Which dressing to use in conjunction with 3M[™] Veraflo[™] Therapy?

Wound characteristics

Key goal(s) of therapy

3M[™] V.A.C. Veraflo[™] Dressing

Open wounds, including wounds with shallow undermining or tunnel areas where the distal aspect is visible.



- To help facilitate the removal of infectious material and other wound bioburden when used in conjunction with Veraflo Therapy.
- > To generate robust granulation tissue.

3M[™] V.A.C. Veraflo[™] Large Dressing

Large open wounds. including wounds with shallow undermining or tunnel



areas where the distal aspect is visible.

infectious material and other wound bioburden when used in conjunction with Veraflo Therapy.

> To help facilitate the removal of

> To generate robust granulation tissue in large wounds.

3M[™] V.A.C. Veraflo Cleanse[™] Dressing

Cavity wounds or wounds with complex geometries.



- To initiate therapy and to help facilitate the removal of infectious material and other wound bioburden when used in conjunction with Veraflo Therapy.
- > To fill complex wound geometries. explored tunnels and undermining.

3M[™] V.A.C. Veraflo Cleanse Choice[™] Dressing

Wounds with thick fibrinous exudate. slough, infectious material and other wound bioburden.



- > To initiate therapy and to help facilitate the removal of infectious material such as thick fibrinous exudate, slough and other wound bioburden when used in conjunction with Veraflo Therapy.
- > To provide a wound cleansing option for clinicians when surgical debridement must be delayed or is not possible or appropriate.

NOTE: This is not a complete representation of the dressing pack and is for reference purposes only.

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Start smart with 3M[™] Veraflo[™] Therapy

Goals for using Veraflo Therapy are varied and may include:1,2

Granulation tissue formation:

- Promote granulation formation
- Decrease wound volume
- Cover exposed structures

Wound cleansing:

- Remove infectious materials
- Reduce risk of compromised wound healing due to contamination or bioburden
- Decrease viscosity and volume of exudate

Veraflo Therapy versus standard care

A systematic review of comparative studies and meta-analysis³ evaluated the performance of Veraflo Therapy versus control in 13 studies and 720 patients in various wound types. Results of the analysis revealed Veraflo Therapy delivered significant advantages over standard of care in various wound types:





>30% fewer surgical Wounds were ready for closure almost twice as fast3,4 debridements4 (177 versus 269 (7.88 versus 14.38 days, p=0.003) debridements, p=0.008)



Wounds were 2.39 times more likely to close3 (n=0.01)



>50% reduced length of therapy^{3,4} (9.88 versus 21.6 days, p=0.02)



4.4 times greater odds of reducing bacterial count³ Odds were 4.4 times greater (p=0.003)

NOTE: Specific indications, 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 material is intended for healthcare professionals.

- 1. Kim PJ et al. Negative-Pressure Wound Therapy with Instillation: International Consensus Guidelines. Plast Reconstr Surg
- 2. Gupta S et al. Clinical recommendations and practical guide for negative pressure wound therapy with instillation. Int Wound J
- 3. Gabriel A et al. Effects of Negative-Pressure Wound Therapy with instillation versus standard of care in multiple wound types: systematic literature review and meta-analysis. Plast Reconstr Surg 2021; 147(1S-1): 68S-76S
- 4. Camardo M. Veraflo Meta-Analysis Standardized and Non-Standardized Means. 3M Internal Report, San Antonio, Texas, USA 2020



Science. Applied to Life.™ **Negative Pressure Wound Therapy** Step down pathway **Out of Hospital** Hospital 3M Veraflo Slough/devitalised tendon exposure. Definitive closure and/or Debridement weekly against M™VAC Veraflo 3M V.A.C. protocol + biopsy + Is the wound clean and Infection, collection Yes infection Yes Transition to AWD control if necessary and/or Wound dermal template. Bone/tendon exposure Removal of thick fibrinous Yes No Does the patient have ≥ 2 clinically relevant comorbidities. 3M™ Snap™ or is the wound complex? Therapy System 3M™ Verafle Reassess parameters reatment goals: Complex wound definition:1 Wounds that require a revision ('second look') surgery 3M Veraflo No ► Diabetic foot wound infections No ▶ Ischemic wound beds ► Wounds complicated <180ml &/or with 3M™ V.A.C.® by invasive infection wound depth ≤3cm or extensive biofilm Manage exudate Wounds in which healing progression has 'stalled' and/or following traditional NPWT therapy No 3M V.A.C. Wounds that cannot easily be closed ► Severe traumatic wounds Necrotizing fasciitis 1 Characteristics: patient and wound 1a Recommended method debridement if possible 2 First line NPWT modality · Exposed or infected bone (with or without traumatic defects) 3 Transition therapy 4 Closure/ 4a Reassess wound Reference: 1. Kim PJ, Attinger CE, Crist BD, et al. Negative pressure wound therapy with instillation: review of evidence and Note: Specific indications, contraindications, warnings, precautions and safety information exist for these products and therapies. recommendations Wounds-> Kim_2015_ Please consult a physician and product instructions for use prior to application. This material is intended for healthcare professionals. Wounds (v1.0).

Note: For complete safety information and application instructions refer to the safety information and application instructions or user manual provided with the 3M[™] V.A.C.® Ulta Therapy Unit and the 3M[™] Veraflo[™] Dressings.

3M[™] Veraflo[™] Therapy components: What you'll need to initiate therapy!



Steps to initiate Veraflo Therapy

1. Dressing application

Similar to V.A.C.® Therapy dress the wound as you normally would

2. Dressing change frequency

Minimum of three times weekly is recommended (every 48-72 hours)

3. Default therapy settings (adjust as prescribed)

Soak time: 10 minutes, V.A.C. Therapy time: 3.5 hours at -125mmHg



INITIATE VERAFLO THERAPY