Poster order

#rethinking critical care

How does hygh-tec work?*

Patient preparation

Position the patient in a flat left lateral position for drainage placement, if possible.

Feel the rectal ampoule. Use a lubricant. Watch out to any space requirements or narrowings within the rectum and of the anus. **Make sure you have enough anal sphincter tone.**

With stool in the ampoule or with expected defecation, preparing the patient with discharge with a rectal enema. Recommendation: Use 500 ml of a crystalloid, body-warm infusion solution.

System preparation

Connect the drainage with the enclosed collection bag.

EVAC **Empty the drainage head completely with the enclosed inflating syringe.**

GEL **Coat the front third of the drainage with lubricant gel.**

Introducing the system

Grasp the head of the drain as shown and insert it into the anus up to about two thirds.

AIR 85 ml **Fill the drainage head with 85 ml of air.** Use the enclosed inflating syringe with volume marking. Be sure to fill moderately, not too quickly, to avoid triggering an anal opening reflex or an expulsion reflex. **The drainage head assumes a slack-filled, tensionless state in the rectum. Do not exceed the specified filling quantity of 85 ml of air.**

Check the transanal position of the drainage head. The yellow ring must be visible in front of the anus to ensure the correct position. With normal anatomy, the posterior protrudes balloon part of the drainage head from the anus out.

Check out the anus prominent balloon portion on inflation. The balloon must be visible and palpable be filled.

Untwist the drainage tube. Ensure that the drainage outlet is free and unobstructed. **Attach the collection bag sufficiently deep below the patient.**

500ml Recommendation: Perform the first flush of the system approximately 30 minutes after placing the drain. Preferably use 500 ml of a crystalloid infusion solution at body temperature. Use a conventional infusion set.

Irrig **Important: Connect the rinsing solution to the irrigation port marked "Irrig".** Ensure a moderate inflow of solvents. Rapid inflow can trigger an anal opening reflex or a elimination reflex.

Drainage maintenance

Once per shift

Check the correct, transanal position of the drainage head. The yellow ring must be visible in front of the anus.

Check the filling of the drainage head. The balloon part of the drainage head protruding from the anus must be visibly and palpably filled. If the filling status of the balloon is unclear or if the filling status cannot be assessed by the user, the drainage head should be completely deflated and then refilled with 85 ml of air. Use the enclosed inflating syringe for this purpose.

150ml Irrig **Perfom a cleansing once per shift flush the system with 150 ml liquid through.** Recommendation: Preferably use a crystalloid infusion solution and a conventional infusion set. Ensure a moderate inflow of the solvent. Rapid inflow can trigger an anal opening reflex or a elimination reflex. **Important: Connect the rinsing solution to the irrigation port marked "Irrig".**

Make sure that the consistency of the stool is sufficiently flowable. Check free, unobstructed stool flow from the patient to the collection bag. The hose should be exposed and not twisted. Look for signs of stool stasis. Regularly auscultate the patient's bowel activity.

In 3-day intervals

Empty the drainage head completely and fill it again with 85 ml of air. Use the enclosed inflating syringe.

Additional information

When there is leakage of stool from the anus:
If leakage of stool from the anus occurs despite a correctly placed transanal drain, the following causes may be responsible:

- rectal stool blockage due to obstruction of the drainage lumen due to insufficiently flowable stool
- overfilling of the drainage head with a resulting occlusion of the drainage lumen
- insufficient tone of the anal sphincter muscle
- a particularly vigilant patient
- insufficient filling of the drainage head

In case of a detected leakage of stool, the drainage head should always be completely emptied and then refilled with 85 ml of air. Filling beyond 85 ml will not improve the sealing performance of the drainage. Overfilling of the drainage head can cause lumen occluding collapse of the stool draining tube component inside the drainage head. This can lead to rectal stool accumulation and thus overflow of the system.

When the drainage slides out from the rectum:
Various causes can be responsible for this, for example:

- rectal stool blockage due to obstruction of the drainage lumen, especially due to insufficiently flowable stool
- insufficient tone of the anal sphincter muscle
- a particularly vigilant patient
- insufficient filling of the drainage head

When the drainage head slides into the rectum:
Sliding of the transanal placed drainage head into the rectum is observed especially in patients in a sitting position. In the case of patients who are seated or have their upper body elevated, it is therefore important to monitor the correct position of the drainage. This can be ensured by the yellow ring, which must be visible in front of the anus.

If the filling status of the drainage head is unclear or cannot be assessed: The drainage head should then be completely emptied and then filled again with 85 ml of air. Use the enclosed inflating syringe for this purpose.

Maximum application duration

bag 48 hours — Collection bag: 48 hours (recommendation)

drainage 30 days max. — Drainage: not more than 30 days

Rectal irrigation

500ml **Position the patient in a flat left lateral position for drainage placement,** if possible. Position the red closure strap about 10 cm from the patient's anus and tighten the closure strap. Preferably perform rectal irrigation with fluid that is warm to the body. Recommendation: Use 500 ml of a crystalloid, body-warm infusion solution, e.g. NaCl 0.9 %. Use a conventional infusion set.

Irrig **Important: Connect the rinsing solution to the irrigation port marked "Irrig".**

To stop irrigation, open the closure strap and slip it towards the collection bag down.

Rectal administration of medicines / active substances

Any rectal administration of active substances must be ordered by the attending physician.

The drainage components exposed to the respective substance are made of polyurethane, polycarbonate, PVC and silicone. Discuss the chemical compatibility of the respective substance with the doctor or pharmacist in charge.

Stool modification

hygh-tec® basic-plus offers the possibility of therapeutically indicated stool liquefaction. Any form of stool modification must be ordered by the attending physician.

The use of a stool drain depends on a sufficiently flowable consistency of the stool to be drained. Flowable stool can be adjusted within the framework of the respective stool modification already prescribed by adjusting the dosage accordingly.

Sampling

port Position the red closure strap approx. 5 cm below the sampling port and tighten the closure strap. Guide the cone of the withdrawal syringe as far as possible into the extraction nozzle of the port and collect the stool sample. Open the closure strap and slip it towards the collection bag.

Changing the collection bag

The collection bag should not be longer than 48 hours remain connected with the stool draining catheter. When changing the collection bag, avoid soiling with stool. To do this, place the closure strap in the immediate vicinity of the connector and pull it tight.

Removal of the bags

hygiene Close the used bag with the associated closure cap. Dispose of the bag properly, according to the applicable hygiene regulations.

Drainage removal

hygiene **Empty the drainage head completely and carefully remove the drainage from the rectum.** Dispose of the used drainage properly, in accordance with the applicable hygiene regulations. Observe the regulations for the disposal of contaminated products / waste, e.g. for pathogen-containing stool from patients with infectious diseases.

*Please use this application information in conjunction with the detailed instructions for use enclosed with the product.
For questions about the application: T +49 (0)7254 40397-0 | E info@amb-medtec.com

CE 0483

Scan the QR code and contact us.

K03-00075_R03_Oct 2023

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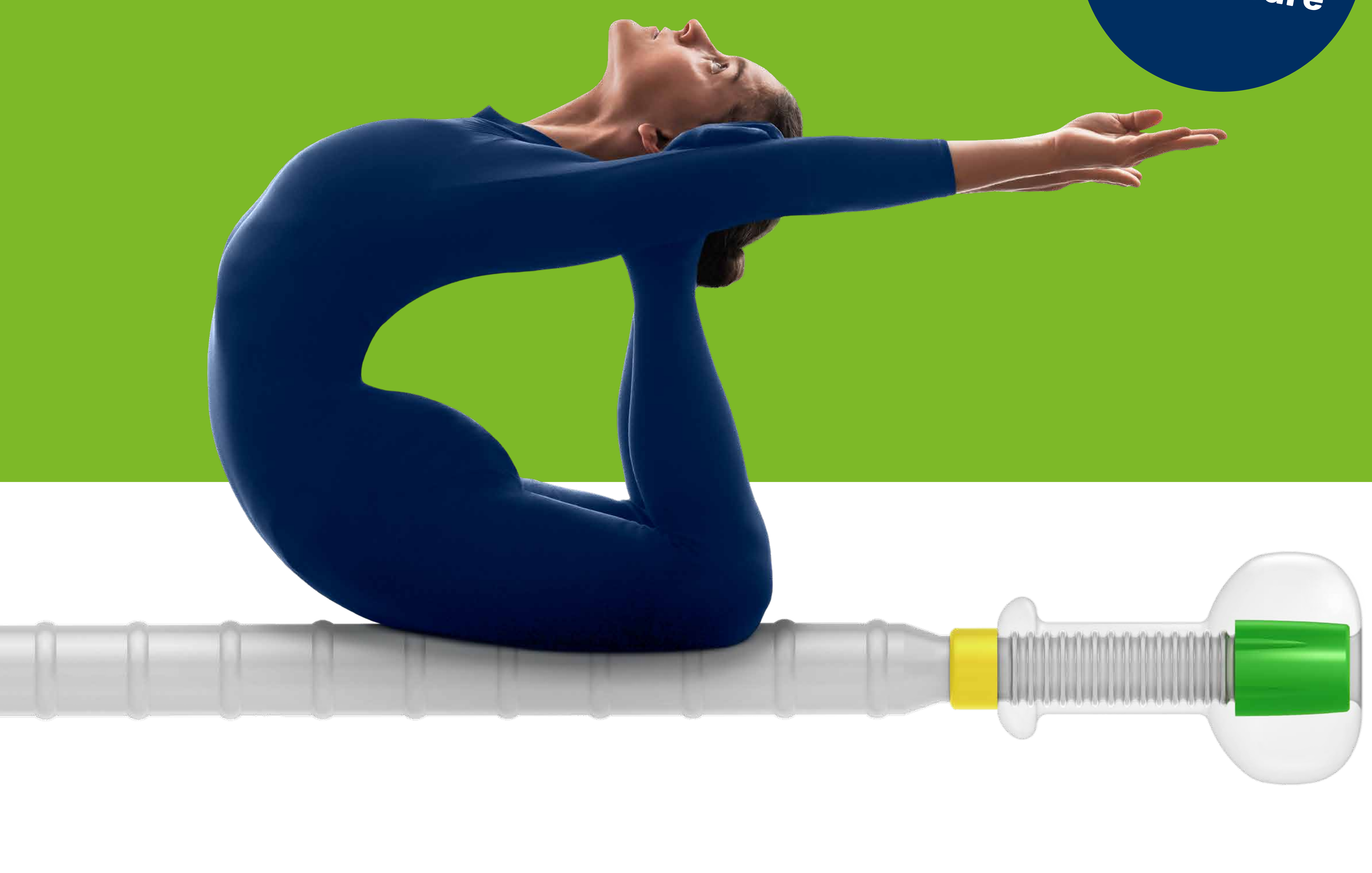

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