

hygh-tec™ drainage

Fecal management system



Elastic insertion tip¹
Ring-like elastically deformable gel olive for insertion.

PUR+Air balloon¹
Air-filled, polyurethane balloon is lightweight and allows for dynamic airflow throughout its dumbbell-shape.

Wave-like transanal shaft¹
Engineered to work with the sphincter muscles.

Visual indicator¹
Yellow position control ring is a visual indicator for correct trans-anal position.

Closure strap¹
For temporary closure of the tube to prevent stool flow during irrigation, bag changes, or stool sampling.

Direct access⁸
Stool sampling port to collect stool samples directly from device.

Inflation port⁸
Yellow capped port for balloon inflation.

Irrigation port⁸
To irrigate the device or perform rectal irrigation.

Reshaping fecal management¹

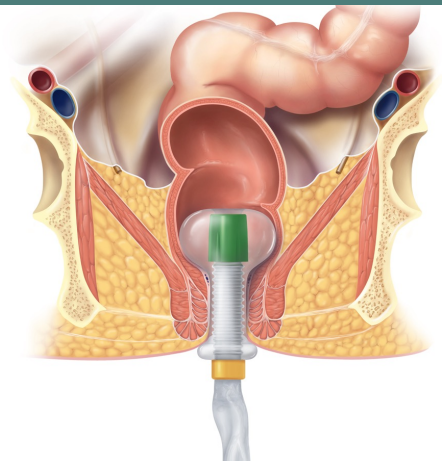
hygh-tec demonstrated reduced stool leakage² compared to first-generation fecal management systems*(FMS).³ This reduced stool leakage can help support improved patient outcomes and more efficient workflows in the critical care setting.¹

Diverting stool away from the skin with an FMS like hygh-tec can help keep the skin dry, helping to address a risk factor of incontinence-associated dermatitis⁴ (IAD), hospital-acquired pressure injuries⁵ (HAPI), and spread of C. difficile infection associated with acute fecal incontinence.⁶

*Based on a single arm, prospective, descriptive study. Leakage defined as considered visible and pronounced contamination of patient pad.

Up to **40%** of ICU patients suffer from fecal incontinence.⁷

Intended for continuous, trans-anal drainage and collection of liquid or semi-liquid stool over a maximum duration of use for 29 days.⁸



Ordering information



Kit contents:

- (1) stool drainage with closure strap
- (1) Stool collection bag
- (1) Inflation syringe
- (1) Instructions for use

20 devices/case

Reorder #V01-10024



Pack contents:

- (5) collection bags per pack

40 packs/case

200 collection bags/case

Reorder #V01-10026-05

References: 1. Data on file. PEER-0051. 2. Gutting T, Brobeil A, Strach L, et al. Sealing efficiency and safety of a polyurethane-based fecal management system in intensive care-Results from a real-world study. *Aust Crit Care*. Published online July 23, 2025. doi:10.1016/j.aucc.2025.101296. 3. Sammon, M. A., Montague, M., Frame, F., Guzman, D., Bena, J. F., Palasak, A., & Albert, N. M. (2015). Randomized controlled study of the effects of 2 fecal management systems on incidence of anal erosion. *J Wound Ostomy Continence Nurs*, 42(3), 279-286. <https://doi.org/10.1097/WON.000000000000128> 4. Gray M, Bliss DZ, Doughty DB, Ermer-Seltun J, Kennedy-Evans KL, Palmer MH. Incontinence-associated dermatitis: a consensus. *J Wound Ostomy Continence Nurs*. 2007 Jan-Feb;34(1):45-54; quiz 55-6. doi: 10.1097/00152192-200701000-00008. PMID: 17228207. 5. Kayser SA, Phipps L, VanGilder CA, Lachenbruch C. Examining Prevalence and Risk Factors of Incontinence-Associated Dermatitis Using the International Pressure Ulcer Prevalence Survey. *J Wound Ostomy Continence Nurs*. 2019 Jul/Aug;46(4):285-290. doi: 10.1097/WON.0000000000000548. PMID: 31276451; PMCID: PMC6716554. 6. Whiteley, I., Sinclair, G., Lyons, A. M., & Riccardi, R. (2014). A retrospective review of outcomes using a fecal management system in acute care patients. *Ostomy/wound management*, 60(12), 37-43. 7. Garcia, C. B., Binks, R., De Luca, E., Dierkes, C., Franci, A., Gallart, E., Niederalt, G., Wyncoll, D., Vaes, P., Soderquist, B., & Gibot, S. (2013). Expert Recommendations for Managing Acute Faecal Incontinence with Diarrhoea in the Intensive Care Unit. *Journal of the Intensive Care Society*, 14(4_suppl), 1-9. <https://doi.org/10.1177/17511437130144s201> 8. Instructions for use. hygh-tec basic-plus - hygh-tec bag. K02-00111_R01_Feb 2023. Instructions-for-Use_IFU.pdf

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