Patients and Wounds Recommended for NPWT with Topical Wound Instillation

The following recommendations are based primarily on the publication by Kim, et al. Negative Pressure Wound Therapy with Instillation: Review of Evidence and Recommendations. Wounds 2015;27(12):Suppl 1-20. These recommendations may be used to guide the appropriate use of V.A.C. VERAFLO™ Therapy in conjunction with the V.A.C. ULTRA™ Therapy System safety information.¹

Note: V.A.C. VERAFLO™ Therapy is not indicated for treatment of infection, for the prevention and treatment of biofilm, or for the delivery of non-topical antibiotics or drugs.

**Step One – When to Choose V.A.C. VERAFLO™ Therapy**

| If the patient has ≥2 clinically relevant comorbidities. | OR | If the wound is complex
(Refer to list of clinical situations below from Kim, et al.)¹
Specific examples of clinical situations in which NPWTi-d may be appropriate, in conjunction with appropriate wound care, such as debridement and systemic antibiotics
• Wounds that require a revision (“second look”) surgery
• Diabetic foot wound infections
• Ischemic wound beds
• Wounds complicated by invasive infection or extensive biofilm
• Wounds in which healing progression has ‘stalled’ following traditional NPWT therapy
• Wounds that cannot easily be closed
• Severe traumatic wounds
• Necrotizing fasciitis
• Exposed or infected bone (with or without traumatic defects) | OR | If the patient has an
American Society of Anesthesiologists (ASA) Physical Status Classification of ≥2²
Note: ASA I, V, VI are not candidates for V.A.C. VERAFLO™ Therapy.

ASA Classifications & Definitions
ASA I Normal healthy patient
ASA II Patient with mild systemic disease
ASA III Patient with severe systemic disease that is limiting but not incapacitating
ASA IV A patient with severe systemic disease that is a constant threat to life
ASA V A moribund patient who is not expected to survive without the operation
ASA VI A declared brain-dead patient whose organs are being removed for donor purposes

**Step Two – Choose an instillation solution**

| If Patient received an aggressive operative debridement with:
• Little to no remaining infectious material, slough, or wound debris³ | Consider Normal saline | OR | Assess wound at dressing change and determine if a solution switch is required
If normal saline does not achieve the desired result, based on pre- and post-debridement and post-instillation culture results, consider other topical solutions

If Patient received an extensive operative debridement and:
• Concerns of inadequate reduction in wound bioburden⁴
• Normal saline has not achieved desired results | Consider Other topical solutions
• Refer to solution compatibility brochure (DSL#14-0627.US Rev. 10/14) LIT#29-A-212
• Per Kim, et al, publication, PRONTOSAN® Wound Irrigation Solution, which contains betaine, a surfactant, is one of the solutions most commonly used in studies of NPWTi-d⁴ | OR | Assess wound at dressing change and determine if a solution switch is required
When wound has little to no remaining infectious material, slough, or wound debris, consider saline.

**Step Three – Selecting the settings**

| Soak time:
Consider 10–20 minutes | • Soak time is affected by solution selection, size of wound, and anatomic location because of the risk of leaks
• Shorter soak times should be considered for larger wounds and certain locations, like the foot or sacral area, to minimize the risk of leaks
• Consult manufacturer for recommended time. Also see previous study results in the Bioburden Brochure, DSL#13-0774.US Rev. 9/14) LIT#29-A-226
• Positive clinical results have been reported with normal saline with a 10-minute dwell time and PRONTOSAN® Wound Irrigation Solution with a 20-minute dwell time⁵⁶
| V.A.C.® Therapy time:
Consider 2–4 hours** | • Longer V.A.C.® Therapy times reduce the number of possible instillation cycles per day
• Fewer cycles per day may help reduce the risk of leaks with larger wounds and certain locations, like the foot or sacral area

**Step Four – V.A.C. VERAFLO™ Therapy can be considered successful when you can check one of these boxes:**

- Sufficient robust granulation tissue is present in the wound bed such that primary closure can be achieved.
- Wound has reached a stage such that it can be covered with a flap or graft.
- Conventional NPWT can be initiated to further reduce the wound area. NPWT is available to continue therapy in home care.

¹ Additional review of Gabriel 2012 was also referenced  
² 6 hours for larger wounds  

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