Expert recommendations for managing acute fecal incontinence with diarrhea in the intensive care unit

C Bayón García, R Binks, E De Luca, C Dierkes, A Franci, E Gallart, G Niederalt, D Wyncoll, P Vaes, B Soderquist, S Gibot. J Intensive Care Soc. 2013;14(Suppl 2):1-9.

Algorithm for AFId risk assessment and management^{1‡}

Diagnosis of AFId

A second episode of fecal incontinence with diarrhea (liquid or semi-liquid stool, Bristol stool chart type 6-7) in 24 hours



AFId with or at risk of developing complications:

Risk of skin breakdown in perineal region, e.g.:

- Moisture lesion, excoriation, pressure ulcer, burn
- · Wounds at risk of infection/fasciitis
- Fournier's gangrene
- · Post-op, e.g. transposition flap plasty

Risk of cross infection, e.g.:

- C. difficile, MRSA, E. coli, ESBL, CRE, etc.
- · Enteric infection/enteritis with no isolation facility

Immobility, e.g.:

- Severe respiratory failure
- Multiple trauma, e.g. pelvic ring disruption
- ECMO (extracorporeal membrane oxygenation)
- · Large-bore arterial/venous access
- Morbid obesity

Very frequent or long-lasting diarrhea, e.g.:

- Pancreatitis
- Hepatic encephalopathy
- GI bleeding with melena
- Induced (intentional/unintentional)
- Allogenic transplant/GVHD (graft vs host disease)
- Post-resuscitation care syndrome

Other clinical conditions, e.g.:

Tube feeding/poor nutritional status

Patient comfort and dignity

For palliative care reasons

AFId with good prognosis:

- Well nourished/hydrated
- Short hospital stay
- Treatable
- Mobilised/mobilising soon



Manage with traditional methods:

- E.g. pads, incontinence sheets, fecal collectors
- Evaluate regularly
- Cleanse, moisturise and protect the skin

Contraindications for fecal management system (refer to product insert/IFU)



No



Insert FMS device

Evaluate every 12 hours Cleanse, moisturise and protect the skin Management with traditional methods, e.g. pads, incontinence sheets, fecal collectors

Cleanse, moisturise and protect the skin

AFId: acute fecal incontinence with diarrhea; C. difficile: Clostridium difficile; E. coli: Escherichia coli; MRSA: methicillin-resistant Staphylococcus aureus; ESBL: extended-spectrum beta-lactamase; CRE: carbapenem-resistant enterobacteriaceae; FMS: fecal management system; IFU: instructions for use.





Acute fecal incontinence with diarrhea is associated with important challenges in the ICU:1,2



Skin breakdown and pressure ulcers



Increased hospital stays and cost



Cross-contamination with nosocomial infections

Experts recommend to implement a standardised protocol for the management of AFId to avoid associated complications¹

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Flexi-Seal™ Protect Plus FMS Kit LUER	422303	1 kit/box, 1 bag	
Flexi-Seal™ Protect Plus FMS Kit ENFit™	421703	1 kit/box, 1 bag	
Flexi-Seal™ Protect Plus Privacy™ Collection Bag with APS Filter	422291	5 bags/box	
Flexi-Seal™ PROTECT FMS			
Flexi-Seal™ PROTECT FMS	421630	1 kit/box, 1 bag	
Flexi-Seal™ Privacy™ Collection Bag with APS Filter	411108	10 bags/box	
Flexi-Seal™ Signal™ FMS			
Flexi-Seal™ Signal™ FMS	418000	1 kit/box, 3 bags	
Flexi-Seal™ Privacy™ Collection Bag with APS Filter	411108	10 bags/box	

Flexi-Seal™ Fecal Collector			
Flexi-Seal™ Fecal Collector with Hydrocolloid Adhesive*	650078	10 collectors per box	

^{*}When Flexi-Seal™ Fecal Management Systems are not an option

References

- 1. Bayón García C, Wyncoll D, De Luca E, Dierkes C, Franci A, Gallart E, Niederalt G, Binks R P Vaes, B Soderquist, S Gibot. Expert recommendations for managing acute faecal incontinence with diarrhoea in the intensive care unit. J Intensive Care Soc. 2013;14 (Suppl 2):1-9.
- 2. Bayón García C, Binks R, De Luca E, Dierkes C, Franci A, Gallart E, Niederalt G, Wyncoll D. Prevalence, management and clinical challenges associated with acute faecal incontinence in the ICU and critical care settings: the FIRST cross-sectional descriptive survey. Intensive Crit Care Nurs. 2012;28(4):242-50.
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