



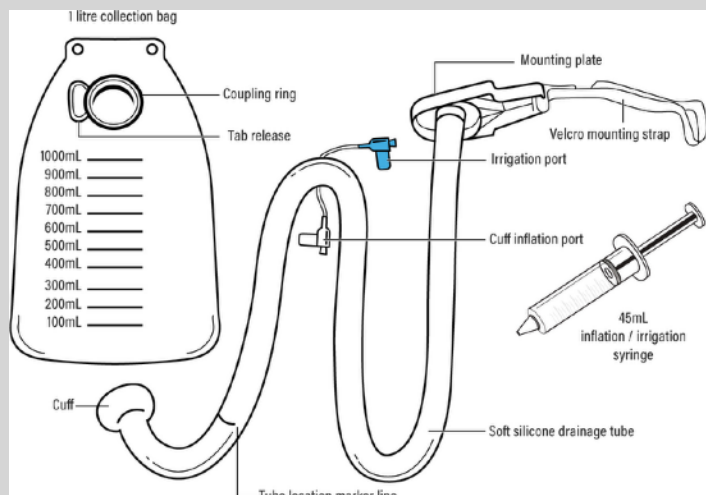
What is this?



This is a faecal management system (FMS) also known locally as a bowel management system.

How does it work?

The FMS is a temporary faecal diversion and containment system comprising a soft flexible silicone tube roughly 1.55 meters long, with a soft silicone catheter at one end that is inserted into the patient's rectum, and retained by a low pressure rectal balloon. A collection bag is attached for containment of faeces, which is measured and changed as required.



When do we use FMS?

An FMS is indicated for patients with liquid or semi-liquid stool and little or no bowel control. The main reasons to use an FMS are to protect skin integrity (or promote healing of already damaged skin) and maintain patient comfort and dignity. In high volume loss, it can also help to quantify a classically 'insensible' fluid loss. In infected diarrhoea (e.g. C Diff.) it can help prevent accidental spread around the unit.

Contraindications?

- Solid or semi-formed stools
- Patients who sit out for long periods (tube kinks).
- Pre-existing rectal/anal/peri anal damage/ulcer
- Recent anal/low rectal surgery
- Crohn's, UC
- Anal/rectal cancer
- Severe haemorrhoids
- Cord injury with risk of autonomic dysreflexia
- Caution in clotting disorders (senior advice)

What are the complications of FMS use?

Risks of use of BMS must be balanced against the risks of treating acute faecal incontinence and diarrhoea with pads alone.

- Discomfort
- Repeated device expulsion
- Anal atony (usually temporary)
- Faecal leak
- Rectal trauma and haemorrhage
- Rectal pressure necrosis and subsequent stricture (care with balloon inflation is required)
- Bowel obstruction

What causes diarrhoea on the ACCU?

- Enteral nutrition
- Aperient use
- Antibiotic use
- Intestinal dysfunction
- GI infection/underlying inflammatory disorders
- Sepsis
- Hypoalbuminaemia

