Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Challenges with Fecal Management Systems In the Acute Care Setting

Meghan Melina, Donna Loehner, Margaret Norberg, Ann Marie Feinstein, Christine Culleton, Mary Ellen Gunning, Brittany Nation, Sarah Allyn

Beth Israel Deaconess Medical Center, Boston, MA

Introduction/Problem

1. Overall Clinical Problem/Challenge:

- Containment of stool among critically ill incontinent patients in the acute care setting can be a substantial challenge to the nursing staff.
- Fecal incontinence not only poses a problem of dignity for the patient, but the subsequent skin impairments that come along with fecal incontinence can be significant.
- Over the past year, the wound/ostomy department has seen an increase in perianal skin injuries related to the internal fecal incontinence device.
- While these injuries are overall a low occurrence, they are a high impact problem.
- Past treatments:
  - Always start with least invasive option; i.e. external fecal pouch
  - Removal of the device after 29 days, reassessing the need for continued use
  - Xeroform gauze around the tubing at the anal opening
  - Moisture barrier ointment at the peri-anal skin

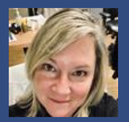
Aim/Goals

- Containment of stool
- Prevention of Perianal injuries
- Safety for patients and staff

The Team


D. Loehner


A.Feinstein


C. Culleton


M. Gunning

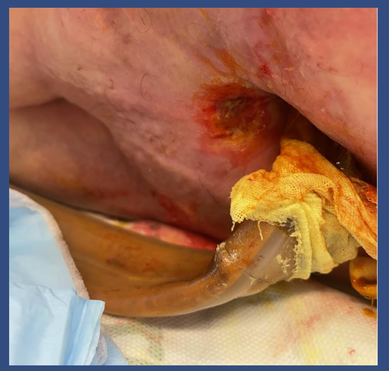

M. Melina


M. Norberg

Patient Management Plan

- Critically ill patient with peri-anal mucosal injury related to fecal management system. Unable to remove device due to sacral unstageable pressure injury and large amounts of fecal incontinence.
- Patient JJ: 64-year-old male; history significant for COPD, T2DM, EtOH cirrhosis, recurrent C.diff.; admitted to surgery after CT showed pneumoperitoneum and in multi-pressor shock; taken to the OR for an exploratory laparotomy.; required 5 operative procedures during his stay and multiple transfers to and from the ICU.
  - Documentation noting placement of fecal management system on 5/10; **no documented d/c date; potentially in place 14 days**
  - Fecal management system placed again on 5/24 and removed on 6/2; 9 days in place
  - Fecal management system placed 6/5 and discontinued 6/7; 2 days in place
  - *Of note:* 5/10 placement of fecal management system due to vancomycin enemas, no stool output. **NO order was placed for insertion of device. An order was only placed for insertion on 6/5**
  - 5/19: wound care noting peri-anal impairment
    - Challenge ahead: based on patient's clinical situation and critical illness, multiple skin impairments and FMS injury, at that time we weighed risk v. benefit of removing the device that caused the injury due to massive fecal incontinence.

Photo Timeline



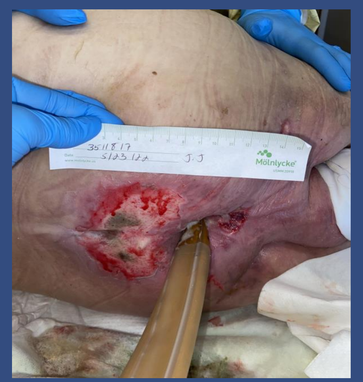


Photo timeline 5/19 5/23

For more information, contact:

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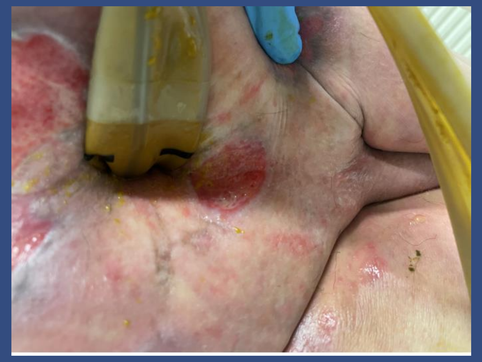
Results/Progress to Date



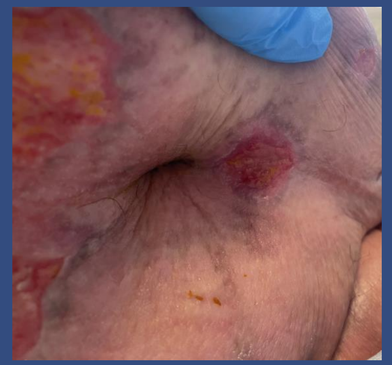


Photo timeline 6/7 6/14

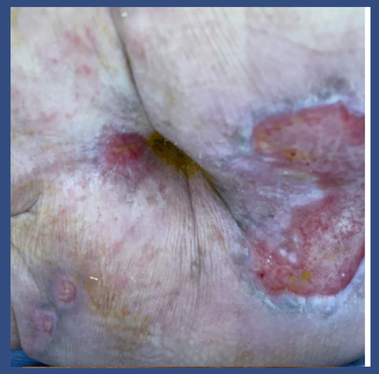


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Photo time line 6/21

Changes made, rational and relevant clinical date (patient JJ):

- June 13, practice alert sent to nursing staff:
  - Fecal management systems will be removed after **14 days** and assessment of re-insertion to be determined at this time
- Hospital Policy updated
- MyPath education broadcasted to nursing

Emphasis: an order by MD MUST be placed for insertion of device

Outcomes and Conclusions

- Fecal incontinence may not be preventable in the critically ill patient; however, avoidance of injury is preventable with appropriate interventions.
- Research indicates that regardless of the type of internal fecal management device, over time anal erosion rates increase by about 20% after the 8th day in place (Sammon, 2015).
- Research on internal fecal management systems is limited and an area for future investigation.
- Patient JJ outlines the challenges faced as WOCN's; with an injury discovered, the risk v. benefit must be considered: What could we have done to prevent this from happening in the first place?

For more information, contact:

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