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OPTIMIZING FAECAL CONTAINMENT USING INDIVIDUALIZED BALLOON VOLUMES

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Aim: Diarrhea induced faecal incontinence is a common patient care management issue associated with incontinence associated dermatitis (IAD), fungal overgrowth, catheter associated urinary tract infections and pressure ulcers. Faecal containment using internally placed faecal management systems (FMSs) are frequently used to avoid these issues. As rectal lumen size and the number/position of Houston valves in the rectal vault vary between patients, the ability to individualize balloon volume may enhance faecal diversion and reduce leakage, expulsion and the potential for overfill.

Method: A new FMS* with a fill indicator was placed in 17 faecally incontinent patients with liquid/semi-liquid stool. The balloon was inflated and the device was maintained per manufacturer's instructions. Leakage and expulsion episodes were recorded.

Results: Balloon volumes ranged from 34-45ml. There were no episodes of balloon expulsion from the rectum. One patient had leakage around the catheter but this was markedly reduced when balloon volume was decreased to 37 ml. There were no occurrences of IAD. No other adverse events were noted.

Conclusion: Balloon volume range used in these patients suggests that individualization is recommended for safety and care management to reduce expulsion and leakage around the catheter. Limiting fluid instillation to 45 ml in the retention balloon has been shown to be safe to the rectal mucosa. Using a fill indicator to signal optimal FMS balloon volume in the rectal vault is a viable method to achieve these goals. More study is warranted.

*Flexi-Seal Signal™, ConvaTec, Inc., Skillman, New Jersey, USA