



3M™ ActiV.A.C.™ Therapy - Frequently Asked Questions

General 3M™ ActiV.A.C.™ Therapy Questions

How long should therapy be maintained daily?

Answer: Therapy is recommended for at least 22 hours a day. If therapy hours are less than 22 each day, find out why there is a therapy deficit and remedy the situation.

Note: Please refer to the following answer for warnings about leaving the dressing in place while the therapy is inactive.

When should ActiV.A.C. Therapy be discontinued?

Answer: Therapy should be discontinued when:

- The goal of therapy has been met. In some cases, there will be a full closure of the wound, in others, the wound may be closed surgically
- The patient is unable or unwilling to follow the medical plan of care (maximum benefits might not be achieved)

Can 3M™ ActiV.A.C.™ Therapy Unit be used within a hyperbaric oxygen therapy treatment?

Answer: Do not take the 3M™ V.A.C.® Therapy Unit into a hyperbaric oxygen chamber. The V.A.C.® Therapy Unit is not designed for this environment and **should be considered a fire hazard in this environment**. Refer to the 3M™ V.A.C.® Therapy Clinical Guidelines for the complete recommended procedure.

Warning: Never leave a 3M™ V.A.C.® Dressing in place without active V.A.C.® Therapy for more than two hours. If therapy is off for more than two hours, remove the old dressing and irrigate the wound. Either apply a new V.A.C.® Dressing from an unopened sterile package and restart V.A.C.® Therapy; or apply an alternative dressing, such as wet to moist gauze, as approved during times of extreme need, by treating clinician.

Can the ActiV.A.C. Therapy Unit be used with Magnetic Resonance Imaging (MRI) procedures?

Answer: Do not take the V.A.C.® Therapy Unit into an MRI environment: **it is unsafe**. The V.A.C.® Dressing can typically remain on the patient with minimal risk in an MRI environment, assuming that the use of V.A.C.® Therapy is not interrupted for more than two hours. The clinician or radiologist may choose to remove the V.A.C.® Dressing prior to imaging in an area where the wound is located due to potential shadowing. The dressing can remain in place.

Refer to the V.A.C.® Therapy Clinical Guidelines for the complete recommended procedure.

What evidence do we have to support the efficacy of V.A.C.® Therapy?

Answer: V.A.C.® Therapy has been shown to be a successful way to manage wounds for the past 25 years.¹ Benefits of early initiation* of V.A.C.® Therapy on acute and chronic wounds have been demonstrated in acute care, long-term acute care, and home health care.^{2,3,4}

*Early NPWT was defined for acute wounds as treatment initiated within the first seven days from the first wound treatment date and within 30 days for chronic wounds; late NPWT initiation occurred after this time. A secondary analysis was conducted on a subset of patients with Charlson Co-morbidity Index Scores ≤5 to assess Early vs. Late cost differences by wound type, excluding the sickest patients with significant non-wound long-term care costs; this cohort represented 80% of the wounds.

Technique Questions

What is the optimal position of the 3M™ SensaT.R.A.C.™ Pad if bridging multiple wounds?

Answer: It is important to place the SensaT.R.A.C. Pad in a central location to ensure exudate from one wound is not drawn across the other wound. On flat surfaces and away from the perineal area, bony prominences, or pressure areas.

Tip: For bridging two wounds, ensure a seal on one wound before adding a second SensaT.R.A.C. Pad.

How should the cut be made in the 3M™ V.A.C.® Drape to optimize the performance of the SensaT.R.A.C. Pad?

Answer: To help optimize the performance of the SensaT.R.A.C. Pad, you must cut a 2.5 cm hole in the V.A.C.® Drape. A smaller hole, an “x”, or a slit may cause blockage, pressure fluctuations, and other functionality issues.

Refer to the 3M™ V.A.C.® Therapy Clinical Guidelines for the complete recommended procedure.

Unit Operation Questions

What is the battery life of the 3M™ ActiV.A.C.™ Therapy Unit?

Answer: The battery run life is approximately 14 hours, depending on settings. Battery charge time is approximately six hours from a fully discharged state.

Tip: It's a good idea to instruct the patient to carry the power/charging cord with them and not to wait 14 hours to charge the unit.

How do you fix a canister full alarm?

Answer: The full canister should be removed and replaced with a new canister, then restart therapy. The canister should also be changed at least once a week to control odor.

Tip: To avoid false alarms, keep the therapy unit upright.

What can I do if there is a leak?

Answer: Check for small leaks with a stethoscope, listening for a whistling noise, or moving your hand around the edges of the dressing while applying light pressure. The ActiV.A.C. Therapy Unit offers the 3M™ Seal Check™ Feature, which provides audible and visual cues for leak location. Patch is necessary. However, avoid applying more than two layers of drape.

Dressings Questions

How frequently do the 3M™ V.A.C.® Dressings require changing?

Answer: Wounds being treated with the ActiV.A.C. Therapy System should be monitored on a regular basis. In monitored, non-infected wounds, V.A.C.® Dressings should be changed every 48-72 hours but not less than three times per week, with the frequency adjusted by the healthcare practitioner as appropriate. Infected wounds must be monitored often and very closely. For these wounds, dressings may need to be based on a continuous evaluation of wound condition and the patient's clinical presentation rather than a fixed schedule.

Can the 3M™ Dermatac™ Drape be used with ActiV.A.C. Therapy?

Answer: Yes, Dermatac Drape is an accessory to the ActiV.A.C. Therapy System.

How do you help protect against periwound maceration?

Answer: Consider using a routine skin preparation product such as 3M™ Cavilon™ No Sting Barrier Film when using V.A.C.® Drape. Dermatac Drape may be considered for patients with fragile or friable periwound skin. A skin prep should not be used under Dermatac Drape.

Note: No need for ancillary products when using Dermatac Drape.

How do you remove the 3M™ V.A.C.® Granufoam™ Dressing if it adheres to the wound bed?

Answer: If the dressing adheres to wound, consider introducing sterile water or normal saline into the dressing, waiting 15-30 minutes, then gently removing the dressing from the wound. Foam left in the wound for greater than recommended time (48-72 hours/dressing changed minimum three times per week) may foster ingrowth of tissue into the foam, create difficulty in removing foam from the wound, or lead to infection or other adverse events.

Please refer to the Instructions for Use for detailed instructions and full Safety Information, and the 3M™ V.A.C.® Therapy Clinical Guidelines for the complete recommended procedures. <https://hcbgregulatory.3m.com>

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. Rx only

Do you have more questions?



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Call 1-800-275-4524, ext. 3
for questions and assistance
troubleshooting our therapy units

¹Law A L. Krebs B. Karnik B. Griffin L. Comparison of Healthcare Costs Associated with Patients Receiving Traditional Negative Pressure Wound Therapies in the Post-Acute Setting. *Cureus* 12(11):e11790. DOI 10.7759/cureus.11790.

²Baharestani MM. Driver VR. Optimizing clinical and cost-effectiveness with early intervention of V.A.C.® Therapy. *Ostomy Wound Manage.* 2008;54(11 Suppl):1-15.

³Baharestani MM, Houliston-Otto DB, Barnes S. Early versus late initiation of negative pressure wound therapy: examining the impact home care length of stay. *Ostomy Wound Manage.* 2008; 54(11 Suppl):48-53.

⁴Driver VR de Leon JM. Health economic implications for wound care and limb preservation. *J Managed Care Med.* 2008; 1(11):13-19.



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