

PROCEDURE FOR: Fecal Incontinence Management Using the Flexi-Seal Fecal Incontinence System (FMS) for the Adult Intensive Care Unit Patient

- POLICY:**
1. The LIP must assess patient for the following contraindications to the use of the Flexi-Seal FMS:
 - a. Suspected or confirmed rectal mucosa impairment (i.e. severe proctitis, ischemic proctitis, mucosal lacerations)
 - b. Rectal surgery within the last year
 - c. Rectal or anal injury
 - d. Severe hemorrhoids and/or symptoms
 - e. Rectal or anal stricture or stenosis
 - f. Suspected or confirmed rectal/anal tumor
 - g. Have any in-dwelling rectal or anal device (e.g. thermometer) or delivery mechanism (e.g. suppositories or enemas) in place
 - h. Sensitivity or allergies to any of the materials used in this device
 - i. Presence of fecal impaction
 2. The Flexi-Seal FMS is not intended for use:
 - a. in pediatric patients.
 - b. for more than 29 consecutive days.
 3. The LIP order shall include orders for the insertion, irrigation, and discontinuation of the Flexi-Seal FMS. The LIP order should state to discontinue the Flexi-Seal FMS within 29 days of insertion and/or if the patient is transferred out of the ICU or facility.

DESIRED PATIENT

- OUTCOMES:**
1. The patient's skin will be kept clean and dry and free from fecal contamination that contributes to skin breakdown.
 2. Surgical wounds and pressure ulcers will not become contaminated by stool.
 3. The spread of potentially infections incontinent stool will be prevented.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. In collaboration with the LIP, the nurse will perform a patient assessment to determine the clinical appropriateness of use of Flexi-Seal FMS as determined by these general guidelines:
 - a. The patient has little or no bowel control and liquid or semi-liquid (flowing) stool.

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- b. A digital rectal exam is performed to assess sphincter tone and rule out the presence of fecal impaction. If a fecal impaction is present, the nurse will consult with the LIP to determine if impaction removal is appropriate. Flexi-Seal FMS can only be inserted once the fecal impaction has been removed.
2. Based on normal assessment findings (sphincter tone is adequate, no signs of fecal impaction, patient meets insertion criteria and appropriateness in consultation with LIP), the nurse will seek an order from the LIP for use of the Flexi-Seal FMS.
3. The nurse will document usage of the Flex-seal FMS on the Clinical Flowsheet and in the Nursing Care Plan.
4. Once inserted, observe the FMS frequently for obstructions from kinks, solid feces or external pressure. Some leakage around the catheter is normal.
5. Gently tug on the catheter to check proper placement during regular patient contact.
6. If more stool is found going around the catheter than into the collection bag, check for the following:
 - a. Proper placement of catheter (black indicator line should be visible at end of buttocks)
 - b. Proper inflation of retention balloon (45 ml water or saline)
 - c. Obstructions (i.e. kinks, solid feces, external pressure when patient lying on catheter or piece of equipment)
 - d. Change in sphincter tone (determined by digital rectal exam)
7. Change collection bag as needed. Snap the cap onto each used bag and discard in red bag waste.
8. Notify physician/LIP immediately if any of the following occur:
 - a. Rectal pain
 - b. Rectal bleeding
 - c. Abdominal symptoms (e.g. distention/pain)
 - d. Peri-anal breakdown

EQUIPMENT: One Flexi-Seal Fecal Management System kit
Gloves
Water-soluble lubricant
Incontinence pad

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PROCEDURE FOR: INSERTION OF THE FLEXI-SEAL FMS

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Explain procedure to patient.	
2. Wash hands.	
3. Assemble equipment: fecal management system, gloves, water-soluble lubricant and incontinent pad.	
4. Using syringe provided in kit, remove any residual air in balloon.	
5. Fill syringe with 45 ml tap water or saline.	
6. Attach syringe to inflation port (marked 45 ml).	
7. Securely snap collection bag to connector at end of catheter.	
8. Position patient in left side-lying position (to access rectum). Flex hips and knees.	
9. Position incontinence pad under patient.	
10. Unfold/straighten catheter on bed and extend collection bag towards foot of bed.	
11. Insert lubricated gloved index finger into retention balloon cuff finger pocket for digital guidance during insertion. (The finger pocket cuff is located above the position indicator line.)	
12. Grasp catheter and lubricate balloon end of catheter generously.	
13. Gently insert balloon end through anal sphincter until balloon is beyond external orifice and well inside rectal vault.	
14. Gently insert balloon end through anal sphincter until balloon is beyond external orifice and well inside rectal vault.	14. Do not overinflate balloon - <u>UNDER NO CIRCUMSTANCES SHOULD THE BALLOON BE INFLATED WITH MORE THAN 45 ML!</u>

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15. Remove syringe from inflation port.
16. Gently pull on catheter to check that balloon is securely in rectum and is positioned against rectal floor.
17. Position catheter along patient's leg avoiding kinks and obstruction.
18. Hang bag on bedside at position lower than patient.
19. Label the collection device with the date.

PROCEDURE FOR: IRRIGATION OF THE FLEXI-SEAL FMS

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Fill syringe with tap water at room temperature.	
2. Attach syringe to irrigation port (marked IRRIG).	
3. Depress syringe plunger.	
4. Repeat irrigation process as often as necessary to maintain proper functioning.	
5. If repeated flushing with water does not return flow of stool through catheter, device should be inspected for obstruction (i.e. kinks, solid feces, external pressures when is patient lying on catheter or piece of equipment).	5. Return flow of stool through the catheter should occur by three attempted flushes.

PROCEDURE FOR: OBTAINING STOOL SAMPLE FROM COLLECTION BAG

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. If stool sampling is required, apply new collection bag to catheter.	
2. Once adequate amounts of fecal matter have been collected, detach fecal collection bag from device.	
3. Place fecal matter into specimen container.	
4. Discard fecal collection bag into red bag medical waste.	

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5. Attach new fecal collection bag to catheter.

PROCEDURE FOR: REMOVAL OF FLEXI-SEAL FMS CATHETER:

ACTION

POINTS OF EMPHASIS

1. Attach syringe to inflation port and slowly withdraw water from retention balloon.
2. Grasp catheter and slowly slide it out of anus.
3. Dispose of Flexi-Seal FMS into red bag waste.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/09

REVISION DATES:

REVIEWED DATES: