A Super-Morbidly Obese Patient (398 pounds) with Life Threatening Type A Aortic Dissection

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Introduction
A super-morbidly obese patient with Type A Aortic dissection was admitted to CTSDICU. We delivered an individualized program to promote early recovery after a major open heart surgery.

Objectives
1/ To promote early recovery for super-morbidly obese patient; 2/ To explore new nursing practice.

Methodology
On the 22 June 2014, we supported a 40-year-old super-morbidly obese Hong Kong Chinese patient with emergency Type A aortic dissection repair operation.

Result
Ben was admitted to Macau Kiang Wu Hospital with sudden onset of severe back pain radiated to neck and chest. Computer Tomography (CT) showed that he suffered from Type A aortic dissection. He was urgently transferred to QMH CTSDICU for emergency Type A aortic dissection repair operation. He is a chef in Macau and a chronic smoker who has seafood allergy. His medical history includes gout and sleep apnoea. Body height is 174cm and body weight is 181kg (398 pounds), with a body mass index of 59.8 kg/m^2 and he is wearing XXXL size clothing. At least, 6 healthcare workers would be required to lift him. Immediate post operation, he was admitted to CTSDICU with ventilatory support. Post operative day (POD) 1, he was successfully weaned from the ventilator and being extubated. With benefits of antihypertensive therapy, systolic blood pressure was progressively stabilized from 170mmHg on admission to 100-110mmHg post operation. Dietician recommended Ben to have hypocaloric nutrition with high proportion of proteins. Early nutritional
support with enteral feeding was started. Most beneficial position for Ben was between 30 to 45 degree semi-recumbent position with a head up posture to optimize lung expansion. Electric air mattress bed and two-hourly turning to provide excellent skin care. Hospital Authority electric bed is suitable for patient up to 200kg. POD 2 using a mobile electric patient lift machine, Ben was assisted to sit on a chair with standing exercises. Pulmonary embolism and deep vein thrombosis were potential post operative complications, therefore a mechanical legs pump, pressure stocking and prophylactic heparin were provided. With no bleeding, pericardial effusion and cardiac arrhythmia, Ben was transferred out of CTSDICU on POD 2. As we found that super-morbidly obese Chinese patient is not common, for long term goal, developing a tailor-made care plan for super-morbidly obese patient is required. Benefit of the individualised nursing care is that super-morbidly obese patient is able to enjoy treatment success.