. L. Minkel, *Seating and Wheeled Mobility: A clinical resource guide* (pp. 317–332). Slack Incorporated.
13. Wesnes, S.L. (2014). Weight and urinary incontinence: the missing links. *International Urogynecology Journal*, 25, 725-729.



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