Skin and Wound Product Information Sheet

Flexi-Seal Protect

Classification	Fecal Collection Device: Internal
Key Points	• A non-latex collection device which effectively diverts liquid/semi-liquid stool away from the skin of immobile clients and contains the stool allowing for measurement of fecal output. • Has **green** and **red** port indicators to ensure that the internal balloon is not over-inflated; minimizes the risk of a medical device related pressure injury • Physician/Nurse Practitioner's order is required for the insertion of this device • **Please see Health Authority Flexi-Seal Procedure (if available) for additional care guidelines**.
Indications	• For the client with no or limited mobility who has a minimum of three loose or liquid stools in a 24-hour period and whose has denuded perianal skin. • Use when external fecal collection devices have failed.
Precautions	• Use with caution with clients with inflammatory bowel condition or who have had rectal surgery. • Use with caution with clients who have a tendency to bleed (anticoagulant/anti-platelet therapy or underlying disease). If any signs of rectal bleeding, rectal pain, abdominal distension/pain; remove device immediately and notify Physician. • Client may be positioned upright up to 30mins; longer duration may cause obstruction of stool and/or a medical device related pressure injury
Contraindications	• No intended for use over 29 consecutive days. • Not to be used in pediatric clients. • Not to be used when stool becomes soft formed or solid • Do not use if client has any of the following conditions: o anal or rectal strictures, stenosis and/or injury, hemorrhoids of significant size o temporary permanent loss of anal sphincter muscle tone o a suspected or confirmed rectal/anal tumour o any in-dwelling or external rectal or anal device (e.g., thermometer, external fecal collection pouch) or need for rectal or anal procedures (e.g. suppositories, enemas) o radiated anal/rectal area o suspected or confirmed rectal mucosa impairment (severe proctitis, ischemic proctitis, mucosal ulcerations), bowel obstruction or bowel perforation o large bowel or rectal surgery within last year unless ordered by Physician o sensitivity to or allergies to any components within the kit
Formats & Sizes	• Flexi-Seal Protect kit • Flexi-Seal collection bags with filter 

Application Directions	Rationale
Preparation of Device	
1. Collect the device kit, potable water, gloves and lubricant. 2. Remove any residual air from the balloon by attaching the syringe to the inflation port and withdrawing the plunger. 3. Expel any residual air from the syringe; fill the empty syringe with 45mls of water. Do not overfill beyond 45mls. Attach the syringe to the white inflation port (marked less than or equal to (≤) 45mls). 4. Securely snap the collection bag to the collection catheter.	The amount of water that can be instilled into the balloon when balloon is positioned in the rectum is depended upon the client's rectal vault space. Usual instillation volume is 30-45ml with 45ml being the maximum amount of water to be instilled into the balloon.
Prepare the Client	
1. Position the client in the left side-lying position: if unable to tolerate this position, position so access to the rectum is possible. 2. Remove any indwelling anal device. 3. Perform a digital rectal exam to evaluate suitability for insertion of device (e.g., stool impaction, strictures, masses) and for sphincter tone.	To ensure that the catheter can be safely used.

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Insertion of Device	
1. Unfold and lay out the catheter on the bed, towards the foot of the bed 2. Insert a lubricated gloved index finger into the blue retention balloon's finger pocket. 3. Coat the balloon with lubricating jelly. 4. Gently insert the balloon through the anal sphincter until it is beyond the external orifice and well inside the rectal vault. Remove finger. 5. **Slowly** Inflate the balloon with the water; when the balloon has reached its optimal volume the inflation port's **green** indicator will pop. Stop when the green indicator pops. Should the **red** indicator pop, this indicates that the balloon is overinflated; remove enough of the water to have the green indicator pop. • **Never inflate the balloon with more than 45mls.** • If the green indicator pops at less than 30mls; withdraw the water, reposition the balloon in the rectal vault and re-fill the balloon until the indicator pops. If still less than 30mls, then this is the amount needed for this specific client. • If the green indicator does not pop at all; the balloon is under-filled; withdraw the water and refill the balloon. 6. Remove the syringe from the inflation port. Gently tug on the catheter to check that the balloon is securely positioned in the rectum, against the rectal floor. Note catheter's black position indicator line relative to client's anus. 7. Position the length of the catheter along the client's leg, avoid kinks and obstructions in the tube and that there is no pressure from the tube on the client's skin. Position the collection bag at a level lower than the client. 8. Protect bed linen with an underpad as there a small amount of fecal seepage from around the balloon may occur.	Green indicator not popped; not at optimal volume.  Green indicator popped; indicates optimal volume.  To avoid a medical-related pressure injury. To ensure an unobstructed flow.
Daily Care - Monitoring, Irrigation and Collection Bag Change	
1. Observe the device frequently for obstruction (kinks, solid fecal particles) or external pressure (client lying on catheter, collection bag full). 2. Observe changes in the location of the position indicator line to determine movement of the retention balloon in the patient's rectum. This may indicate the need for the balloon or device to be re-positioned. 3. Should the indicator bubble deflate or appear excessively inflated, the retention balloon is no longer at the optimal level. Withdraw the fluid and re-fill the balloon as described above. 4. Irrigate device, if needed, to maintain an unobstructed flow of stool as well as to minimize odour. To irrigate, fill the syringe with tap water (room temperate), attach the syringe to the blue irrigation port (marked IRRIG**).** Depress the plunger; do not pull back on the syringe. **5.** Repeat the irrigation procedure whenever necessary to maintain proper functioning of the device. If repeated irrigation does not return the flow of stool through the catheter and the device has been inspected to ensure that there is no external obstruction (e.g., pressure from body part or piece of equipment, or resolution of diarrhea) then **the use of the device should be discontinued.** 6. Change the collection bag as needed. Snap the cap onto each used bag to prevent spillage and dispose of according to hospital policy.	Ensure the syringe is not inadvertently attached to the white balloon inflation port (marked ≤45mls).
Removal of Device	
1. Before removing the catheter, ensure that the retention balloon is deflated. Attach syringe to the inflation port marked 45mls and slowly withdrawal saline. Disconnect syringe and discard. 2. Grasp the catheter as close to the client's anus as possible; slowly pull out.	
Expected Outcome	
Peri-anal skin is intact. Liquid/semi-liquid fecal output is measured.	.
For further information, please contact your Wound Clinician/ET/WOCN.	