V.A.C. VERAFLO CLEANSE CHOICE™ Dressing
for use with **V.A.C. VERAFLO™ Therapy**

For more information, call 1800 103 8118 or visit www.kci-medical.in

References

1. Kim PJ, Applewhite A, Dardano AN et al. Use of a novel foam dressing with Negative Pressure Wound Therapy and Instillation: Recommendations and clinical experience. Wounds 2018;30:S1-S17.
2. Teot L, Boissiere F, Fluieraru S. Novel foam dressing using negative pressure wound therapy with instillation to remove thick exudate. Int Wound J 2017;14:842-848.

Footnotes

A. Patient data and photos courtesy of Kimberly D. Hall, DNP, RN, GCNS-BC, CWCN-AP, COCN
B. Patient data and photos courtesy of Lindsey Waddell, RN, MSN, WHNP-BC

NOTE: Specific indications, limitations, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. This information is intended for healthcare professionals only.

3M + KCI™

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v.a.c. veraflo™

V.A.C. VERAFLO CLEANSE CHOICE ™ Dressing

- When used in conjunction with V.A.C. VERAFLO™ Therapy, the V.A.C. VERAFLO CLEANSE CHOICE™ Dressing can help facilitate the removal of wound exudate and infectious material such as thick fibrinous exudate and slough.
- Ideal for wound cleansing when surgical debridement must be delayed or is not possible or appropriate.

Why wait weeks when you could see results in days?

V.A.C. VERAFLO CLEANSE CHOICE™ Dressing with V.A.C. VERAFLO™ THERAPY

Can facilitate the following with regards to thick wound exudates such as non-viable tissue:[2]

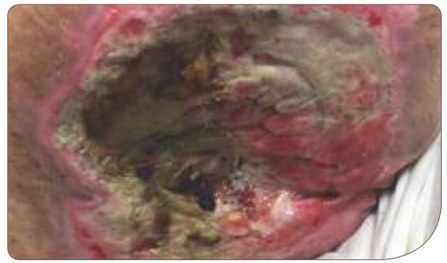
SOFTEN ▶ **SEPARATE**[1] ▶ **SOLUBILIZE**

A consensus panel of surgeon experts provided the following examples of clinical situations in which V.A.C. VERAFLO CLEANSE CHOICE™ Dressing with V.A.C. VERAFLO™ Therapy could be used in conjunction with appropriate wound care such as debridement and systemic antibiotics: [1]

- Presence of fibrin, slough, or nonviable tissue.
- Surgical debridement may be delayed or not possible.
- Bed side debridement can not be tolerated.
- Patient chooses not to have surgery.

V.A.C. VERAFLO CLEANSE CHOICE™ Dressing recommended wound characteristics:[1]

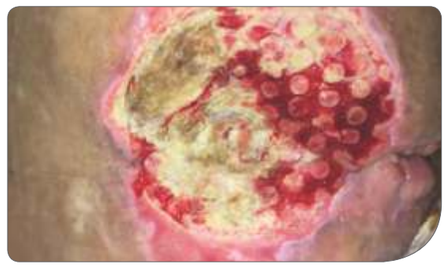
- Majority area of nonviable tissue and have heavy bioburden, and/or are difficult to granulate
- Wounds with exposed bone wounds with treated, underlying osteomyelitis
- Wounds in the presence of orthopedic fixation hardware
- Wounds being prepared for definitive closure or coverage (eg, split-thickness skin graft [STSG], full-thickness skin graft [FTSG], or flap).



Day 1: The wound had been previously treated with V.A.C.® Therapy, offloading, silver dressings, air mattress use, hydrofiber dressings, alginate dressings, and wound debridement. Bedside sharp debridement was performed but limited by inability to achieve adequate hemostatsis.[A]

Goals for using V.A.C. VERAFLO CLEANSE CHOICE™ Dressing are varied and include:

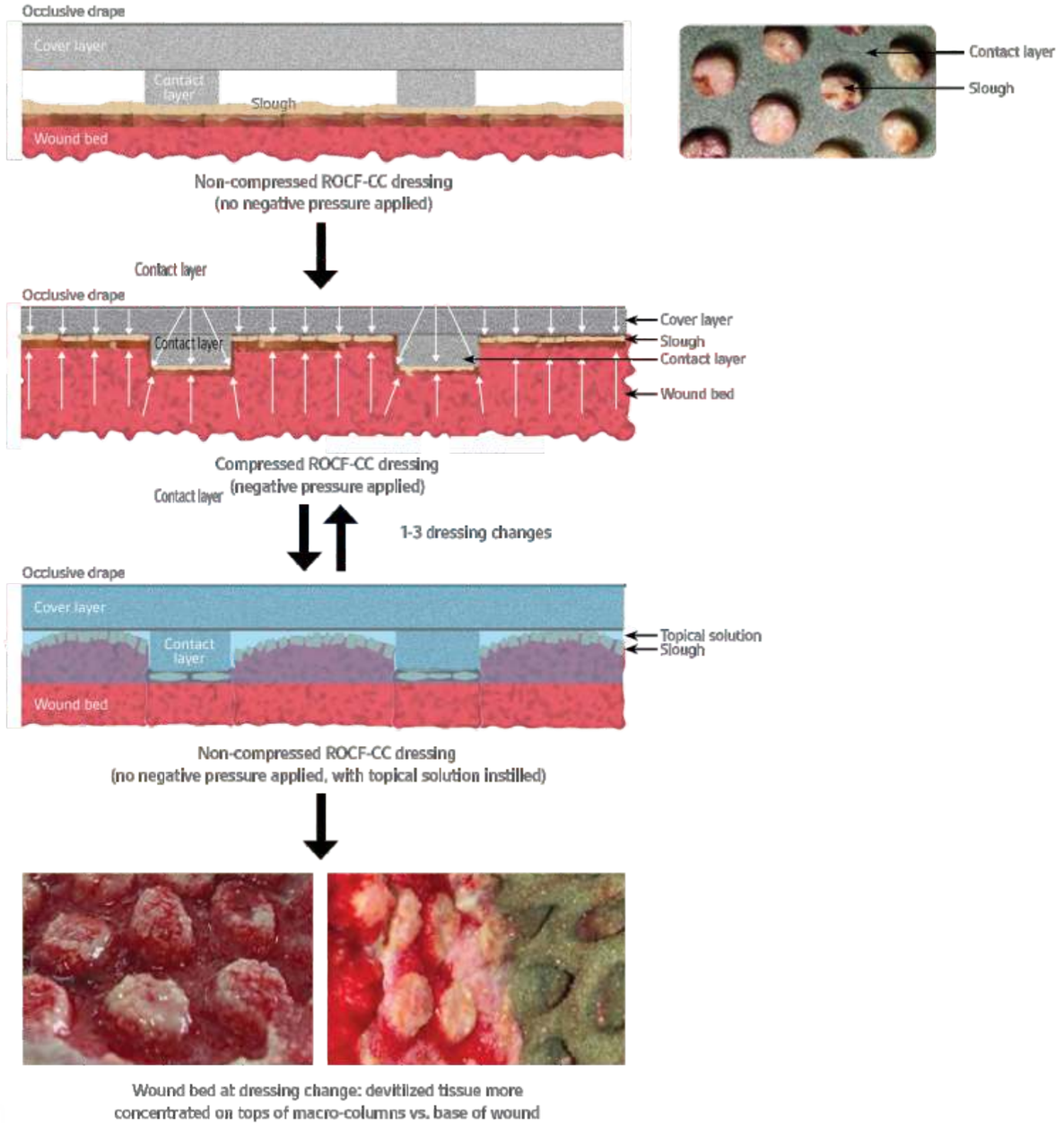
- Cleanse wounds when areas of slough or non-viable tissue remain present on the wound surface
- Remove thick exudates and remove infectious materials
- Promote granulation tissue formation
- Help provide a bridge to a defined endpoint for a clinical plan of care



Day 3: V.A.C. VERAFLO™ Therapy, using V.A.C. VERAFLO CLEANSE CHOICE™ Dressing was initiated. **Saline (22ml)** was instilled into the wound followed by a **1 minute dwell time** and **30 minutes of negative pressure at -150mmHg.** Due to the difficult wound location, ostomy paste was used to help ensure a complete seal around the wound. After 3 days of therapy, the wound showed improvement.[A]

V.A.C. VERAFLO CLEANSE CHOICE™ Dressing with V.A.C. VERAFLO™ THERAPY proposed Mechanism of Action

Proposed mechanisms of action of reticulated open-cell foam dressing with through holes (ROCF-CC) combined with negative pressure wound therapy with instillation and dwell time. (A) Noncompressed ROCF-CC dressing with no negative pressure applied; (B) compressed ROCF-CC dressing with negative pressure applied; (C) instillation of topical solution with no negative pressure applied; and (D) wound bed with macrocolumns after dressing removal.[1]



The use of V.A.C. VERAFLO CLEANSE CHOICE™ Dressing in a clinical setting[2]

A retrospective data analysis on 21 patients with 21 large complex chronic wounds that contained substantial areas of devitalized tissue and/or yellow fibrinous slough and who were treated in one hospital by several surgeons.

- The V.A.C. VERAFLO CLEANSE CHOICE™ Dressing was applied to all wounds using two foam layers: a wound contact layer with 1.0cm diameter through holes and a cover layer without holes.
- Dressings were changed every 3 days at the bedside (personal communication). The wounds were washed with saline before a new dressing was applied.

- V.A.C. VERAFLO™ Therapy with saline was delivered with the following settings:
  – Soak time: 10 minutes
  – V.A.C.® Therapy phase time: 3.5 hours
  – Target Pressure: -125mmHg

Patient Population:
- 18/21 (85.7%) wounds were pressure ulcers (ishicial, sacral and trochanter); 1/21 (4.8%) wounds was a burn wound and 2/21 (9.5%) wounds had necrosis after skin excision.
- 15/21 (71.4%) patients had a confirmed and treated bone infection.
- 11/21 (52.4%) patients were paraplegic or quadriplegic.

Mean duration of V.A.C. VERAFLO™ Therapy with V.A.C. VERAFLO CLEANSE CHOICE™ Dressing was 8.7 days with an average of 2.9 dressing changes.

Most of the non-viable tissue was removed at the first dressing change after 3 days of therapy

Within 3 applications (within 9 days) of therapy, wound outcomes observed included:

RAPID GRANULATION

95.2%

observed in 20/21 of wounds

≤10% PERCENT SURFACE AREA OF BLACK DEVITALIZED TISSUE

85.7%

in 18/21 after 9 days of therapy

≤10% PERCENT SURFACE AREA OF YELLOW FIBRINOUS SLOUGH TISSUE

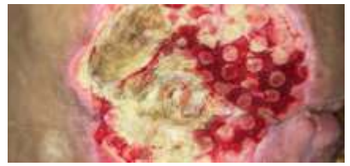
57.1%

in 12/21 after 9 days of therapy

Patient results with V.A.C. VERAFLO CLEANSE CHOICE™ Dressing

V.A.C. VERAFLO CLEANSE CHOICE™ Dressing with V.A.C VERAFLO™ Therapy–Stage 4 Pressure Ulcer of the Sacrum[A]

Day 0: The wound had been previously treated with V.A.C.® Therapy, offloading, silver dressings, air mattress use, hydro-fiber dressings, alginate dressings, and wound debridement. Bedside sharp debridement was performed but limited by inability to achieve adequate hemostatsis.



Day 3: The wound showed improvement after V.A.C. VERAFLO™ Therapy, using V.A.C. VERAFLO CLEANSE CHOICE™Dressing was initiated. **Saline (22ml)** was instilled into the wound followed by a **1 minute dwell time** and **30 minutes of negative pressure at -150mmHg**. Due to the difficult wound location, ostomy paste was used to help ensure a complete seal around the wound.

Day 7: V.A.C. VERAFLO™Therapy was discontinued. The wound underwent sharp debridement to remove the tip of the coccyx and non-viable slough/adipose tissue, followed 2 days later by colostomy surgery. Three days post surgery, V.A.C. VERAFLO™ Therapy with V.A.C. VERAFLO CLEANSE CHOICE™Dressing was re-started instilling **Saline (22ml)** followed by a **1 minute dwell time** and **30 minutes of negative pressure at -150mmHg** (Day 12). A silver alginate dressing was placed over the left buttock partial thickness area.

V.A.C. VERAFLO CLEANSE CHOICE™ Dressing with VERAFLO™ Therapy – Venous Stasis Ulcer[2]

Day 0: Venous statis ulcer measured 22cm x 16cm and 85% fibrinous.

Day 10: Wound after negative pressure wound therapy with instillation of **50ml normal saline** with **3-minute dwell time** followed by **2 hours of -125mmHg NPWT**.

V.A.C. VERAFLO CLEANSE CHOICE™ Dressing with VERAFLO™ Therapy – infected donor site wound after harvest of gracilis flap[B]

Day 0: Flap donor site wound at presentation

Day 0: wound after bedside debridement

Day 0: Application of V.A.C. VERAFLO CLEANSE CHOICE™Dressing with V.A.C. VERAFLO™Therapy: instillation of 4**4ml of 0.125% hypochlorite solution** with **3-minute dwell time**, followed by **2 hours of -125mmHg NWPT**

Day 5: wound appearance.

As with any case study, the results and outcomes should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patients circumstances and condition