

USING A CATHETER-BASED BOWEL MANAGEMENT SYSTEM* TO PROMOTE SKIN HEALTH

Megan Hughes, BSN, RN, CWOCN
Lakeland Homecare, St. Joseph, MI

The following represents the experience of M. Hughes and Lakeland Homecare, St. Joseph, MI, and does not constitute any recommendation(s) by Hollister Incorporated.

PROBLEM STATEMENT

Perineal dermatitis and pressure ulcer formation are potential outcomes of fecal soiling. The availability of catheter-based systems* for the management of stool in acutely ill patients presents an opportunity for protection of intact skin and reduction of moisture and soiling of existing wounds in the sacral area.

INTRODUCTION

This case describes a patient with unique needs for skin protection. The impact on patient and nursing staff is described, using a comparison between prior management and the use of a catheter-based bowel system.*

Case Description:

This 70 year-old female was admitted to a Long Term Acute Care Hospital (LTAC) after surgery for necrotic bowel, resulting in extensive resection of the small bowel. The patient's medical history included hypertension, chronic atrial fibrillation, morbid obesity, prior stroke with right arm weakness and dysarthria, type II diabetes, and chronic renal insufficiency.



Moisture associated skin damage related to fecal incontinence

At the time of transfer, the patient was just beginning to take oral fluids and enteral supplementation, and she was receiving total parenteral nutrition. Her bowel movements were infrequent prior to transfer, but within a few days after arrival at the LTAC, she began having incontinent liquid stools, at a frequency of four to six times per day.



Extension of skin damage to hips and thighs

Despite frequent cleansing, use of protective barrier ointments, and absorbent pads, the patient developed moisture associated skin damage, and a fungal rash. Within ten days of admission, the patient developed areas of denuded tissue and two, stage II pressure ulcers. Care procedures were time and resource intensive, because at least two staff members were needed to turn the patient.

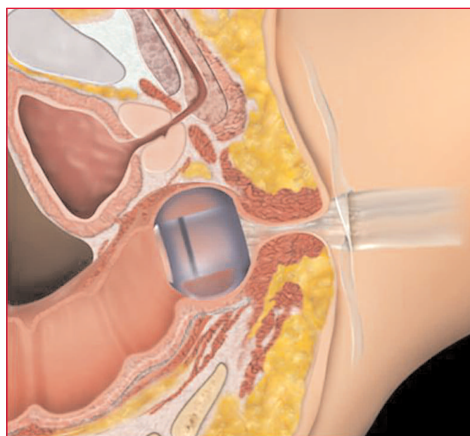
The patient reported pain with every episode of fecal soiling. One month following arrival to the LTAC, the patient's physician was considering the need to create a diverting colostomy. On the recommendation of the WOC Nurses, a catheter-based bowel management system* was inserted.

*Zassi Bowel Management System, Hollister Incorporated, Libertyville, IL

Solution:

The insertion of the device* allowed for diversion of the fecal stream, which eliminated exposure of the skin to moisture. The staff reported a decrease in the acuity of care, as well as an immediate improvement in patient comfort. Shallow areas of skin damage healed within 10 days. Treatment for the pressure ulcers was more effective, because the dressings could stay in place for longer periods of time.

As her skin healed, the patient became more willing to participate in strengthening activities, and her appetite improved. The nursing staff irrigated the rectum and lower colon using the catheter-based



Cross section illustration of bowel catheter in place

bowel management system,* which allowed the patient to continue use of the device even after the stool consistency changed. The patient was able to continue using the system until she regained enough strength to get out of bed and gradually resume activities and use a commode.

Conclusions:

The advantages of the catheter-based bowel management system* included, for this patient, fewer dressing changes, enhanced patient comfort, skin and wound protection, and simplification of patient care. Prior methods of managing fecal output did not prevent skin damage, and contributed to a resource and time intensive care regimen.

The catheter-based bowel management system* is a valuable adjunct to care in the LTAC setting.

As Presented at
WOCN Society 39th Annual Conference
June 9-13, 2007
Salt Lake City, Utah

FINANCIAL ASSISTANCE/DISCLOSURE

The support of Hollister Incorporated for this clinical presentation is gratefully acknowledged.

Caution:

Federal (USA) law restricts this device to sale by or on the order of a physician.

Prior to use of the Zassi® Bowel Management System, be sure to read: (i) the entire Zassi Bowel Management System Instructions for Use package insert supplied with the product for device Intended Use, Description, Contraindications, Warnings, Precautions, Adverse Events, and Instructions For Use; and (ii) all other package inserts and labels supplied with the product and accessories.

*Zassi Bowel Management System, Hollister Incorporated, Libertyville, IL



Hollister Incorporated
2000 Hollister Drive
Libertyville, Illinois 60048
1.800.323.4060

Distributed in Canada by
Hollister Limited
95 Mary Street
Aurora, Ontario L4G 1G3
1.800.263.7400

www.hollister.com