



FlexiSeal®

**BETTER  
CARE**

**BETTER  
PROTECTION**

**BETTER  
VALUE\***

  
**SIMPLY BETTER SENSE™**

\*Compared to traditional fecal incontinence management




# INTRODUCING SIMPLY BETTER SENSE™ IN FECAL MANAGEMENT

Flexi-Seal® FMS is the most widely used fecal management system.<sup>1</sup> It is designed to effectively contain fecal waste and helps protect the patient's skin from breakdown that can lead to the development of pressure ulcers. As Flexi-Seal® FMS helps contain potentially harmful bacteria it also helps reduce the spread of nosocomial infections.

With Flexi-Seal® FMS nurses can enhance patient comfort and dignity while spending less time managing episodes of diarrhea and more time on patient care. By reducing complications associated with skin breakdown and cross-contamination, hospitals may save on treatment costs, decrease hospitalization times and free up blocked beds.<sup>2,3</sup>

This can mean better care for patients, improved patient outcomes and considerable savings on the bottom line\*. In other words **SIMPLY BETTER SENSE™**



**"If poorly managed, it [fecal incontinence] can lead to other health problems, particularly damage to the skin's integrity, infection and an increased likelihood of pressure ulcer formation. Faecal incontinence is a difficult condition to manage and the introduction of Faecal Management Systems is a significant advance in caring for individuals."**<sup>4</sup>


**Professor Jean White, Chief Nursing Officer for Wales**

\*Compared to traditional fecal incontinence management


# PRESSURE ULCERS – MANAGE THE CAUSE, NOT THE SYMPTOM

Skin breakdown can occur very quickly after the onset of fecal incontinence that can lead to pressure ulcers.<sup>6,7</sup>

Recent changes to the reimbursement regulations affecting hospital-acquired pressure ulcers have made preventing pressure ulcers a priority for hospitals.<sup>8</sup> The average pressure ulcer has been shown to extend the length of stay in the hospital and increase associated treatment costs and mortality.<sup>3</sup>



**Hospital-acquired pressure ulcers are associated with an excess cost of \$10,845 (per patient).<sup>3</sup>**



**Hospitalized adults with fecal incontinence are 22 times more likely to have pressure ulcers than patients without fecal incontinence.<sup>5</sup>**

### For patients

- Designed to protect skin from contact with fecal waste that can lead to pressure ulcers.<sup>7</sup>
- Designed to reduce the risk of skin breakdown by effective fecal diversion and containment.

### For caregivers

- Designed to reduce the risk of skin breakdown by effective fecal diversion and containment.
- May help reduce time spent managing episodes of diarrhea allowing more time for patient care.

### For ICU managers

- May help reduce risk of costly non-reimbursed hospital-acquired pressure ulcers.<sup>3</sup>
- Designed to help reduce incontinence-associated complications that can lead to extended length of stay.<sup>3</sup>

# NOSOCOMIAL INFECTION – A GROWING PROBLEM

Nosocomial infections are a common complication of hospitalization and are associated with higher rates of morbidity and mortality.<sup>9</sup> These infections lead to extended hospital stays and an increase in treatment and diagnostics that result in increased costs.<sup>10,11</sup>

*Clostridium difficile*-associated disease hospitalizations are on the increase in the United States<sup>12</sup> with a national *Clostridium difficile* prevalence rate of 13.1 per 1,000 inpatients.<sup>13</sup> Fecal contamination can spread this dangerous nosocomial bacterium that can then infect patients, caregivers and staff.<sup>14</sup>

Up to 20% of hospitalized patients can become infected with *Clostridium difficile*<sup>14</sup> with a considerable impact on length of stay.<sup>2</sup>

# CONTAIN *C. DIFFICILE* BEFORE IT STRIKES

The Flexi-Seal® FMS is a closed system designed to minimize the spread of infection by containing infectious liquid/semi-liquid stool. It has been scientifically proven to contain the spread of *C. difficile*\*.<sup>15</sup>

The closed system may help to reduce environmental contamination from other potentially pathogenic bacteria such as extended-spectrum beta-lactamase (ESBL) producing bacteria and methicillin-resistant *Staphylococcus aureus* (MRSA).

- Infection-related costs can exceed \$13,675 per case.<sup>16</sup>
- Increases length of stay by 3.6 days per patient.<sup>2</sup>

“Use of a fecal management system that serves to minimize environmental and hand contamination may have a role in preventing transmission of *C. difficile* in healthcare settings”.<sup>17</sup>  
Association for Professionals in Infection Control



# SIMPLY BETTER SENSE™ FOR EVERYONE INVOLVED IN FECAL MANAGEMENT

## For patients

- Designed to reduce the risk of skin breakdown and spread of infection.
- Better management of fecal incontinence can enhance patient comfort and dignity.\*<sup>18</sup>
- Designed to manage unpleasant odor.

## For caregivers

- Designed to reduce the risk of skin breakdown and development of pressure ulcers.<sup>7</sup>
- Designed to effectively contain fecal waste which may contain *C. difficile* and other potentially pathogenic bacteria.
- Easy to insert and remove (see package insert for full instructions for use)

## For ICU managers

- Designed to help reduce the risk of skin breakdown and spread of infection that can lead to extended length of stay and increased treatment costs.<sup>2,16,3</sup>
- Better management of fecal incontinence may help reduce mortality and morbidity.\*<sup>18</sup>
- Flexi-Seal® FMS may save labor and material resources.<sup>19</sup>

“Reducing the number of *C. difficile* infections and skin problems associated with fecal incontinence, both of which are associated with increased length of stay, will reduce blocked beds ...”<sup>18</sup>

\*Compared to traditional fecal incontinence management



# HELP REDUCE COMPLICATIONS AND CUT COSTS

By including Flexi-Seal® FMS as part of your patient care protocol, you can help reduce the costly complications caused by exposure to fecal waste. In fact, the often non-reimbursable cost of complications, such as pressure ulcers and nosocomial infections, can be considerably higher than the increased cost of consumables.<sup>16,3</sup>

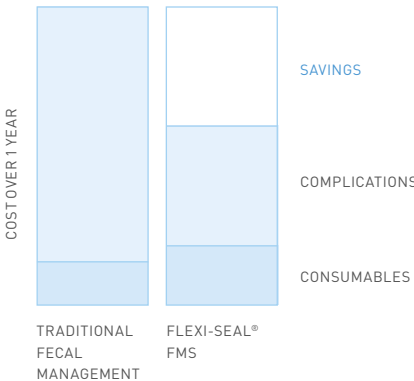
## Calculate your own savings

On the website [www.simplybetersense.com](http://www.simplybetersense.com) you can find our online Budget Impact Model. It calculates the savings your hospital can make by using Flexi-Seal® FMS. To find out more about these savings and the many other benefits of Flexi-Seal® FMS, please contact your local sales representative and book a meeting.

\$ The annual cost of treating hospital-acquired pressure ulcers is estimated at \$11 Billion.<sup>20</sup>

Fecal Management Systems offer “many benefits: improved comfort, protection of the skin, reduced nursing time and cost, and a reduction in the risk of environmental contamination.”<sup>21</sup>

Tracy Cooper, Foreword, Advancing Continence and Bowel Management.



This is an example of potential savings, results may vary.





# SIMPLY BETTER SENSE™ FOR EVERYONE INVOLVED IN FECAL MANAGEMENT

## For patients

- Designed to reduce the risk of skin breakdown and spread of infection.
- Better management of fecal incontinence can enhance patient comfort and dignity.\*<sup>18</sup>
- Designed to manage unpleasant odor.

## For caregivers

- Designed to reduce the risk of skin breakdown and development of pressure ulcers.<sup>7</sup>
- Designed to effectively contain fecal waste which may contain *C. difficile* and other potentially pathogenic bacteria.
- Easy to insert and remove (see package insert for full instructions for use)

## For ICU managers

- Designed to help reduce the risk of skin breakdown and spread of infection that can lead to extended length of stay and increased treatment costs.<sup>2,16,3</sup>
- Better management of fecal incontinence may help reduce mortality and morbidity.\*<sup>18</sup>
- Flexi-Seal® FMS may save labor and material resources.<sup>19</sup>

“Reducing the number of *C. difficile* infections and skin problems associated with fecal incontinence, both of which are associated with increased length of stay, will reduce blocked beds ...”.<sup>18</sup>



\*Compared to traditional fecal incontinence management

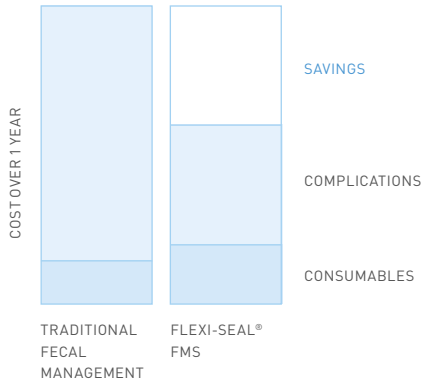
# HELP REDUCE COMPLICATIONS AND CUT COSTS

By including Flexi-Seal® FMS as part of your patient care protocol, you can help reduce the costly complications caused by exposure to fecal waste. In fact, the often non-reimbursable cost of complications, such as pressure ulcers and nosocomial infections, can be considerably higher than the increased cost of consumables.<sup>16,3</sup>

## Find out more about the benefits of Flexi-Seal® FMS

Flexi-Seal® FMS is already used by many hospitals because of its ability to help improve care and reduce costly incontinence-associated complications.

\$ The annual cost of treating hospital-acquired pressure ulcers is estimated at \$11 Billion.<sup>20</sup>



This is an example of potential savings, results may vary.



# FLEXI-SEAL® FMS – THE MOST WIDELY USED FECAL MANAGEMENT SYSTEM

Engineered by a company with a heritage of over 30 years' experience in wound, ostomy, continence and skin care.

## Product information

<b>Flexi-Seal® SIGNAL® FMS</b>	
Flexi-Seal® SIGNAL® FMS Kit (1 kit/box, 3 bags)	418000
<b>Flexi-Seal® FMS Advanced Odor Control</b>	
Flexi-Seal® FMS Kit (1 kit/box, 3 bags)	411104
<b>Flexi-Seal® FMS</b>	
Flexi-Seal® FMS Kit (1 kit/box, 3 bags)	411100
<b>Collection Bag Information</b>	
Charcoal Filter Collection Bag (10/box)	411102
Collection bag (10/box)	411101

To learn more about Flexi-Seal® FMS, call:  
1-800-422-8811  
Monday-Friday 8.30-7.00 PM, EST  
  
[www.convatec.com](http://www.convatec.com)  
  
®/™ indicates trademarks of ConvaTec Inc.  
© 2012 ConvaTec Inc. AP-011845-US



**References:** 1. HPIS. Q2 2011 data. Moving Annual Total (MAT) Fecal Control Category. Data on file, ConvaTec. 2. Kyne L, Hamel MB, Polavaram R, Kelly CP. Health care costs and mortality associated with nosocomial diarrhea due to Clostridium difficile. CID, 2002;34:346-53. 3. Zhan C, Miller MR. Excess length of stay, charges and mortality attributable to medical injuries during hospitalization. JAMA. 2003;290(14):1868-1874. 4. All Wales Guidelines for Faecal Management Systems, Guidelines for Best Practice, MA Healthcare Ltd, 2010. 5. Maklebust J, Magnan MA. Risk factors associated with having a pressure ulcer: a secondary data analysis. Adv Wound Care. 1994;7(6):25-34. 6. Faria DT, Shwayder T, Krull EA. Perineal skin injury: extrinsic environmental factors. Ostomy Wound Management. 1996 Aug;42(7):28-30, 32-34. 7. Keller BP, Wille J, van Ramshorst B, van der Werken C. Pressure ulcers in intensive care patients: a review of risks and prevention. Intensive Care Med. 2002;28(10):1379-1388. 8. Centers for Medicare and Medicaid Services. Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates; Final Rule, 72 Federal Register 62 [Aug. 22., 2007], 47201-47206. 9. Geffers C, Gastmeier P. Nosocomial infections and multidrug-resistant organisms – epidemiological data from KISS. DtschArzteblnt 2011; 108(6): 87-93. 10. Beyersmann J, Gastmeier P, Grundmann H, Bärowolf S, Geffers C, Behnke M, Rüden H, Schumacher M. Use of multistate models to assess prolongation of intensive care unit stay due to nosocomial infection. Infect Control Hosp Epidemiol. 2006;27(5):493-499. 11. Pittet D, Tarara D, Wenzel RP. Nosocomial bloodstream infection in critically ill patients. Excess length of stay, extra costs, and attributable mortality. JAMA. 1994;271(20):1598-601. 12. Zilberberg MD, Shorr AF, Kollef MH. Increase in Adult Clostridium difficile-related Hospitalizations and Case-Fatality Rate, United States, 2000–2005. Emerging Infectious Diseases; 2008;14(6):929-931. 13. Jarvis WR, Schlosser JA, Jarvis AA, Chinn RY. National point prevalence study of Clostridium difficile in US health care facility inpatients, 2008. The Association for Professionals in Infection Control and Epidemiology, Inc. (APIC). Am J Infect Control. 2009;37:263-70. 14. Hurley BW and Nguyen CC. The spectrum of pseudomembranous enterocolitis and antibiotic-associated diarrhea. Arch Intern Med. 2002;162(19):2177-2184. 15. Jones S, Towers V, Welsby S, Wishin J, Bowler P. Clostridium difficile Containment Properties of a Fecal Management System: An In Vitro Investigation. Ostomy Wound Management. 2011;57(10):38-49. 16. O'Brien JA, Lahue BJ, Caro JJ, Davidson DM. The emerging infectious challenge of Clostridium difficile-associated disease in Massachusetts hospitals: clinical and economic consequences. Infect Control Hosp Epidemiol. 2007;28(11):1219-1227. 17. Association of Professionals in Infection Control and Epidemiology (APIC). Guide to the Elimination of Clostridium difficile in Healthcare Settings. 2008. 18. HCAI Technology Innovation Programme Showcase Hospitals report number 5. The Flexi-Seal® Fecal Management System. [http://hcai.dh.gov.uk/files/2011/03/Evaluation\\_Report\\_Flexi\\_seal\\_faecal\\_management\\_system\\_HCAI\\_technologies\\_Dec09.pdf](http://hcai.dh.gov.uk/files/2011/03/Evaluation_Report_Flexi_seal_faecal_management_system_HCAI_technologies_Dec09.pdf). Date accessed November 2011. 19. Popovich-Durnal A, Kommala D, Chen, Y. Budget Impact of Adopting a Fecal Management System in a Hospital Intensive Care Unit: A Single Center Experience. Poster presented at the Symposium on Advanced Wound Care Fall, Washington DC, September 2009. 20. Russo C, Steiner C, Spector W. Hospitalizations related to pressure ulcers among adults 18 years and older, 2006. Healthcare Cost and Utilization Project, Statistical Brief 64. Agency for Healthcare Quality and Research Web site. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb64.pdf>. Published December 2008. Accessed November 2011. 21. Cooper, T. Foreword, Advancing Continence and Bowel Management. Supplement to the British Journal of Nursing. Sept. 2008.