

conSure[®]
MEDICAL

Sanitis
For better health



Qoramatic[®]
Automated Stool Management

Proactive Fecal
Diversion

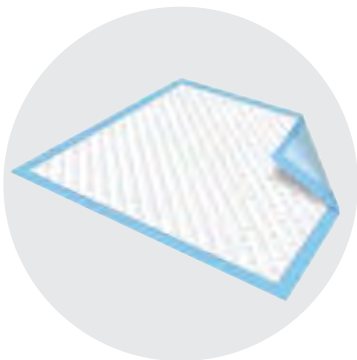
Prevents injury, Reduces leakage, Saves time

Sanitis | Austin, TX | (888) 789-6266 | www.SanitisGlobal.com

EXISTING FECAL MANAGEMENT SOLUTIONS ARE **INADEQUATE**

Liquid stool incontinence affects 9 - 40%^{1,2} ICU patients and is linked to morbidity, mortality, and HAC-HAI penalties.

ABSORBENT PADS DO NOT CONTAIN FECAL EFFLUENTS



- Patients are **constantly exposed to fecal matter**, which compromises skin integrity
- Incontinence Associated Skin Damage (IASD) can develop if not managed adequately
- FI management is **time consuming and labor intensive**

INADEQUATE FECAL MANAGEMENT LEADS TO COSTLY CLINICAL COMPLICATIONS

Hospital Acquired Complications and Infections (HAC-HAI) increase treatment cost, length of stay, and affect hospital quality metrics



CAUTI

Costs up to
\$10,197
per infection³



CDI

Costs up to
\$29,000
per infection⁴



CLABSI

Costs up to
\$23,242
per infection⁵



HAPI

Costs up to
\$21,410
per injury⁶

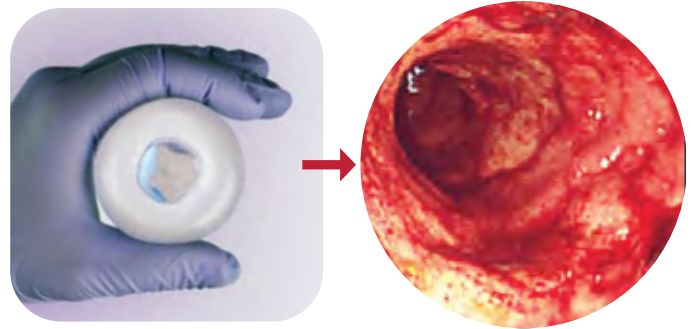
1. Binks R, De Luca E, Dierkes C, Franci A, Herrero E, Niederal G. Prevalence, clinical consequences and management of acute faecal incontinence with diarrhoea in the ICU: The FIRST™ Observational Study. J Intensive Care Soc. 2015 Nov;16(4):294-301. doi: 10.1177/1751143715589327. Epub 2015 Jun 30. PMID: 28979434; PMCID: PMC5606465.
2. Garcia CB et al., Expert Recommendations for managing Acute Faecal Incontinence with Diarrhoea in the Intensive Care Unit. Journal of Intensive Care Society 2013;14(4 suppl):1-9 The
3. -Hollenbeak CS, Schilling AL. The attributable cost of catheter-associated urinary tract infections in the United States: A systematic review. Am J Infect Control. 2018 Jul;46(7):751-757. doi: 10.1016/j.ajic.2018.01.015. Epub 2018 Feb 22. PMID: 29478760.
4. Lipp MJ, et al., Impact of hospital-acquired Clostridium difficile. Journal of Gastroenterology and Hepatology 2012;27(11):1733-1737
5. Anderson DJ, et al., Underresources Hospital Infection Control and Prevention Programs: Penny Wise, Pound Foolish? Infection control and Hospital Epidemiology 2007;28(7)
6. Spetz J, Brown DS, Aydin C, Donaldson N. The value of reducing hospital-acquired pressure ulcer prevalence: an illustrative analysis. J Nurs Adm. 2013 Apr;43(4):235-41. doi: 10.1097/NNA.0b013e3182895a3c. PMID: 23528690.

CAUTI- Catheter Associated Urinary Tract Infection
CLABSI- Central Line Associated Blood Stream Infection
CDI- Clostridium difficile Infection
FI - Fecal Incontinence
HACs - Hospital Associated Complications
HAI - Hospital Associated Infections
HAPI- Hospital Acquired Pressure Injury
IAD - Incontinence Associated Dermatitis
IBC - Intrarectal Balloon Catheter
CMS - Centre for Medicare and Medicaid services

HIGH PRESSURE BALLOON CATHETERS CAUSE INJURIES

BALLOON CATHETERS CAN LEAD TO COMPLICATIONS

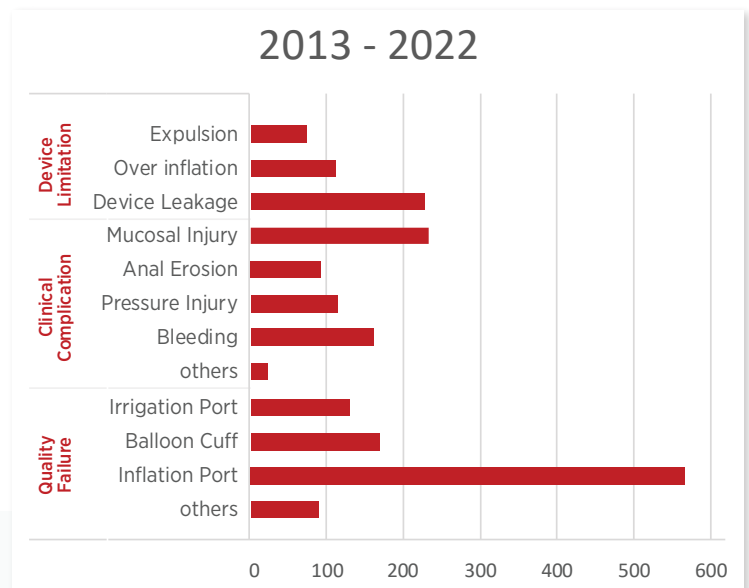
- **High risk** of mucosal injury, bleeding, sphincter dysfunction, and anal erosion^{5,6,7,8}
- Balloons are often **over-inflated** to reduce leakage. Creates a sensation of **fullness**
- Require **maintenance every few hours**
- **Inefficient drug delivery**; loss of volume in irrigation tubes



HIGH PREVALENCE OF PERIPHERAL LEAKAGE AND RADIAL PRESSURE CAN LEAD TO CROSS-CONTAMINATION AND INCREASE SUSCEPTIBILITY TOWARDS HAC-HAI

*Over 1500 clinical complications associated with high-pressure balloons reported on FDA MAUDE. Such complications are often under-reported.

- Over-inflation of the high-pressure balloon is seen in as many as 14% of patients
- Have you ever done a rectal examination post IBC use? Sphincter damage, rectal trauma, erosion of mucosa are highly prevalent and largely under-reported
- Hospitals with a total HAC score in the worst-performing quartile receive a 1% payment reduction⁹



7. O'Malley, M., Brown, A.G. & Corners, J.M. (2009). Healthcare Acquired Pressure Ulcers (HAPU) : Clinical Alert, Vol 6, No. 3

8. Maklebust J, Magna MA. Risk Factors associated with having a pressure ulcer; a secondary data analysis. Adv Wound Care. 1994;7(6):25

9. www.cms.gov

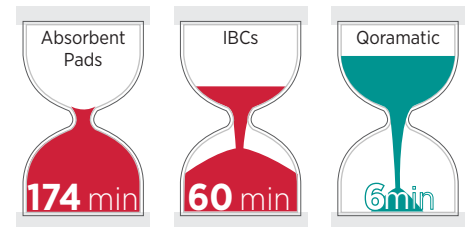
*Data collected from FDA MAUDE in December 2022

FECAL MANAGEMENT IS TIME & RESOURCE INTENSIVE

FI management can take up to 174 minutes per day

- 51.27%¹⁰ of nursing time is dedicated to direct patient care tasks such as nursing evaluations, measurement of vitals, catheterization, wound and continence care
- On an average nurses have to switch between tasks every 29 seconds¹¹
- Risk of never events is high

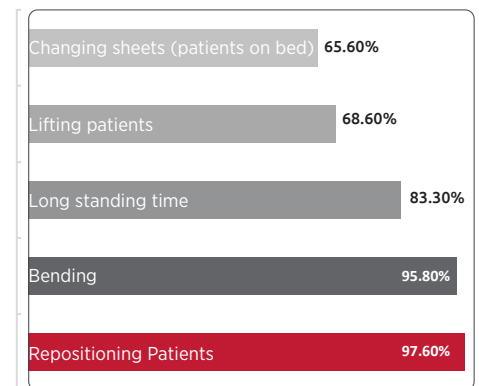
DAILY NURSING TIME



70% of all nurses have at least one episode of back pain per year

- Disabling back injury and back pain affect 38% of nursing staff¹²
- 12% of all nurses, intending to leave nursing permanently, cited back pain as either the main or contributing factor¹³
- Overwork was cited as the reason for quitting by 27% of nurses¹⁴

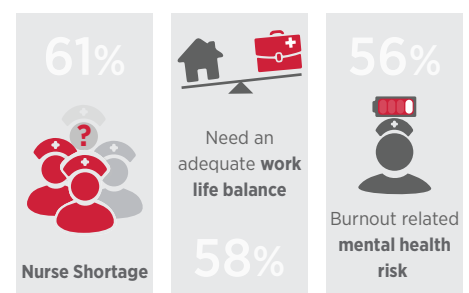
FACTORS AFFECTING NURSE LBP



Hospitals experience 8.8% to 37% nursing turnover rates¹⁵

- Constant need for nurse induction and training
- Multiple, non-standardized bowel management options cause confusion
- Qoramatic is safe, easy, and intuitive. Minimal to no training required

NURSING SHORTAGE



10. Binru Han, Qiuping Li, Xi Chen, and Guoguang Zhao Workflow for Intensive Care Unit Nurses: A Time and Motion Study

11. Stephen Douglas, Randi Cartmill, Roger Brown, Peter Hoonakker, Jason Slagle, Kara Schultz Van Roy, et. al The work of adult and pediatric intensive care unit nurses

12. Deborah X Brown, RN, BSN Nurses and Preventable Back Injuries

13. D A Stubbs, P W Buckle, M P Hudson, P M Rivers, D Baty Backing out: nurse wastage associated with back pain 10.1016/0020-7489(86)90055-6

14. Lesly A. Kelly, PhD, RN, FAAN,a,b,, Perry M. Gee, PhD, RN,a,b,c,d, and Richard J. Butler, PhD, Impact of nurse burnout on organizational and position turnover

15. Lisa M. Haddad; Pavan Annamaraju; Tammy J. Toney-Butler. Nursing Shortage



Qoramatic[®]
Automated Stool Management

DRAINAGE BAG

STOOL VOLUME
IN ML (APPROX.)

1000
900
800
700
600
500
400
300
200
100
0

FILL WATER
TILL THIS LEVEL

conSure
MEDICAL

Automate FI management to save time and improve clinical outcomes with first ever stool management kit that uses negative pressure suction

✓ Zero radial pressure, no injuries ✓ Reduced nursing time and burden ✓ Proactive fecal diversion

AVOID BALLOONS TO ELIMINATE RECTAL INJURIES

Soft indwelling receptacle exerts 0 mmHg radial pressure on the rectal walls

- Eliminates the risk of necrosis, mucosal impairment, and rectal trauma
- Provides superior patient comfort, no sensation of 'fullness'

No over-inflation

- Qoramatic does not contain an inflatable balloon; no risks of over inflation or rectal vault injury
- No sphincter trauma, even in case of tugging or accidental expulsion

Infection prevention

- Significantly reduces CDI, IAD, and HAPI; improves clinical outcomes
- Prevents HAC/HAI and CMS penalties
- Complete malodor containment



SMART INTERMITTENT SUCTION REVOLUTIONIZES FI MANAGEMENT

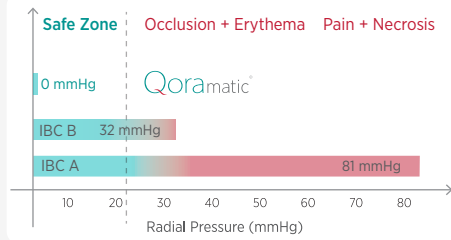


Proactive fecal diversion

- Diverts fecal effluents proactively using negative pressure even lower than GI drainage or tracheal suction
- Minimized leakage reduces Hospital Acquired Infections
- Automated irrigation, milking, and maintenance reduce nursing burden

*Data on company file

QORAMATIC VS HIGH PRESSURE BALLOONS



Zero Radial Pressure

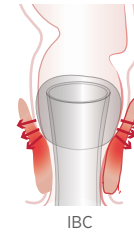
- Soft receptacle exerts **0 mmHg** radial pressure on rectal mucosa
- Eliminates the risk of erythema, necrosis and mucosal impairment

6 minutes vs 60 minutes



Reduced Nursing Burden

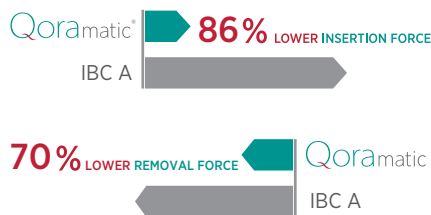
- One touch operation, automated irrigation, milking, and maintenance
- Saves **7-8 minutes** every hour



Over inflation
Mucosal Injury
Bleeding
Anal Erosion

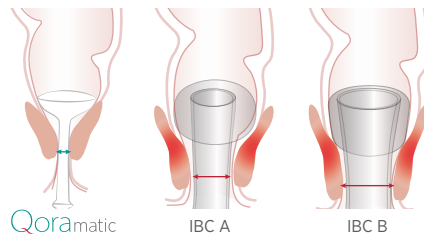
Injuries Associated with IBCs

- No inflatable high pressure balloon
- Eliminates risks of **over-inflation** or rectal vault injury



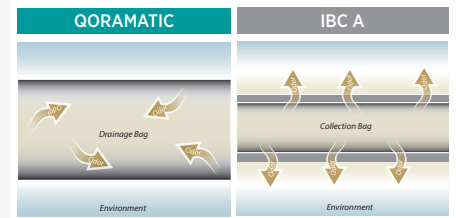
Safer Insertion & Withdrawal Force

- Lower force **reduces pain and discomfort** for patients
- Accidental expulsions do not cause sphincter damage



Indwelling Safety and Comfort

- Soft receptacle **eliminates sensation of fullness**
- Smaller profile, **better performance**



Malodor Containment

- Specialty-engineered polymers provide **malodor containment**
- Enhances **patient dignity** and recovery

PRODUCT ORDERING INFORMATION

	Product Code	Duration of Use	Quantity/Box	Minimum Order Quantity
Qoramatic® Automated Stool Management	MG-12020-001	29 days	10 Kits/Case	1 Case
Qoramatic® Drainage Bags	MG-62020-001	-	5 Bags/Box	1 Box

CONTACT US

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