



# New Genii™ Ostomy Bag with Sil2 Breathable Silicone Technology® - A Summary of Evaluations

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## Introduction

The stoma products that ostomates use in their stoma care routine have a major impact on their quality of life<sup>1</sup>. An effective product is often the difference between a securely fitting system and recurrent leaks, as well as between healthy peristomal skin and painful complications. Many ostomates accept these issues as 'living with a stoma', in a study of ostomates diagnosed with a complication only 38% accepted they had a peristomal skin complications (PSC) and only 20% sought professional care<sup>2</sup>. Even with the most advanced existing ostomy products, the risk of leaks and skin damage remains a fact of life for many.

Trio Healthcare have developed a new ostomy bag that uses Sil2 Breathable Silicone Technology® in the adhesive. The Genii™ Ostomy Bag sticks firmly whilst also reducing the risk of skin-stripping and Medical Adhesive Related Skin Injury (MARSi) on removal. This poster will summarise the direct feedback received from both Stoma Care Nurses and ostomates.

## Methodology

Evaluations of Genii™ Ostomy Bag were undertaken initially via the Stoma Care Team at Basildon And Thurrock University Hospitals. Additional evaluations were undertaken by Trio Healthcare directly with colostomates. All feedback was captured via a formal evaluation form. The form consisted of 17 questions including asking respondents to rate how well it stayed in place, ease of use, management of odour, effectiveness against pancaking and ballooning, monitoring of the peristomal skin, experience of application and removal, residue left on the skin at bag change and if they would recommend or change their existing bag to Genii™.

## Results

### Stoma Care Team at Basildon And Thurrock University Hospitals Evaluation

The evaluation was carried out on three patients, two of the ostomates were long-established with their stoma, the other had their stoma surgery 6 weeks prior to using the Genii™ Ostomy Bag.

The two established ostomates found the silicone adhesive to be very secure, even during showering. The ostomate with a recently formed stoma did report finding it difficult to impress

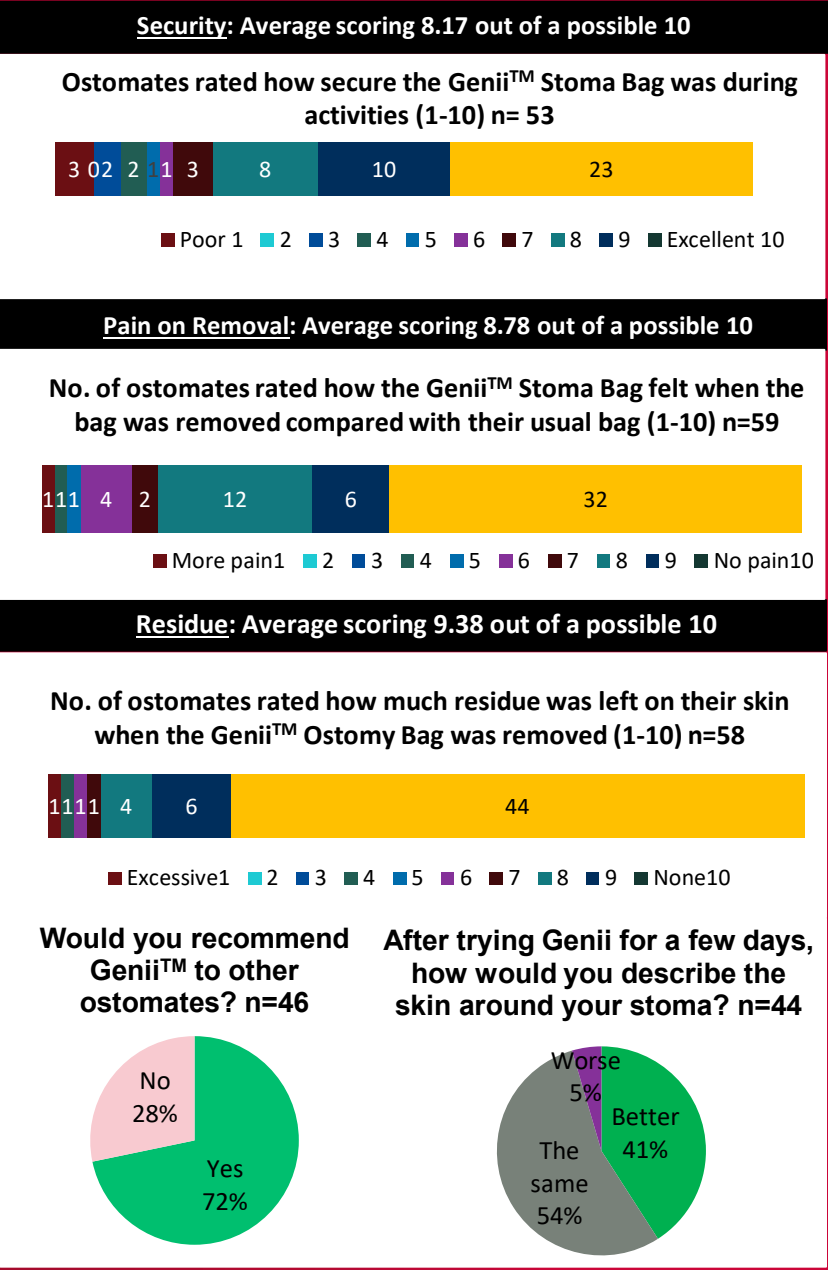
that no adhesive remover was required when replacing the appliance and felt that the pouch was aesthetically very pleasing, and one reported:

*‘The material is nice and feels fine on the skin. The silicone adhesive [flange] is so much smoother and comfortable. It secures snug and collects waste fine, and it is surprisingly easy to remove without [adhesive remover] spray.’*  
**Ostomate**

The Genii™ Ostomy Bag was well received by our patients, the Sil2 Breathable Silicone® Flange would provide several benefits due to the softness, flexibility and breathability. In addition, unlike other pouches, they liked that Genii™ Ostomy Bag was available in 3 skin tones to provide improved discretion.

### Direct Ostomate Evaluations

Following on from this initial clinical feedback, ostomate feedback was gathered direct from user evaluation forms. 62 ostomates have independently completed the form. The results presented below illustrate how they rated the Genii™ Closed Ostomy Bag on a scale of 1 to 10, 1 being not good or poor and 10 being very good or excellent:



## Conclusion

Feedback from clinical nurse specialists and the ostomates provides important and valued feedback, not only in the development of new medical devices but also to understand the end user experience. Both the stoma care nurses and the ostomates have provided positive results on the use of the new Genii™ Stoma Bag, with 41% of ostomates reporting improved peristomal skin after only a few days and at the evaluation, 72% of ostomates stated they would recommend Genii™ Ostomy Bag.

References: 1. Nichols T. Health utility, social interactivity, and peristomal skin status. J Wound Ostomy Continence Nurs. 2018; 45(5):438– 443. <https://doi.org/10.1097/won.0000000000000457#> 2. Herlufsen P, Olsen AG, Carlsen B et al. Study of peristomal skin disorders in patients with permanent stomas. Br J Nurs. 2006; 15(16):854–862. <https://doi.org/10.12968/bjon.2006.15.16.21848>