















Skin and Wound Product Information Sheet

Fecal Pouch		
Classification	Fecal Collection Device: External	
Key Points	Collects and facilitates measurement of liquid/li	oose stool.
	• Designed to protect perianal skin from skin breakdown caused by fecal discharge (moisture and	
	digestive enzymes).	
	Helps contain odour.	
	Improves client dignity.	
Indications	• Use if the client has three or more liquid/loose bowel movements in a 24-hour period.	
Precautions	Does not adhere to broken/open skin unless skin barrier film wipe is applied.	
	• Does not adhere to skin if hair is present.	
	Carefully remove device to prevent skin stripping.	
Contraindications	Do not use to collect soft/solid stool.	
	• Do not use in combination with continent briefs or mesh underwear pad systems.	
	Do not use ointments or petroleum-based products.	
	• Client is not to sit or lie on product.	
Formats & Sizes	Collector Flextend version	
	 Medium 25cm (10inches) 	
	Large 30cm (12inches)	
		and a
	Application Directions	Rationale

Application Directions	Rationale
Prepare supplies	
Gather the appropriate size of pouch, ostomy ring, skin barrier film and	
scissors.	
Preparation of skin	
1. Position client to one side, with upper knee slightly flexed.	
2. Clean and thoroughly dry the perianal skin.	
3. Trim excess perianal hair where pouch will have contact with skin.	The device will not adhere to the skin if hair is
4. If skin is red and denuded apply a skin barrier film wipe e.g. No-	present.
Sting, allow 1-2 minutes to dry.	
Application of pouch	
1. If necessary, enlarge the opening of the skin barrier to fit client's	
anatomy (area is indicated as a shaded area on the skin barrier of	
the product). Ensure scissors do not come in contact with the plastic	
pouch.	
2. To assist with reducing leakage, ostomy ring can be used as caulking	Ostomy rings can be used to fill in uneven skin
around the opening in the skin barrier, or the ring can be applied	surfaces, to help prevent channeling of liquid stool
directly on peri-anal skin.	under the skin barrier.
3. Position the pouch so that the top part of the pouch is aligned with	
the coccyx, as indicated on paper back side.	
4. Remove paper backing. Gently fold the skin barrier in half.	
5. Separate the client's buttock. Position the folded skin barrier (and	
paste ring, if using) just below the anus, then unfold the skin barrier	
to cover the anus.	
6. Hold the skin barrier in place with hands for 30 seconds to achieve	
good adhesion.	
7. If stool is watery/liquid, connect the spout of the pouch to a	
drainage bag, If the stool too thick to go thru the sprout, the spout	
may be cut off and an ostomy clip applied.	

Created by the British Columbia Provincial Nursing Skin & Wound Committee in collaboration with Wound Clinicians from

















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Daily Care			
Empty collection device as needed.			
Monitor skin around the collection device every 2 hours for leakage.			
Frequency of Change			
Change the pouch every 3-4 days. Wash and pat dry perianal skin after			
removal and before s new application.			
Removal of Device			
1. If drainage bag is used, disconnect the spout from the bedside			
drainage collector and close the attached drain cap.			
2. Gently peel back the skin barrier from the client's skin. Assess for			
redness or skin breakdown.			
3. Measure output and record.			
4. Dispose of product per institution policy on waste disposal.			
Expected Outcome			
Perianal skin remains intact.			
For further information, please contact your Wound Clinician/ET/WOCN.			