

Troubleshooting Guide

Secco bowel management system

1. Episodes of leakage?

- Check to see if the black line has migrated upwards into rectum. The line should be just visible outside the anus - if it moves further up the anal canal the seal that the inflatable balloon has made on the floor of the rectum will be dislodged leading to the chance of leakage. **Remedy:** Gently pull the catheter down to re-seat the balloon and re-make the seal.
- Check to see if the catheter is occluded. The clear flow of the catheter could be impeded by the patient lying across the catheter and blocking it, or by the catheter being folded or twisted and blocking it. **Remedy:** Check the catheter and ensure it is clear of blockages or it is not twisted.
- Check if catheter is blocked on the inside. As the stool composition returns to a more normal consistency the catheter could be blocked by solid stool material. **Remedy:** Irrigate using the 'blue' IRRIG port to introduce fluid into rectum to help soften stool and release blockage. Alternatively, milk-down solid stool to release blockage.
- The catheter balloon has not made a good seal on the floor of the rectum. **Remedy:** Try reducing the amount of water in the balloon by 2 – 5ml.
- The catheter has become twisted within the anal canal and is therefore partly blocked. **Remedy:** Empty balloon and withdraw the catheter to ensure that it is not twisted and re-insert.

2. Experiencing odour?

- Some patients will naturally produce a malodorous stool dependent on their diet or type of diarrhoea. **Remedy:** Flush the catheter with water via the Flush/Sample port. This will wash away faecal residue remaining in the catheter and help reduce odour from the tube. This will also give the catheter a more acceptable appearance for any visitors at the bedside.
- If the filter on the collection bag has become soiled by faecal material this could release odour to the outside of the bag. This could be as a result of the bag being laid flat on the bed whilst the patient was moved or re-positioned. **Remedy:** Change bag immediately. Ensure the collection bag is positioned correctly below the height of the patient at the foot of the bed and not lying on the bed.

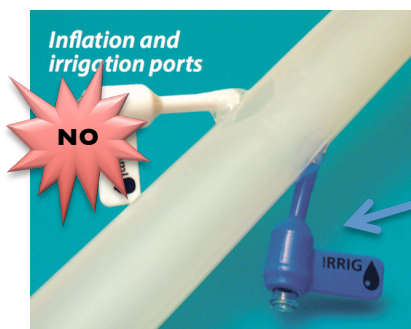
3). Is the patient reporting discomfort?

- Check volume of water in the balloon to ensure that it has not been inadvertently over-filled. Under **no** circumstances should more than 45ml of water be used. **Remedy:** Withdraw water via the 'white' inflation port until completely empty, remove and re-insert.
- The catheter has become twisted within the anal canal. **Remedy:** Withdraw water via the 'white' inflation port until completely empty, remove and re-insert.

4). Difficulty withdrawing water from the balloon?

- Ensure that the syringe is screwed tightly onto the white luer-lock connector to release the internal valve.
- Check that the catheter is not twisted between the white connector and the patient's anus.

5). Irrigating the bowel?



Do not irrigate the patient's BMS without first checking you are using the correct port.

You must only irrigate through the **blue port**. If in doubt, check with Senior Nurse.

The Publication of this Troubleshooting guide was made possible by a grant from Secco.