Drainable Fecal Incontinence Collector

with Tapered Skin Barrier

Protocol

Desired Outcomes

- Maintain skin integrity and/or protect perianal skin from breakdown.
- Collect and facilitate measurement of output.
- Contain odor.
- Maintain patient dignity.

Equipment

1. Drainable Fecal Incontinence Collector
2. Soft cloth or other material for cleansing skin
3. Skin cleanser (Cleanser should not leave a residue on the skin. It may interfere with adherence of the barrier.)
4. Gloves
5. Scissors
6. Bedside drainage bag recommended (Connect pouch to bedside drainage bag if output is liquid and high volume.)

Parts of Procedure

- Preparation of the skin
- Application of the pouch
- Removal of the pouch

Preparation of the Skin

1. Assemble equipment and take to bedside.
2. Identify and inform patient of procedure.
3. Provide for privacy.
4. Wash hands and/or put on gloves.
5. Position the patient to one side, with the upper knee slightly flexed. (Remove fecal collector if present.)
6. Clean and thoroughly dry the perianal skin. (Make sure the patient's skin is completely dry and free from powders, ointments, lotions, or oily residues. Do not use a skin gel or other skin sealants.These products can decrease wear time.)
7. Remove excess perianal hair according to facility protocol. (Hair will interfere with the adhesion of the skin barrier.)
8. Document the condition of the skin. (If the perianal skin is eroded, Hollister Premium Powder can be used to absorb excess moisture. Excess powder must be brushed away before applying the skin barrier.)

Application of the Pouch

1. If necessary, enlarge the opening in the skin barrier to fit the patient's anatomy. Do not cut beyond the printed line on the release paper.
2. Remove release paper and fold the barrier in half. (Adapt paste can be used as a caulk around the opening in the skin barrier. Paste can also be used to fill in uneven skin surfaces, to help prevent channeling under the skin barrier.)
3. Separate the patient's buttocks and position the skin barrier opening over the patient's anus.
4. Apply the skin barrier. (Hold the barrier in place for 30 seconds to achieve good adhesion.)
5. Connect the spout to a bedside drainage bag or close the cap. (If spout is capped, do not let pouch overfill.)
6. For managing thicker discharge, the lower end of the pouch can be cut off and an ostomy pouch clamp applied.

Removal of the Pouch

1. If a drainage bag is used, disconnect the spout from the bedside drainage collector and close the attached drain cap.
2. Gently peel the skin barrier from the patient's skin.
3. Dispose of used product. Quantify output if required.
4. Wash hands.
5. Document procedure and other pertinent observations.

Note: Fecal collector may be left in place for up to seven days as long as skin barrier is intact and adherent.

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Options for Fecal Incontinence Management

Product	Advantages	Disadvantages
Fecal Collector	• Protects skin integrity • Contains odor • Facilitates measurement • Saves staff time • Increases patient comfort	• For best results, need to learn correct technique for application
Diapers or Absorbent Products	• Familiarity	• Does not contain odor • Must clean skin after each incontinent episode • Need additional skin care products to protect skin • May need to be changed frequently
Rectal Tubes	• Familiarity	• May leak, resulting in odor, skin irritation • May need to be removed or deflated to prevent damage to muscosal tissue* • Contraindicted for patients who have rectal pathologies, are immunocompromised, have had recent rectal surgery, are neutropenic or have clotting disorders • Invasive procedure • May require a physician's order

*Vary according to product type and facility protocol; may be as often as every two hours.

Ordering Information

Drainable Fecal Incontinence Collector with Tapered Skin Barrier — Stock No. 9880 — Qty/Box 10

To order, phone toll-free in the U.S., 1.800.323.4060
in Canada, 1.800.263.7400

Drainable Fecal Incontinence Collector

Terminology

Diarrhea: Frequent passage of liquid/watery bowel movement in amounts greater than 150ml stool per day.

Erosion/Denudation: Removal of the top layer of the skin.

Erythema: Redness of the skin surface.

Fecal incontinence: Inability to control the passage of gas, liquid, and/or solids.

Maceration: Softening of the skin by soaking in fluids. Skin appears white and waterlogged.

Perineal bridge or body: Space between the vaginal orifice and anus in females; space between base of scrotum and anus in males.

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References
Doughty D. *Maintaining normal bowel function in the patient with cancer.* J ET Nurs. 18:90–94, 1991.
Freedman P. *The rectal pouch: A safer alternative to rectal tubes.* Am J Nurs. 105–106, May, 1991.
Wound, Ostomy and Continence Nurses Society. *Caring for a patient with fecal incontinence.* Guidelines for Management. 1994.

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