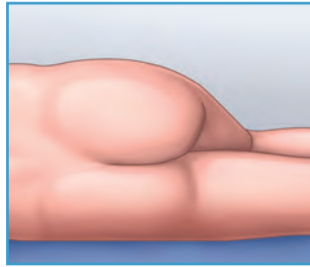


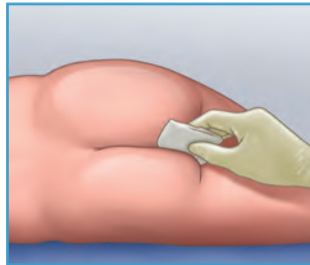
### PATIENT POSITIONING

The patient should be placed in a side lying position, either right or left side, with the upper knee up toward the chest to expose the perianal area.



### SKIN PREPARATION

Wear sterile gloves throughout the preparation, application, and removal of Flexi-Seal™ Fecal Collector. Cleanse perianal skin well with warm water. If soaps or skin cleansers are used, rinse well. Make sure there is no paste residue on the skin from a previous Collector and that the prepped area is dry.



Carefully clip any perianal hair growth close to the skin with scissors.

Stomahesive® Paste may be used to fill crevices and skin irregularities. Apply a ring of paste around the edge of the pre-cut opening on the Collector, not on the patient's skin and wait approximately one minute before applying the Collector to skin.

### COLLECTOR APPLICATION

If necessary, enlarge pre-cut opening on the barrier. The opening should be just slightly larger than the size of the anus to allow for anal dilatation.



Remove the release paper from the skin barrier only; leave release paper on tape border. Fold the skin barrier in half lengthwise to allow for the best application.

### DO NOT TOUCH THE ADHESIVE WITH YOUR FINGERS

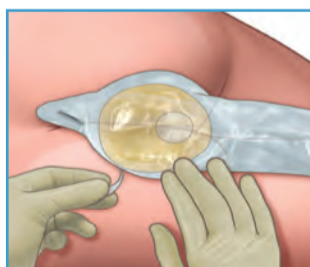
Separate the patient's buttocks and place the narrowed portion of the skin barrier against the perineum.



Secure the skin barrier around the anus first and then the area between the anus and the perineal area by pressing firmly and molding the skin barrier with the hand.

Fit the Collector skin barrier to the area between the anus and the coccyx by pressing firmly and molding the skin barrier with the hand.

Remove the release paper from the tape border, smooth into place on the top buttock. Smooth tape into place on the remaining buttock. If the tape border impinges on the vagina or scrotum, carefully trim the tape border with a pair of scissors.



Hold firmly in place for approximately one minute to assure a secure fit.

### COLLECTOR POSITION

Smooth Collector Pouch material between patient's legs, avoiding wrinkling of material or pressure areas.

### COLLECTOR USAGE

#### For Liquid Stool

When using bedside drainage: Attach the open cap end of the drainage tap to the end of the drainage tube of a bedside drainage bag.



For ambulation: Disconnect bedside drainage and close cap.

#### For Semi-Formed Stool

Cut off lower end of Collector immediately above the drainage tap and use the enclosed tail closure to close the Collector.



To attach the tail closure, fold the tail of the Collector over the "knife" edge of the closure *only once*. Hold in place. Press firmly on raised bar until it snaps securely closed.



To remove closure, separate "knife" edges from bar.

Open and close the tail closure, as needed, to drain the collector. Do not allow the Collector to become more than one-third full.



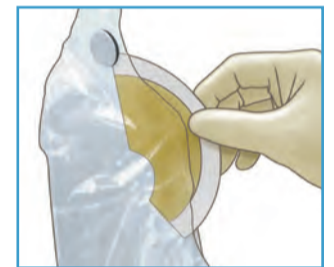
#### Cleaning the Collector

The Collector can be rinsed while in place through the bottom with warm tap water until clean.

### REMOVAL OF THE COLLECTOR

Gently peel the skin barrier away from the patient's skin while applying light pressure on the adjacent skin with your free hand.

Fold the skin barrier in half so that it adheres to itself and discard in an appropriate waste receptacle.



The Flexi-Seal™ Fecal Collector can remain in place up to 48 hours, provided it is secure.

### PRODUCT DESCRIPTION

The Flexi-Seal™ Fecal Collector is comprised of a hydrocolloid adhesive with a "fabric-like" tape border, and a tapered pouch with a drainage port and deodorizing filter.

### INDICATION

For use on non-ambulatory patients who are incontinent of loose or semi-formed stool.

### CONTRAINDICATION

Use on patients with a known sensitivity to the adhesive, collector, or components.