advanced medical balloons

hygh-tec® FMS Instruction for Use Training Module

#reshapingfecalmanagement

The continuous drainage of liquid stool is the current standard in critical care medicine

The hygh-tec[®] Fecal Management System is indicated for fecal incontinence. It has been specifically designed to maximize sealing performance to reduce/eliminate fecal leakage



hygh-tec[®] Fecal Management System – Kit Contents



advanced

medical balloons

Dumb-bell shaped balloon catheter and drainage tubing





Name	Catalog Number	Description
Hygh-tec FMS	V01-10024	1 Drainage / 1 Stool Collection Bag
Hygh-tec Drainage Bag	V01-10026-05	5 Stool Collection Bags

hygh-tec[®] Fecal Management System – Key Tubing Features



Patient Preparation for hygh-tec Fecal Management System



Position the patient in a flat left lateral position for drainage tube placement, if possible



Using a lubricant, palpate the rectal ampulla for any stool, masses and potential narrowing while ensuring the patient has sufficient rectal tone for an indwelling FMS.



1. Unfold the catheter tubing to remove and folds or kinks and lay flat.



2. Connect the bag to the catheter.





3. Completely deflate the balloon by connecting the empty pre-marked syringe to the yellowcapped port and aspirating all the air that may have been left during manufacturing.





4. Lubricate the upper 1/2 of the drainage head system as well as the anus with a water-soluble gel.







5. Pinch the green olive tip and insert into anus. Once past the sphincter, use slight twisting movements, like a suppository, to insert up to the yellow ring.









6. Inflate the drainage head with 85 ml of air using the enclosed inflating syringe with the 85 ml volume marking. Be sure to fill moderately, not too quickly, to avoid triggering an anal opening reflex or an expulsion reflex.







7. Confirm the correct transanal position of the drainage head. The distal portion of the transanal dumb-bell shaped balloon should be visible. Do not exceed 85 ml of air. The drainage head assumes a slack-filled, tensionless state in the rectum.







8. Confirm that the catheter is laid out flat, removing any folds or kinks. Lay in between the patient's legs and make sure the catheter is unimpeded. Hang the bag on the bed at a lower level than the buttocks.





Irrigation or Lactulose Enema

1. Position closure strap 10cm from the anus and tighten closure strap. Ensure teeth are engaged to ensure a tight fit.







Irrigation or Lactulose Enema

2. Attach syringe to the irrigation port and administer fluids in a slow, steady manner.



3. To end the irrigation/enema process, loosen the closure strap allowing fluids to move out of the patient through the tubing to the collection drainage bag. If needed, "milk" the tubing to move fluid into the drainage bag.

Taking a stool sample

1. Position the closure strap 5cm distally from the sample port and tighten the strap. Ensure teeth are engaged. Prior to opening the sample port, slightly raise the port above the patient to avoid any cascading of liquid stool through the open port.





Taking a stool sample

2. Insert the hub of a sampling syringe, as far as possible into the sampling port.





3. After collecting a stool sample, re-cap the sample port ,loosen the strap and clean around the sample port to ensure there is no remnant stool on the tubing/port.

The hygh-tec[®] Fecal Management System





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Thank you

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