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3M™ V.A.C.® Therapy Clinical Guidelines

A reference for clinicians

Rx Only

This copy supersedes any previous revision and is only for the US. For revision level and contact information, refer to back cover of these guidelines.

These guidelines are not intended as a guarantee of results, outcome or performance of the 3M™ V.A.C.® Therapy System. They are recommendations to help clinicians establish patient-specific treatment protocols. As with any application, please consult the patient's treating healthcare provider about individual conditions and treatment, and follow all applicable Instructions for Use and labeling for product use and operation.

Always consult sections of this guideline along with the applicable Instructions for Use, labeling and safety information sheet for the specific Negative Pressure Wound Therapy (NPWT) therapy unit and dressing type before placing a V.A.C.® Therapy dressing on a patient.

For a medical emergency, contact your local emergency number. If you have any questions about operation or use, contact your local Solventum representative.

For further information, visit https://www.solventum.com/en-us/home/medical/advanced-wound-care/ or call 1-800-275-4524 (US only).

CAUTION: Federal (U.S.A.) law restricts these devices to sale/rental by or on the order of an approved prescriber.

Rx Only

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Introduction

The 3M™ V.A.C.® Therapy System is a medical device system that helps wounds heal by delivering negative pressure to the wound through a special dressing and therapy unit. This creates an environment that promotes the wound healing process. This system helps:

- Draw the wound edges together
- Remove exudate and infectious materials
- Promote granulation tissue formation and perfusion
- Prepare wound bed for closure
- Reduce edema

V.A.C.® Therapy is an advanced negative pressure wound healing therapy that can be readily integrated into the clinician's wound healing practice to help optimize patient care. This advanced wound healing technology is coupled with microprocessor-controlled therapy units, specialized dressings and 24 hours a day, 7 days a week technical support.

The V.A.C.® Therapy platform includes the following therapy units:

- 3M™ ActiV.A.C.™ Therapy Unit
- 3M™ ActiV.A.C.™ Therapy Unit with iOn Progress™ Remote Therapy Monitoring
- 3M™ V.A.C.® Ulta Therapy Unit
- 3M™ V.A.C.® Simplicity Therapy Unit
- V.A.C. FREEDOM™ Therapy Unit
- 3M™ V.A.C.® Rx4 Therapy Unit
- 3M™ Prevena™ Plus 125 Therapy Unit*

*The following 3M™ V.A.C.® Dressings are compatible with the 3M™ Prevena™ Plus 125 Therapy Unit:

- 3M™ V.A.C. Granufoam™ Dressing (Small and Medium)
- 3M™ V.A.C. ® Granufoam Silver™ Dressing (Small and Medium)
- 3M™ V.A.C. Whitefoam™ Dressings
- 3M™ V.A.C. ® Simplace™ and 3M™ V.A.C. ® Simplace™ Ex Dresssings
- 3M™ Dermatac™ and 3M™ V.A.C. ® Granufoam™ Dressing (Small and Medium)
- 3M™ V.A.C.® Peel and Place Dressing Kits

The components of the V.A.C.® Therapy System work as an integrated system to optimize both the delivery and the benefits of negative pressure wound therapy (NPWT). An open pore reticulated polyurethane foam (3M™ V.A.C.® Granufoam™ Dressing, 3M™ V.A.C.® Granufoam Silver™ Dressing), or a polyvinyl alcohol foam (3M™ V.A.C.® Whitefoam™ Dressing) is cut to fit within the wound, then covered with an adhesive drape. The all-in-one V.A.C.® Peel and Place Dressing is placed over the wound. There are two types of drapes available: 3M™ V.A.C.® Drape, a polyurethane acrylic drape, is provided with the V.A.C.® Granufoam™ Dressing Kits; and 3M™ Dermatac™ Drape, a silicone-acrylic hybrid combination drape is provided with the Dermatac™ Drape and V.A.C.® Granufoam™ Dressing Kits, and V.A.C.® Peel and Place Dressing Kits. The open cells of the foam enable equal distribution of negative pressure across the surface of the wound via SensaT.R.A.C.™ Pad tubing, simultaneously transferring accumulated fluids to a fluid collection canister. A software-controlled therapy unit is then connected to the dressing. Where applicable, the user can select continuous, intermittent or 3M™ Dynamic Pressure Control™ Therapy on the therapy unit, depending upon wound type, dressing utilized, and the needs of each patient. 3M™ SensaT.R.A.C.™ (Therapeutic Regulated Accurate Care) Technology delivers, monitors, and helps to maintain target pressure at the wound site. The safety features of the NPWT System include alarms/alerts to maintain optimal therapy settings.

Solventum product availability varies by market. Consult your local Solventum representative for specific product details. For patient safety information refer to the appropriate Instructions for Use.

These guidelines do not address application procedures or clinical considerations specific to the 3M™ V.A.C.® Ulta Therapy Unit when using 3M™ Veraflo™ (instillation of topical solutions), 3M™ Prevena™ for closed incisions or 3M™ AbThera™ Open Abdomen Negative Pressure Therapy modes. Contact your local Solventum representative and consult product-specific Instructions for Use and labeling for guidance on use with application of these therapies.

When managing incisions using the 3M™ Prevena™ Incision Management System, please refer to the Prevena™ Therapy Clinical Guidelines and Instructions for Use.

The 3M™ Snap™ Therapy System is a mechanical, disposable option for ambulatory patients, who would benefit from the application of negative pressure, particularly those with small, difficult to dress wounds. For more information, please refer to the Snap Therapy System Clinical Guidelines or Instructions for Use.

Points to remember when using 3M™ V.A.C.® Therapy

- **Follow Universal Precautions.**
- Keep V.A.C.® Therapy on for at least 22 hours in a 24-hour period. Do not leave the 3M™ V.A.C.® Dressing in place if the therapy unit has been interrupted for more than two hours in a 24-hour period.
- Ensure that the patient/wound is a suitable candidate for V.A.C.® Therapy.
- Read and follow all user instructions and safety information that accompany Solventum products.
- Ensure accuracy of diagnosis and address all underlying and associated co-morbidities prior to the use of V.A.C.® Therapy.
- Ensure appropriate V.A.C.® Dressing selection and suitable indication-specific V.A.C.® Dressings are used.
- Do not place any V.A.C.® Dressings directly over exposed organs, blood vessels, anastomotic sites and/or nerves.
- Ensure appropriate debridement prior to treatment.
- Do not tightly pack V.A.C.® Dressings into the wound. Instead, place foam dressings gently into the wound, or place V.A.C.® Peel and Place Dressing over the wound.
- Ensure a good drape seal has been achieved. The 3M™ ActiV.A.C.™ Therapy Unit and V.A.C.® Ulta Therapy Unit offer a 3M™ Seal Check™ Feature that provides assistance in identifying leaks.
- Always count the total number of pieces of foam used in the wound. Document the foam quantity and dressing change date on the Foam Quantity Label if available, and in the patient's chart. The Log Tool on the 3M™ V.A.C.® Ulta Therapy Unit can also be used to record the number of foam pieces used.

- Monitor wound status regularly; check and respond to alarms/alerts.
- When the dressing is removed, count the number of foam pieces removed, correlate the count with the number of pieces previously placed in the wound and verify the complete removal of all foam dressing pieces.
- If no response or improvement in the wound is observed within two weeks, reassess the treatment plan.
- Seek advice/support from your local Solventum representative as needed.

Indicated wound types:

Chronic, acute, traumatic, subacute and dehisced wounds, partial-thickness burns, ulcers (such as diabetic, pressure or venous insufficiency), flaps, grafts, and closed surgical incisions.

Intended care settings:

- 3M™ V.A.C.® Ulta Therapy Unit: Acute and Extended Care
- 3M™ V.A.C.® Rx4 Therapy Unit: Acute Care
- 3M™ ActiV.A.C.™ Therapy Unit: Acute, Extended, and Home Care
- 3M™ ActiV.A.C.™ with iOn Progress™ Remote Therapy Monitoring: Acute, Extended, and Home Care.
- 3M™ V.A.C.® Simplicity Therapy Unit: Extended Care
- V.A.C. FREEDOM™ Therapy Unit: Extended Care
- 3M™ Prevena™ Plus 125 Therapy Unit: Acute, Extended, and Home Care

Summary of contraindications

3M™ V.A.C.® Therapy should not be used with:

- Foam in direct contact with exposed blood vessels, anastomotic sites, organs or nerves
- Malignancy in the wound
- Untreated osteomyelitis
- Non-enteric and unexplored fistula
- Necrotic tissue with eschar present – debride all necrotic tissue, bone, eschar or hardened slough as prescribed by practitioner/clinician
- Sensitivity to silver (3M™ V.A.C.® Granufoam™ Silver Dressing only)

Summary of warnings

Use caution in the following conditions:

- Patients at high risk of bleeding possibly due to:
    - Weakened or friable blood vessels or organs due to sutured organ or blood vessel (native anastomoses or grafts), infection, trauma, radiation
    - Inadequate hemostasis
    - Use of anticoagulants or platelet aggregation inhibitors
    - Exposed or superficial vessels and organs
    - Non-sutured hemostatic agents
    - Sharp edges or bone fragments in the wound

Please report a serious incident in relation to the device to Solventum and the regulatory authority.

Summary of warnings (continued):

Note: ***If active bleeding develops suddenly or in large amounts or if frank (bright red) blood is seen in the tubing or canister during 3M™ V.A.C.® Therapy, immediately stop V.A.C.® Therapy, leave dressing in place, take measures to stop bleeding, and seek medical assistance.***

Note: ***Patients at high risk of bleeding should be treated and monitored in a care setting deemed appropriate by the treating clinician.***

Note: ***For patients with a high risk of bleeding or unable to tolerate a large fluid loss consider the use of the smallest size canister available per therapy unit.***

- Infected wounds may require more frequent dressing changes. Contact the treating clinician if there are signs of the onset of systemic infection or advancing infection at the wound site.
- Osteomyelitis must be treated as clinically indicated.
- Exposed tendons, ligaments, nerves, and exposed intact bone should be covered with a non-adherent layer (not applicable for 3M™ V.A.C.® Peel and Place Dressing).
- Do not place foam in blind/unexplored tunnels.
- With allergy or hypersensitivity to silver in 3M™ V.A.C.® Granufoam Silver™ Dressing, acrylic, adhesives or silicone, discontinue use and contact treating clinician.
- Foam adherence to the wound bed - if applicable - consider use of the V.A.C.® Peel and Place Dressing or use of 3M™ V.A.C.® Whitefoam™ Dressing or a wide-mesh non-adherent under the 3M™ V.A.C.® Granufoam™ Dressing.
- 3M™ V.A.C.® Dressings are radiolucent, not detectable on x-ray.
- If negative pressure is off for more than 2 hours, remove the old dressing, irrigate, and apply a new dressing.
- Defibrillation – remove the V.A.C.® Dressing if defibrillation is in the area of dressing placement.
- MRI – the therapy units are unsafe. V.A.C.® Dressings can remain in place with minimal risk.
- Hyperbaric Oxygen (HBO) – Do not take the therapy unit into an HBO chamber. The V.A.C.® Dressing may be either removed or another HBO-compatible dressing applied, or the end of the unclamped V.A.C.® Tubing should be covered with dry gauze.

Note: ***The 3M™ V.A.C.® Granufoam Bridge Dressing contains additional synthetic materials which may pose a risk during HBO therapy.***

Additional warnings for 3M™ V.A.C.® Peel and Place Dressings:

- Do not use with 3M™ Veraflo™ Therapy (instillation).
- Only pressure settings between -75 and -150 mmHg should be used.
- Only continuous negative pressure mode should be used.
- Do not use over the open abdomen.
- Do not use in wounds with any tunnels.
- Do not use in wounds with undermining greater than **2 cm**.
- Do not use any additional wound fillers (ie. foams).
- Do not use small dressings with wound depth greater than **2 cm**.
- Do not use medium dressings with wound depth greater than **4 cm**.
- Do not use large dressings with wound depth greater than **6 cm**.
- Do not cut the foam section of the dressing.
- If the dressing covers the umbilicus, the umbilicus should be filled with an antimicrobial petroleum gauze prior to dressing application.

Summary of precautions

Standard precautions for infection control should be followed with all patients, per institutional protocol.

Additional considerations should be made regarding the following:

- Intermittent or 3M™ Dynamic Pressure Control™ Therapy is not recommended for the following:
    - Unstable structures such as open chest wall
    - Patients at risk of bleeding
    - Highly exudating wounds
    - Acute flaps and grafts
    - Acute enteric fistula
- Due to size and weight, patients including infants, children, certain small adults, and elderly patients may be at risk of excessive fluid loss and dehydration.
- Patients with spinal cord injury may experience autonomic dysreflexia due to stimulation of the parasympathetic nervous system.
- Foam placement in close proximity to the vagus nerve may cause bradycardia.
- 3M™ V.A.C.® Therapy is not recommended for enteric fistula if effluent management/ containment is the goal.

- Protect peri-wound skin from direct contact with foam.
- With circumferential dressing application, distal circulatory status must be frequently assessed.
- Therapy unit pressure excursions may briefly exceed -250 mmHg (not applicable to Prevena™ Plus 125 Therapy Unit).
- Closed surgical incisions - dressings for closed surgical incisions should be applied immediately post-surgery. NPWT will not be effective in addressing complications associated with:
    - Ischemia to incision or incision area
    - Untreated or inadequately treated infection
    - Inadequate hemostasis of the incision
    - Cellulitis of the incision area

Note: ***The 3M™ Prevena™ Dressings are specifically designed for incision management and are recommended for surgical incisions. Refer to the 3M™ Prevena™ Incision Management System Instructions for Use.***

Additional precautions for 3M™ V.A.C.® Rx4 Therapy Unit:

- Not for use on multiple patients simultaneously
- Do not use 1000 mL canister in patients at high risk of blood/fluid loss
- Not for home care use

Additional precautions for 3M™ V.A.C.® Granufoam™ Silver Dressings:

- Do not use topical solutions or agents that may have adverse interactions with silver.
- For maximum effectiveness, the V.A.C.® Granufoam Silver Dressing should be applied directly to the wound surface. If a non-adherent layer is required, it may compromise the effectiveness of the silver in the area that is covered.
- Electrodes or conductive gel: do not allow V.A.C.® Granufoam Silver Dressings to come in contact with EKG or other electrodes or conductive gels during monitoring.
- Diagnostic imaging: V.A.C.® Granufoam™ Silver Dressing contains metallic silver that may impair visualization with certain imaging modalities.
- Patients with the 3M™ V.A.C.® Granufoam Silver™ Dressing may be safely scanned under specific conditions. Refer to the Instructions for Use for details.
- Application of products containing silver may cause temporary tissue discoloration.

Considerations for 3M™ V.A.C.® Therapy in home care:

- Patient risk of bleeding.
- Patient or family member/caregiver ability to understand and follow instructions and address alarms.
- 1000 mL canister is NOT intended for use in the home.

- Health care providers should be familiar with all instruction materials, and they should be reviewed with the patients and caregivers.
- In-service and training programs are available. Contact your local Solventum representative for scheduling.

For detailed information on specific therapy units, please refer to the Safety Information and Instructions for Use available at the following links:

- **3M™ V.A.C.® Ulta Therapy Unit**
- **3M™ ActiV.A.C.® Therapy Unit and 3M™ ActiV.A.C.™ with iOn Progress™ Remote Therapy**
- **3M™ V.A.C.® Simplicity Therapy Unit**
- **3M™ Prevena™ Plus 125 Therapy Unit**
- **3M™ V.A.C.® Rx4 Therapy Unit**

For detailed information on specific 3M™ V.A.C.® Dressings, please refer to the Safety Information and Instructions for Use available at the following links or at **https://eIFU.Solventum.com**:

- **3M™ V.A.C.® Granufoam Dressing**
- **3M™ V.A.C.® Peel and Place Dressing**
- **3M™ V.A.C® Simplace™ Dressing**
- **3M™ V.A.C.® Granufoam Bridge Dressing**
- **3M™ V.A.C.® Granufoam Silver**
- **3M™ V.A.C.® Whitefoam Dressing**

Disposable components of the 3M™ V.A.C.® Therapy System are provided as indicated on the associated product labeling. 3M™ V.A.C.® Canisters may be packaged sterile, fluid path sterile, or non-sterile, and are not manufactured with latex. All disposable components of the V.A.C.® Therapy System are for single use only. To help ensure safe and effective use, the V.A.C.® Dressings are to be used only with Solventum NPWT Units.

Re-use of disposable components may result in wound contamination, infection and/or failure of the wound to heal.

The decision to use clean versus sterile/aseptic technique is dependent upon wound pathophysiology, clinician/treating clinician preference, and institutional protocol.

Important: As with any prescription medical device, failure to consult a clinician and carefully read and follow all therapy unit and dressing instructions and safety information prior to each use may lead to improper product performance and the potential for serious or fatal injury. Do not adjust therapy unit settings or perform therapy application without directions from/or supervision by the treating clinician.

In addition to these general warnings and precautions for V.A.C.® Therapy, additional warnings and precautions apply to certain specialty V.A.C.® Dressings and Solventum NPWT Units. Please refer to the specific product Instructions for Use and labeling prior to application for complete safety information, dressing application instructions, specific therapy settings and the procedure for connection to the Solventum NPWT Unit.

24/7 technical & clinical support:

- Provides technical assistance for Solventum NPWT products for treating clinicians and patients.
- If there are any questions regarding the proper placement or usage of 3M™ V.A.C.® Therapy, please refer to appropriate Safety Information and Instructions for Use for more detailed instructions or contact your local Solventum representative.

For additional and most current information, please see website at **Solventum.com**.

The Solventum NPWT Units

These 3M™ V.A.C.® Therapy Clinical Guidelines are for use with Solventum NPWT Units. However, not all therapy units have the same features or the same Instructions for Use. All V.A.C.® Therapy Units and the 3M™ Prevena™ Plus Therapy Units are compatible with the 3M™ SensaT.R.A.C.™ Pad. Please refer to the specific product's user manual and/or quick reference guide for operating instructions.

Certain unique indications, contraindications, warnings, and precautions may apply to individual products within the family of Negative Pressure Therapy Units. Please refer to each product's labeling and instructional materials for further information.

*Devices are indicated for use in acute, extended and home care settings.

**Therapy Units are indicated for use in acute care settings and other professional healthcare environments where product use is conducted by or under the supervision of a qualified healthcare professional.

3M™ ActiV.A.C.™ Therapy Unit*

3M™ V.A.C.® Simplicity Therapy Unit**

V.A.C. FREEDOM™ Therapy Unit*

3M™ ActiV.A.C.™ with iOn Progress™ Remote Therapy Monitoring

3M™ V.A.C.® Ulta Therapy Unit (V.A.C.® Therapy Mode only)**

3M™ V.A.C.® Rx4 Therapy Unit**

3M™ Prevena™ Plus 125 Therapy Unit*

Solventum product availability varies by market. Consult your local Solventum representative for specific product details.

1 - Solventum NPWT Systems

3M™ V.A.C.® Therapy pressure settings

The therapy settings in these guidelines are general recommendations. You may wish to vary the pressure settings to optimize V.A.C.® Therapy based on individual patient need, prescription or an expert treating clinician's guidance.

The default setting for V.A.C.® Therapy is -125 mmHg on continuous mode, but these settings may be individualized and adjusted to the patient's needs. For recommended pressure settings for specific wound types, refer to the wound specific information section (beginning on page 36).

Note: *The 3M™ Prevena™ Plus 125 Unit and 3M™ V.A.C. Simplicity Therapy Unit are only available at the -125 mmHg setting.*

Note: *The 3M™ V.A.C.® Peel and Place Dressing must only be used at pressure settings between -75 and -150 mmHg in continuous mode.*

Consider titrating the negative pressure setting up by 25 mmHg increments for the following conditions:

- Excessive drainage
- Large wound volume
- 3M™ V.A.C.® Whitefoam™ Dressing(s) in the wound or in tunneled areas
- A tenuous seal (refer to Maintaining a seal, page 19)

The negative pressure setting may be titrated down by 25 mmHg increments for the following situations:

- Extremes of age
- Risk of excessive bleeding (e.g., patients on anticoagulation therapy)
- Circulatory compromise (e.g., peripheral vascular disease)
- Pain or discomfort not relieved by appropriate analgesia
- Peri-wound or wound bed ecchymosis

Continuous therapy versus intermittent or 3M™ Dynamic Pressure Control™ Therapy

Continuous therapy is recommended for the first 48 hours in all wounds. As appropriate, intermittent or Dynamic Pressure Control™ Therapy may be used following this 48-hour period. Some patients may be better served on continuous therapy for the duration of the treatment. Continuous therapy after the first 48 hours is recommended when:

- Using the V.A.C.® Peel and Place Dressing
- Patients are at increased risk of bleeding
- Patients experience significant discomfort during intermittent or Dynamic Pressure Control™ Therapy
- It is difficult to maintain an airtight seal (e.g., perianal or toe wounds)

- There are tunnels or undermined areas, as continuous therapy helps to hold the wound closed, collapse the edges, and promote granulation (see the Techniques for tunneling and sinus tracts, page 23)
- There are high levels of drainage from the wound after the first 48 hours (it is better to wait until the amount of drainage tapers off before switching to intermittent mode)
- Bolstering grafts or flaps with the need to prevent shear
- A splinting effect is required (e.g., sternal, or abdominal wounds)

Table 1.1: Recommended therapy settings

Wound characteristics	Continuous	Intermittent or 3M™ Dynamic Pressure Control™ Therapy
Difficult dressing application	●	
Flaps	●	
Highly exudating	●	
Grafts	●	
Painful wounds	●	
Tunnels or undermining	●	
Unstable structures	●	
Minimally exudating	●	●
Large wounds	●	●
Small wounds	●	●
Stalled progress	●	●

Intensity feature

Intensity is the timeframe in which target pressure is reached after the initiation of each therapy cycle. The lower the intensity setting, the longer it will take to reach the target pressure. It is recommended that patients new to therapy begin at the lowest intensity setting as this allows for a slower, gentler increase of negative pressure and resultant contraction of the foam in the wound. The intensity can remain at the minimum setting throughout treatment to enhance patient comfort, especially when using intermittent or Dynamic Pressure Control™ Therapy. Higher intensity settings are recommended for larger wounds to obtain/maintain seal.

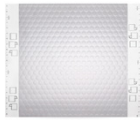
3M™ Dynamic Pressure Control™ Therapy

Dynamic Pressure Control Therapy is the evolution of the intermittent therapy in the previous generations of 3M™ V.A.C.® Therapy Units. It maintains a low level of negative pressure at the wound site between cycles. It helps prevent leaks and fluid accumulation that can occur when there is no negative pressure at the wound site. It is also designed to prevent patient discomfort from foam expansion and contraction between cycles.

3M™ V.A.C.® Dressings, Canisters and Disposables

A number of V.A.C.® Dressings and accessories are available for use with Solventum NPWT Units. These include canisters, drapes, foam dressings and 3M™ SensaT.R.A.C.™ Pads. In addition, specialty V.A.C.® Dressings are also available (refer to page 21, Specific dressing techniques). Visit **Solventum.com** for additional and most current information.





Solventum provides a variety of dressings for use with the Therapy Units.

3M™ V.A.C.® Granufoam™ Dressing: This black polyurethane (PU) foam dressing has reticulated pores to help evenly distribute negative pressure across the wound bed, assisting in granulation tissue formation in wounds and aiding wound contraction. It is hydrophobic (moisture repelling), which enhances exudate removal.

3M™ V.A.C.® Peel and Place Dressing: The V.A.C.® Peel and Place Dressing is an all-in-one integrated V.A.C.® Dressing that covers the wound bed and peri-wound skin creating an environment that promotes wound healing. The V.A.C.® Peel and Place dressing design incorporates V.A.C.® Granufoam Dressing, an integrated perforated non-adherent layer, Dermatac™ Drape, and a pre-cut hole for the SensaT.R.A.C.™ Pad. The perforated non-adherent layer allows the V.A.C.® Peel and Place Dressing to be worn for up to 7 days. The dressing is intended to extend onto intact peri-wound skin, and is designed to help mitigate tissue ingrowth. The design of the V.A.C. Peel and Place dressing requires pressure settings of -75 to -150 mmHg.

3M™ V.A.C.® Simplace™ Dressing: V.A.C.® Simplace Dressing utilizes V.A.C.® Granufoam™ Dressings redesigned in a spiral-cut shape to simplify the dressing application and easy creation of a bridge for offloading. No scissors necessary for foam sizing.

3M™ V.A.C.® Granufoam™ Bridge Dressing: The V.A.C.® Granufoam™ Bridge Dressing includes an integrated bridge allowing for 3M™ SensaT.R.A.C.™ Pad placement away from the wound site which allows for offloading treatment. It has a moisture wicking layer helping intact skin stay dry and is designed to simplify dressing application.

3M™ V.A.C.® Granufoam Silver™ Dressing: The V.A.C.® Granufoam Silver™ Dressing is an open-celled, reticulated polyurethane foam that has been microbonded with metallic silver via a proprietary metallization process. The microbonded metallic silver is uniformly distributed throughout the dressing, providing silver even after sizing.

3M™ V.A.C.® Whitefoam™ Dressing: This white polyvinyl alcohol foam is a dense, open-pore foam with a higher tensile strength than the V.A.C.® Granufoam™ Dressing for use in tunnels and undermining. It is hydrophilic (or moisture retaining) and is packaged pre-moistened with sterile water.

Its characteristics help to reduce the likelihood of adherence to the wound base. V.A.C.® Whitefoam Dressing may be used to assist in minimizing discomfort, over fresh split thickness skin grafts (STSG) or in situations where hypergranulation responses are likely. The higher density of V.A.C.® Whitefoam Dressing requires a minimum pressure setting of -125 mmHg.

For optimal pressure distribution, it is recommended to use a V.A.C.® Granufoam™ Dressing over V.A.C.® Whitefoam. Do not place foam dressings of the V.A.C.® Therapy System directly in contact with exposed blood vessels, anastomotic sites, organs or nerves.

Table 1.2: Selecting an appropriate dressing

Wound characteristics	V.A.C.® Granufoam™ Dressing	V.A.C.® Peel and Place Dressing	V.A.C.® Whitefoam™ Dressing	V.A.C.® Granufoam Silver™ Dressing	V.A.C.® Granufoam™ Bridge/ Bridge XG Dressing
Deep, acute wounds with moderate granulation tissue present	●	●***		●	●
Full-thickness pressure ulcers (Stage 3 or 4)	●	●		●	●
Flaps	●*	●		●*	●*
Painful wounds		●	●		●
Superficial wounds		●	●		
Tunneling/sinus tracts			●		
Undermining		●**	●		
Wounds that require controlled growth of granulation tissue			●		
Deep trauma wounds	●	●***	●	●	
Diabetic foot ulcers	●	●	●	●	●
Dry wounds	●	●	●	●	●
Post-graft placement (including dermal substitutes)	●*	●	●	●*	
Venous insufficiency ulcers	●	●	●	●	●
Need for barrier to bacterial penetration				●	
Closed surgical incisions	●*			●*	

*The V.A.C.® Granufoam™ and V.A.C.® Granufoam Silver™ Dressings can be used over grafts, flaps and closed surgical incisions only when there is a non-adherent material (page 19) placed directly over the graft/flap or incision.

Maximum of **2 cm of undermining when use V.A.C.® Peel and Place Dressings.

***Maximum of **2 cm** depth for Small dressing, **4 cm** depth for Medium dressing, **6 cm** depth for Large dressing.

Note: *These are general recommendations. Consult treating clinician as individual patient circumstances may vary.*

Please refer to the specific Instructions for Use provided with the dressing for complete dressing application instructions.

Solventum product availability varies by market. Consult your local Solventum representative for specific product details.

2 - 3M™ V.A.C.® Dressing general guidelines

Dressing changes

Wounds being treated with the 3M™ V.A.C.® Therapy System should be monitored on a regular basis. In a monitored, non-infected wound, 3M™ V.A.C.® Granufoam™ Dressings, 3M™ V.A.C.® Granufoam Silver™ Dressings, and 3M™ Whitefoam™ Dressings should be changed every 48–72 hours but not less than three times per week, with frequency adjusted by the treating clinician as appropriate.

In a monitored, non-infected wound, 3M™ V.A.C.® Peel and Place Dressings may be left in place for up to 7 days with the frequency adjusted by the clinician as appropriate.

Infected wounds must be monitored often and very closely. For these wounds, dressings may need to be changed more often than indicated, taking into account local and systemic signs of infection. The dressing change intervals should be based on a continuing evaluation of wound condition and the patient's clinical presentation, rather than a fixed schedule.

Note: ***Always count the total number of pieces of foam used in the wound. Document the foam quantity and dressing change date on the Foam Quantity Label if available, and in the patient's chart.***

Ensuring dressing integrity

It is recommended that a treating clinician or patient (in the home) visually check the dressing regularly to ensure that the foam is firm and collapsed in the wound bed while therapy is active, if not:

- For 3M™ V.A.C.® Therapy Units, make sure the display screen reads THERAPY ON. If not, press the THERAPY ON/ OFF button.
- For the 3M™ Prevena™ Plus 125 Therapy Unit, make sure the green indicator light is ON.
- Confirm the clamps are open and the tubing is not kinked.
- Identify air leaks by listening with a stethoscope or moving your hand around the edges of the dressing while applying light pressure.
- If you find that the seal is broken and the drape has become loose, trim away any loose or moist edges, ensure the skin is dry and oil free and then apply new drape strips.
- 3M™ Dermatac™ Drape and the V.A.C.® Peel and Place Dressing can be repositioned at initial application without loss of adhesion.

Caution: Use as few layers of drape and with as little overlap as possible without compromising seal. Multiple layers of the drape may decrease the moisture vapor transmission rate, which may increase the risk of maceration, especially in small wounds, lower extremities, or load-bearing areas.

Wound bed protection with non-adherent material

In some situations, a meshed non-adherent material may be placed over the wound bed before the 3M™ V.A.C.® Dressing foam is applied. This is used to reduce adherence, discomfort with dressing change, or discomfort of the patient. Examples of meshed non-adherent materials that may be used with V.A.C.® Dressings include, but are not limited to:

- Petroleum impregnated dressings
- Oil emulsion impregnated dressings
- Silicone dressings

Note: ***The 3M™ V.A.C.® Peel and Place Dressing has an incorporated non-adherent layer, so an additional layer is not required when a single layer of non-adherent is needed.***

Protecting sensitive structures from negative pressure

To negate V.A.C.® Dressing contact with sensitive tissues, always ensure that V.A.C.® Dressings do not come in direct contact with vessels or organs. Use a thick layer of natural tissue to provide the most effective protection. If a thick layer of natural tissue is not available or is not surgically possible, multiple layers of non-adherent material may be considered as an alternative, if deemed appropriate by the treating clinician, to provide a complete protective barrier. If using non-adherent materials, ensure they are secured in a manner that will maintain their protective position throughout therapy.

Tendons, ligaments, nerves, and intact bone should be protected to avoid direct contact with V.A.C.® Dressings. These structures may be covered with natural tissue, a single layer of meshed non-adherent material or bio-engineered tissue to help minimize the risk of desiccation or injury. When using V.A.C.® Peel and Place Dressing a non-adherent material is not needed over these structures as the dressing has an integrated, perforated, non-adherent layer.

Maintaining a seal

Maintaining a seal around the dressing is key to effective V.A.C.® Therapy. Recommendations to maintain the integrity of the seal:

- Dry the peri-wound area thoroughly after cleansing. A protective skin barrier product, such as 3M™ Cavilon™ No Sting Barrier Film, may be used to prepare the skin for drape application.

Note: ***When using 3M™ Dermatac™ Drape or the V.A.C.® Peel and Place Dressing, use of a skin barrier product is not necessary. If skin barrier is used, it may affect drape adhesion if the drape is lifted and repositioned. In this case, the skin barrier adheres to the drape when it is lifted so the drape may not properly re-adhere to the skin.***

- For delicate peri-wound tissue or in areas that are difficult to dress, apply protective skin barrier and/or consider picture framing/window paning the wound with V.A.C.® Drape transparent film or a hydrocolloid dressing or other appropriate barrier.

Tip: A hydrocolloid dressing can be placed between drapes to help maintain a seal in a crease or high leak area.

Note: ***The hybrid components and silicone-acrylic layers of 3M™ Dermatac™ Drape and 3M™ V.A.C.® Peel and Place Dressings unite the necessary properties that allow you to shape and conform the drape as needed while helping to create an ideal connection between the drape and body to achieve a highly effective seal without window paning or use of ancillary products while minimizing the damage to skin. After about 15–20 minutes, these components will cure and mold to provide peri-wound protection.***

- Ensure 3M™ V.A.C.® Dressing is appropriate for the depth of the wound by either cutting or beveling it or use specific thinner 3M™ V.A.C.® Granufoam™ Dressings or V.A.C.® Peel and Place Dressings where indicated.
- Position the 3M™ SensaT.R.A.C.™ Pad and 3M™ V.A.C.® Tubing away from the perineal area, bony prominences, or pressure areas.
- Secure or anchor the tubing with an additional piece of drape or tape, positioning the anchor several centimeters away from the dressing or wound. This prevents tension on the tubing from pulling on the dressing. If secured directly to the dressing, tension on the tubing may interrupt the dressing seal.

Changing the NPWT Canister

The NPWT canister should be changed when full (the alarm will sound) or at least once a week to control odor:

1. Follow standard precautions as the system may contain body fluids.
2. Close the clamps on both the NPWT canister and SensaT.R.A.C.™ Pad tubing.
3. Disconnect the NPWT canister tubing from the SensaT.R.A.C.™ Pad tubing and apply protective covering.
4. Remove the NPWT canister from the unit.
5. Dispose of the NPWT canister according to specified institution protocol or state and local regulations.
6. Install a new NPWT canister as described in therapy unit's labeling and instructional materials.
7. Reconnect the SensaT.R.A.C.™ Pad tubing and the NPWT canister tubing.
8. Unclamp the NPWT canister and SensaT.R.A.C.™ Pad tubing clamps and initiate therapy as ordered.

Disconnecting from the NPWT Therapy Unit

Warning: Never leave a V.A.C.® Dressing in place without active 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 therapy; or apply an alternative dressing, such as wet to moist gauze, as approved during times of extreme need, by treating clinician.

To disconnect for short periods of time:

1. Close the clamps on the NPWT canister and add SensaT.R.A.C.™ Pad tubing.
2. Turn the therapy unit off.
3. Disconnect the SensaT.R.A.C.™ Pad tubing from the NPWT canister tubing.
4. Cover the ends of the tubing and secure.

To re-connect:

1. Reconnect the SensaT.R.A.C.™ Pad tubing and the NPWT canister tubing.
2. Open clamps.
3. Turn the therapy unit on. Confirm that previous therapy settings resume.

3 – Specific dressing techniques

Offloading the SensaT.R.A.C.™ Pad

Care must be taken to prevent trauma and/or pressure when placing SensaT.R.A.C.™ Pad and tubing, particularly over bony prominences and other areas that will be under pressure. Consider the use of specialty offloading devices, mattresses, or dressings.

Note: ***If the wound is over a bony prominence or in an area where weight bearing may exert additional pressure or stress to the underlying tissues, a pressure-relief surface or device should be used to optimize patient offloading.***

Offloading the SensaT.R.A.C.™ Pad with 3M™ V.A.C.® Granufoam™ Dressings:

1. Determine where to best place the SensaT.R.A.C.™ Pad avoiding bony prominences or areas that will be under pressure. Position tubing away from the perineal area.
2. Protect intact skin between the wound and where the SensaT.R.A.C.™ Pad will be located with a piece of drape or other skin barrier such as a hydrocolloid dressing or a vapor-permeable adhesive film dressing (e.g. 3M™ Tegaderm™ Transparent Film Dressing).
3. Place foam dressing in the wound, then cut an elongated piece of foam and place over protected skin. All foam pieces must be in direct contact with each other.
4. Ensure the distal end of the elongated foam is wide enough to accommodate the SensaT.R.A.C.™ Pad.
5. Secure the SensaT.R.A.C.™ Pad and apply additional drape to avoid inadvertent pulling or displacement.

Offloading the 3M™ SensaT.R.A.C.™ Pad with the 3M™ V.A.C.® Peel and Place Dressing

One of the following techniques can be utilized:

1. Use a larger V.A.C.® Peel and Place Dressing.
2. Place padding under the SensaT.R.A.C.™ Tubing to minimize pressure points.

Note: ***The Large V.A.C.® Peel and Place Dressing has an offset hole for the SensaT.R.A.C.™ Pad.***

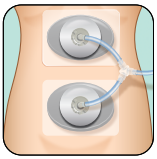
3. If neither option is clinically viable, use an alternate Solventum NPWT Dressing.

Note: ***If using the V.A.C.® Peel and Place Dressing and considering use of a 3M™ V.A.C.® Granufoam™ Dressing to offload, please note the V.A.C.® Granufoam™ Dressing is intended to be changed every 48-72 hours or more frequently for infected wounds.***

Techniques for treating multiple wounds

Y-Connector technique

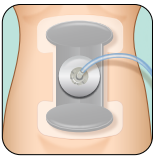
By applying a 3M™ V.A.C.® Y-Connector to the canister tubing, one 3M™ V.A.C.® Therapy Unit may be used to simultaneously treat multiple wounds on the same patient. If this technique is used, all dressed wound sites must be assessed for seal integrity. The dressing should be collapsed and. V.A.C.® Dressings should have a wrinkled appearance. There should be no hissing sounds.



Note: ***Drawing not representative of actual tubing length when V.A.C.® Y-Connector is used.***

- SensaT.R.A.C.™ Technology only senses one wound site, the side with the post (male port), even when multiple sites are being treated.
- It is not recommended to Y-connect grafts and/or flaps.
- It is not recommended to use more than one V.A.C.® Y-Connector per therapy unit.
- Do not connect infected wounds with non-infected wounds through a V.A.C.® Y-Connector.
- Do not connect wounds with different etiologies in which cross contamination may occur.
- Avoid using a V.A.C.® Y-Connector to connect wounds that would be optimally treated with differing pressure settings.
- Consider the V.A.C.® Y-Connector as an extension of canister tubing.

Change the V.A.C.® Y-Connector at least once a week or more frequently, as needed, when the canister is changed. Dispose of the V.A.C.® Y-Connector, the canister tubing and the canister in accordance with specific institution protocols or state and local regulations.



Wounds that are in close proximity to one another and of similar etiologies may also be treated with one therapy unit using a technique known as bridging.

When using the 3M™ V.A.C.® Peel and Place Dressing, consider upsizing the dressing if wounds are close enough together to be placed under a single dressing. Due to the incorporated non-adherent layer, there is no need to apply a layer of drape or other skin barrier on intact skin between the wounds.

The advantages of bridging include:

- The ability to join two or more wounds of like origin with one therapy unit.
- Allowing placement of the 3M™ SensaT.R.A.C.™ Pad and tubing in an appropriate location based on wound size, wound type and wound location.

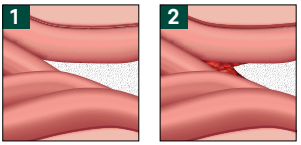
Step-by-step bridging guidelines for 3M™ V.A.C.® Granufoam™ Dressings

1. Protect intact skin between the two wounds with a piece of drape or other skin barrier such as a hydrocolloid dressing or a vapor-permeable adhesive film dressing (e.g. 3M™ Tegaderm™ Transparent Film Dressing).
2. Place foam dressing in both wounds, then connect the two wounds with an additional piece of foam, forming a bridge. All foam pieces must be in direct contact with each other.
3. It is important to place the SensaT.R.A.C.™ Pad in a central location to ensure that exudate from one wound is not drawn across the other wound.
4. It is not recommended to bridge wounds of different etiologies or to bridge an infected wound to a non-infected wound.

Tip: It is recommended to ensure a seal on one wound before adding a second.

Techniques for tunneling and sinus tracts

3M™ V.A.C.® Whitefoam Dressing is recommended for use in tunnels. Always cut the V.A.C.® Whitefoam Dressing wide at one end and narrow at the other. This will ensure that the opening to the tunnel or sinus tract remains patent until the distal portion of the tunnel has closed.



V.A.C.® Whitefoam Dressing used in wound tunnel

Continuous therapy should be used until the tunnel has completely closed.

Do not place foam into blind or unexplored tunnels.

Do not use the V.A.C.® Peel and Place Dressing in wounds with tunneling or sinus tracts.

Initial dressing application for tunneling and sinus tracts

1. Determine the length and width of the tunnel or sinus tract using an appropriate measuring device.

2. Cut the foam to a size that accommodates the tunnel's dimensions, with one narrow end and one wider end, plus an additional **1–2 cm** into the wound bed. Gently place the (Fig. 1) narrow end of the foam into the tunnel or sinus tract all the way to the distal portion. The foam in the tunnel should communicate with the foam in the wound bed and **be easily visible**.

Note: ***Always count the total number of pieces of foam used in the wound. Document the foam quantity and dressing change date on the Foam Quantity Label if available, and in the patient's chart.***

Subsequent dressing changes

As the drainage begins to diminish and the presence of granulation tissue is noted, subsequent dressing changes may be altered in the following way:

1. Determine the length and width of the tunnel or sinus tract as above.

2. Cut the 3M™ V.A.C.® Whitefoam Dressing wide at one end and narrow at the other.

3. Gently place the narrow end of the foam into the tunnel or sinus tract all the way to the distal portion.

4. Pull out **1–2 cm** and ensure that some tunnel foam communicates with the foam in the wound bed. This specific placement leaves the distal portion of the tunnel or sinus tract clear of foam and enables the distribution of negative pressure to collapse the edges together, allowing the wound to granulate together from the distal portion forward. (Fig. 2)

Note: ***Always count the total number of pieces of foam used in the wound. Document the foam quantity and dressing change date on the Foam Quantity Label if available, and in the patient's chart.***

5. Initiate continuous therapy at previous settings.

6. Repeat this procedure until the tunnel has closed.

Undermining

It is recommended that continuous therapy be used in the presence of wound undermining.

Do not use the 3M™ V.A.C.® Peel and Place Dressing in wounds with undermining > **2 cm.** For undermining ≤ **2 cm**, the V.A.C.® Peel and Place Dressing will conform to the undermined area.

Note: ***Do not use any wound fillers with the V.A.C.® Peel and Place Dressing.***

Initial dressing application

1. Gently place 3M™ V.A.C.® Whitefoam Dressing in all undermined areas, beginning at the distal portion. Do not pack foam into undermined areas.

2. Size 3M™ V.A.C.® Granufoam™ Dressing layer to wound, while ensuring undermining V.A.C.® Whitefoam Dressing layer is in direct contact.

Note: ***Always count the total number of pieces of foam used in the wound. Document the foam quantity and dressing change date on the Foam Quantity Label if available, and in the patient's chart.***

3. Monitor the amount of exudate and presence of granulation tissue at each dressing change.

Subsequent dressing changes

When the exudate volume decreases and the presence of granulation tissue is noted, subsequent dressing changes must be altered in the following way:

1. Gently place the V.A.C.® Whitefoam™ into the undermined areas all the way to the distal portion. Do not pack foam into undermined areas.

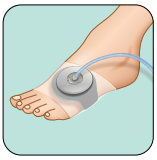
2. Pull foam back out **1–2 cm**, leaving some foam in the wound to contact with the foam in the wound bed. This specific placement leaves the distal portion of the undermined area clear of foam, allowing the distribution of negative pressure to collapse the free areas of undermining together, encouraging the wound cavity edges to granulate together from the distal portion inward.

Note: ***Always count the total number of pieces of foam used in the wound. Document the foam quantity and dressing change date on the Foam Quantity Label if available, and in the patient's chart.***

3. Initiate continuous therapy at previous settings.

4. Monitor the amount of exudate and presence of granulation tissue at each dressing change.

Foot wounds



For wounds on the plantar surface or heel of the foot, it is best to use an offloading technique to ensure that additional pressure is not applied due to placement of the tubing and/or 3M™ SensaT.R.A.C.™ Pad. This involves using foam to allow placement of the SensaT.R.A.C.™ Pad or tubing on the lateral or dorsal aspect of the foot. If using the 3M™ V.A.C.® Peel and Place Dressing, consider using the large dressing with the offset hole to allow placement of the SensaT.R.A.C.™ Pad away from bony prominences.

Application technique to offload SensaT.R.A.C.™ Pad away from wound

Note: ***This application technique does not apply to the V.A.C.® Peel and Place Dressing. For offloading with the V.A.C.® Peel and Place Dressing, refer to the Offloading the SensaT.R.A.C.™ Pad with the V.A.C.® Peel and Place Dressing section on page 22.***

1. Gently place appropriate V.A.C.® Dressing foam into the wound.
2. To protect intact skin, apply drape or a vapor-permeable adhesive film dressing (e.g. Tegaderm™ Transparent Film Dressing) from the wound edge to the dorsal aspect of the foot.
3. Cut an elongated piece of foam.
4. Place the piece of foam around the foot, extending from the wound to the lateral or dorsal aspect, and ensure that it contacts the foam dressing in the wound. Ensure the foam does not come in contact with intact skin.

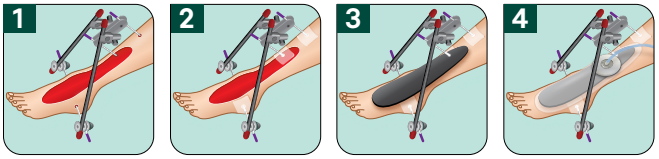
Note: ***Always count the total number of pieces of foam used in the wound. Document the foam quantity and dressing change date on the Foam Quantity Label if available, and in the patient's chart.***

5. Apply the drape over the foam and extend it to the lateral or dorsal aspect of the foot, covering both the wound and the elongated foam to obtain a seal.
6. Cut a **2.5 cm** hole in the drape on the dorsal aspect of the foot and apply SensaT.R.A.C.™ Pad.
7. Appropriate offloading of the foot is essential in order to maximize the therapeutic benefits of V.A.C.® Therapy.

Note: ***The hybrid components and silicone-acrylic layers of 3M™ Dermatac™ Drape and 3M™ V.A.C.® Peel and Place Dressings unite the necessary properties that allow you to shape and conform the drape as needed while helping to create an ideal connection between the drape and body to achieve a highly effective seal without window paning or use of ancillary products while minimizing the damage to skin. After about 15–20 minutes, these components will cure and mold to provide peri-wound protection.***

Orthopedic hardware

The 3M™ V.A.C.® Dressing can be placed on wounds with orthopedic hardware, such as pin sites.



Application technique

Note: ***this application technique does not apply to the V.A.C.® Peel and Place Dressing.***

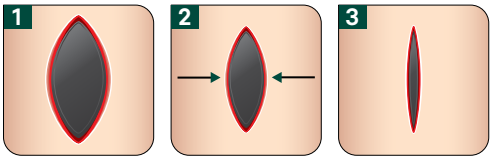
Sealing drape around orthopedic hardware (pins)

1. Apply moldable hydrocolloid strip around pin approximately **1.5 cm** above the level of wound, wrapping it around the pin, ensuring snug fit (Fig. 2).
2. Place appropriate V.A.C.® Dressing in the wound (Fig. 3).
3. Cut drape to appropriate size and apply to wound (Fig. 4).

4. Cut strips of drape and apply vertically over the pin and onto drape surrounding the pin. Do this from both sides of the pin. Pinch drape together to form airtight seal as 3M™ V.A.C.® Therapy is initiated.

Wound edge approximation and dressing technique

Note: ***This application technique does not apply to the 3M™ V.A.C.® Peel and Place Dressing.***



In open wounds without significant tissue loss, V.A.C.® Therapy may be used to encourage approximation of the wound edges.

1. Initial dressing application should include gently placing the 3M™ V.A.C.® Granufoam™ Dressing into the wound (Fig. 1).

Note: ***Always count the total number of pieces of foam used in the wound. Document the foam quantity and dressing change date on the Foam Quantity Label if available, and in the patient's chart.***

2. Pressure should be adjusted appropriately to encourage the removal of any excessive fluid and debris.

3. For subsequent dressing applications, the foam should be cut progressively smaller to allow controlled approximation of the wound edges (Figs. 2–3).

Dressings and fecal incontinence

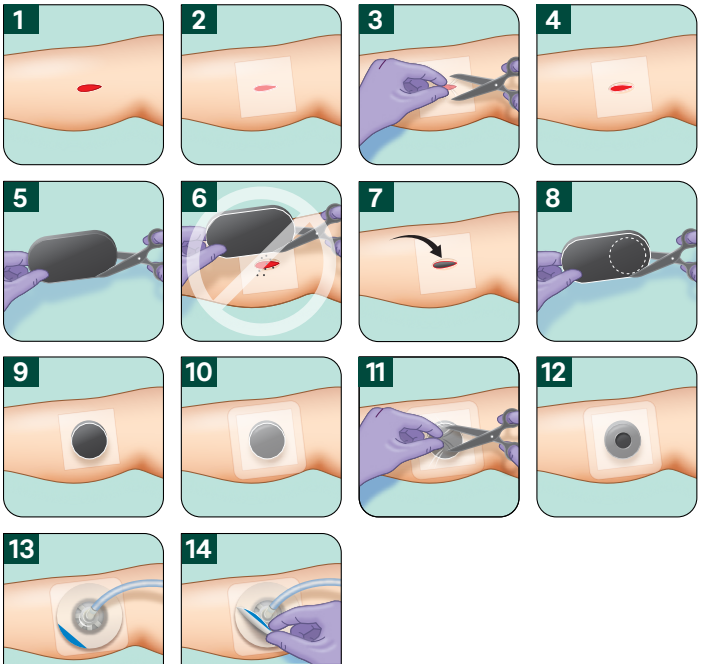
V.A.C.® Therapy can be used in the presence of wounds in the perineum with potential fecal contamination. There are a number of methods to combat or control potential leakage of feces into the wound dressing. A fecal management system can be used as a method to isolate fecal waste while providing the ability to use negative pressure wound therapy near the anus and adjacent structures.

Dressing small wounds and 3M™ SensaT.R.A.C.™ Pad application ("Mushroom technique")

Note: ***Consider using the V.A.C.® Peel and Place Dressing for small wounds. It is a cover dressing that has an incorporated perforated non-adherent layer that is designed to overlap intact skin without the need to protect peri-wound tissue. Mushroom technique does not apply to V.A.C.® Peel and Place Dressing.***

For wounds that are smaller in dimensions (**< 4 cm**) than the SensaT.R.A.C.™ Pad, the following dressing application is recommended to protect the peri-wound tissue and prevent maceration:

Mushroom technique



1. Prepare the peri-wound area by following institution protocol, and picture frame or window pane the wound with a hydrocolloid dressing or vapor-permeable adhesive film dressing (e.g. 3M™ Tegaderm™ Transparent Film Dressing) (Figs. 2–4).

2. Cut foam dressing to dimensions that will allow the foam to be placed gently into the wound, but not overlap onto intact skin (Fig. 5).

Note: ***Do not cut the foam over the wound, as fragments may fall into the wound (Fig. 6). Away from the wound site, rub or trim foam, removing any fragments to ensure loose particles will not fall into or be left in the wound upon dressing removal.***

3. Gently place foam into wound cavity, ensuring contact with all wound surfaces (Fig. 7).

Note: ***Do not force foam dressing into any area of the wound.***

Note: ***Always count the total number of pieces of foam used in the wound. Document the foam quantity and dressing change date on the Foam Quantity Label if available, and in the patient's chart.***

4. To accommodate the size of the 3M™ SensaT.R.A.C.™ Pad, cut another piece of foam large enough to extend **2–3 cm** beyond the SensaT.R.A.C.™ Pad (Fig. 8) and place on the foam in the wound (Fig. 9). Ensure the foam does not extend onto intact skin, that it is positioned on the product used to picture frame the wound and protect intact skin.

5. Trim and place the drape to cover the foam dressing with an additional **3-5 cm** border (Fig. 10).

6. Pinch drape and cut a **2.5 cm** hole through the drape (not a slit) (Fig. 11). The hole should be large enough to allow for removal of fluid and/or exudate (Fig. 12). It is not necessary to cut into the foam.

7. Apply the 3M™ SensaT.R.A.C.™ Pad to the larger piece of foam (Figs. 13–14).

8. Seal the drape of the SensaT.R.A.C.™ Pad with additional drape, if necessary.

9. Initiate therapy.

Incision management

3M™ V.A.C.® Dressings may be used on closed surgical incisions to manage the environment of incisions that continue to drain following sutured or stapled closures.

Note: *The 3M™ Prevena™ Incision Dressings were designed specifically for closed incisions.*

Incision site preparation

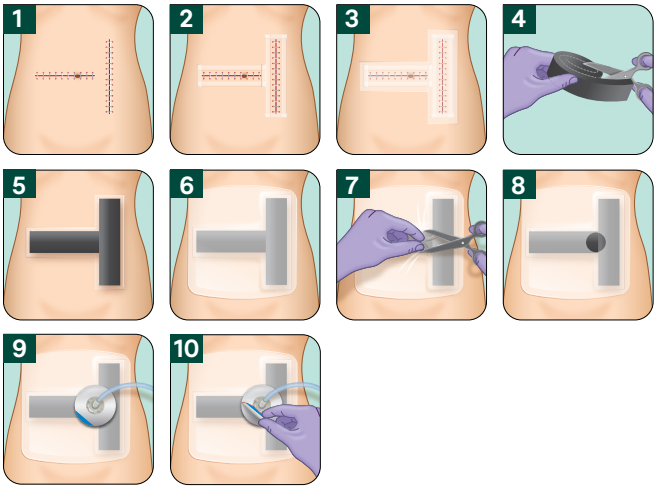
1. Prior to surgery, clip the surgical area per institution protocol where the dressing will be applied to improve dressing adhesion and seal integrity.

2. Immediately post-surgery, clean the application site per clinician's orders.

3. Pat the application site dry with sterile gauze. To ensure proper adhesion, the application site must be completely dry before dressing is applied.

Note: *When managing incisions using the Prevena™ Incision Management System, please refer to the Prevena™ Clinical Guidelines, Instructions for Use and Safety Information.*

Incision site dressing application: 3M™ V.A.C.® Granufoam™ Dressing



1. Select appropriate dressing.

Product	Dressing dimension	Potential total cut length of 6.35cm dressing strips	Maximum length of incision
3M™ V.A.C.® Granufoam™ Small Dressing	10 x 7.5 x 3.2 cm	15.2 cm	10.2 cm
3M™ V.A.C.® Granufoam™ Medium Dressing	18 x 12.5 x 3.2 cm	30.5 cm	25.4 cm
3M™ V.A.C.® Granufoam™ Large Dressing	26 x 15 x 3.2 cm	43.2 cm	38.1 cm
3M™ V.A.C.® Granufoam™ XL Dressing	60 x 30 x 1.5 cm	302.3 cm	297.2 cm

2. Apply skin protectant or skin adhesive to area around the incision and approximately **5 cm** on either side to assist with skin and dressing seal integrity (Fig. 1).

3. Protect intact skin on both sides of the suture line with drape, hydrocolloid, or other transparent film (picture frame the suture or staple line), leaving the suture line exposed (Fig. 2).

4. Place a meshed non-adherent layer (i.e. oil emulsion, petroleum or silicone dressing), minimum **8 cm** wide, over length of incision. Include at least **3 cm** over each end of the incision (Fig. 3).

5. Cut V.A.C.® Granufoam™ Dressing into strips minimally **6 cm** wide. Cut enough strips to cover entire incision and at least **3 cm** over either end (Fig. 4).

6. Place V.A.C.® Granufoam™ Dressing strips onto entire length of non-adherent layer. If multiple strips are used, ensure that the strips touch each other so that negative pressure is applied over the length of the incision (Fig. 5). Do not allow V.A.C.® Granufoam™ Dressing to touch intact skin.

7. Cut and place drape to allow for coverage of the V.A.C.® Granufoam™ Dressing and **5–7 cm** contact with intact skin (Fig. 6). An additional strip of drape can be used and overlapped at the edges to form a seal.

Note: ***To avoid trauma to the peri-wound skin, do not pull or stretch the drape over the foam during drape application.***

Note: ***If the dressing is in a mobile area (ie. knee), position limb in a mid-range of motion to prevent skin tension.***

8. Pinch drape and cut a **2.5 cm** hole through the drape (not a slit) (Fig. 7). The hole should be large enough to allow for removal of fluid and/or exudate (Fig. 8). It is not necessary to cut into the foam.

Application tip: Use 3M™ SensaT.R.A.C.™ Pad release liner as reference for size of the hole (larger than **2.5 cm**).

9. Apply the SensaT.R.A.C.™ Pad (Fig. 9 and Fig. 10).

10. Initiate 3M™ V.A.C.® Therapy at -125 mmHg continuous negative pressure.

Drain tubes and pain management control devices
The 3M™ V.A.C.® Dressings can be used with both drain tubes and pain devices, provided the dressing is not placed over tubing where it exits the skin. Surgical drains must be routed under the skin beyond the boundary of the dressing and function independently of the NPWT System.

Note: ***While the concomitant use of surgical drains is allowable with the NPWT System, the system must not be used as a collection device for drainage.***

4 - 3M™ V.A.C.® Therapy monitoring

Skin and peri-wound management

Protect peri-wound skin: Protect fragile/friable peri-wound skin with additional drape, hydrocolloid or a vapor-permeable adhesive film. If using 3M™ V.A.C.® Drape, consider the use of a skin barrier product to protect peri-wound skin (e.g. 3M™ Cavilon™ No Sting Barrier Film). 3M™ Dermatac™ Drape is a hybrid acrylic and silicone drape so use of a skin barrier product is not necessary.

Note: ***When using Dermatac™ Drape or the 3M™ V.A.C.® Peel and Place Dressing, use of a skin barrier product is not necessary. If skin barrier is used, it may affect drape adhesion if the drape is lifted and repositioned. In this case, the skin barrier adheres to the drape when it is lifted so the drape may not properly re-adhere to the skin.***

Dermatac™ Drape may be considered for patients with fragile or friable peri-wound skin. The low tack adhesive allows for easier removal which may be helpful for patients with thin or sensitive skin while still allowing clinicians to rely on a strong and effective seal.

Note: ***The hybrid components and silicone-acrylic layers of Dermatac™ Drape unite the necessary properties that allow you to shape and conform the drape as needed while helping to create an ideal connection between the drape and body to achieve a highly effective seal without window paning or use of ancillary products while minimizing the damage to skin. After about 15–20 minutes, these components will cure and mold to provide peri-wound protection.***

- Window paning is recommended only when the foam cannot be cut to fit within the wound bed and may come into contact with intact skin (not applicable for V.A.C.® Peel and Place Dressing).
- Most wounds benefit from cutting the foam smaller and allowing for mechanical approximation of the wound margins.
- Multiple layers of the drape may increase the risk of maceration.
- If any signs of **irritation or sensitivity** to the drape, foam or tubing assembly appear, discontinue use and consult a clinician.
- To avoid trauma to the peri-wound skin, **do not pull or stretch the drape** during drape application.
- Extra caution with drape removal should be used for patients with neuropathic etiologies or circulatory compromise.

Pain management

Patients receiving 3M™ V.A.C.® Therapy may experience a reduction in pain as the wound begins to heal. However, some patients experience discomfort during treatment initiation or dressing changes. In line with institutional guidelines, a validated pain scoring tool should be used and pain scores should be documented where appropriate before, during and after dressing-related procedures.

In addition, the following strategies should be considered:

- If the patient experiences discomfort throughout therapy, consider changing to 3M™ V.A.C.® Peel and Place Dressing or 3M™ V.A.C.® Whitefoam™ Dressing.
- Ensure the patient receives adequate analgesia during treatment.
- **If the patient experiences discomfort during the dressing change**, consider premedication, the use of the V.A.C.® Peel and Place Dressing, the use of a non-adherent material (page 19) layer before foam placement, using V.A.C.® Whitefoam to dress the wound, or managing the discomfort as otherwise prescribed by the treating clinician.

Note: ***The V.A.C.® Peel and Place Dressing includes an incorporated perforated non-adherent layer and 3M™ Dermatac™ Drape that may reduce pain with dressing removal.***

Note: ***Dermatac™ Drape is kind and gentle to skin. The low tack adhesive allows for easier removal which may be helpful for patients with thin or sensitive skin or for those experiencing pain during removal of 3M™ V.A.C.® Drape.***

- Call your prescribing clinician if there is a sudden increase or change in pain characteristics.
- Consider stopping therapy 15 minutes prior to dressing change.
- Consider soaking the wound and dressing with an appropriate solution before removal.

Length of treatment

The length of treatment depends on the treating clinician's goal of therapy, wound pathology, wound size, and management of patient co-morbidities. If a patient is not a surgical candidate, V.A.C.® Therapy may be utilized for an extended period of time as long as satisfactory progress continues.

When to discontinue V.A.C.® Therapy

V.A.C.® Therapy should be discontinued when:

- The goal of therapy has been met. In some cases this will be 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).

Indicators of effective 3M™ V.A.C.® Therapy

- The exudate volume should gradually decrease over time.
- The wound appearance may transition from pink to a deep red as V.A.C.® Therapy helps promote perfusion to the wound.
- The exudate color may progress from serous to serosanguinous, possibly sanguinous, due to improved perfusion.

If active bleeding develops suddenly or large amounts or if frank (bright red) blood is seen in the tubing or in the canister, immediately stop V.A.C.® Therapy, leave dressing in place, take measures to stop the bleeding and seek immediate medical assistance. Solventum units and dressings should not be utilized to prevent, minimize, or stop vascular bleeding.

- Wound measurements should begin to decrease as the active state of healing continues. Weekly wound measurements should be performed and documented per protocol for comparison and to effectively assess for healing. A steady decrease in wound dimensions should be noted every week. If this does not occur, comprehensive patient assessment and troubleshooting interventions should be implemented immediately (See Minimal changes in wound size section, below). The 3M™ V.A.C.® Ulta Therapy System offers wound imaging and dimensional documentation tools.
- As the wound continues to form granulation tissue, new epithelial growth should also be seen at the wound edges.

Indicators of ineffective therapy

A steady decrease in wound dimensions should be noted every week. Ineffective therapy may be characterized by minimal change in wound dimensions, deterioration, changes in wound color and change in odor. If these indicators occur, a comprehensive patient assessment and troubleshooting interventions should be implemented immediately.

Minimal changes in wound size

When there is little or no change in the wound for one to two consecutive weeks, and patient compliance, technique or underlying co-morbidities are not the cause, the following may be useful:

- Check the therapy hour meter to ensure that the actual number of therapy hours received matches the number of recommended therapy hours (at least 22 hours a day). If the number of therapy hours is less than 22 each day, find out why there is a therapy deficit and remedy the situation. **Note: *Therapy hour meter is not available on the 3M™ Prevena™ Plus 125 Therapy Units.***
- Assess for wound infection according to facility protocol or clinician order. With clinician order, obtain a microbiology culture or biopsy and treat accordingly.
- Ensure the patient is receiving adequate pressure relief. For example, a patient with an ischial pressure ulcer may be sitting up too long.

- Cut the foam slightly smaller than the wound edges for wounds with little depth, to enhance inward epithelial migration. Do not allow the wound edges to roll or curl under (epibole) during 3M™ V.A.C.® Therapy.

Note: ***If appropriate, consider using the 3M™ V.A.C.® Peel and Place Dressing. The perforated non-adherent layer is intended to cover the wound and peri-wound tissue which may help prevent epibole.***

- Provide a 'therapeutic pause' by interrupting V.A.C.® Therapy for 1–2 days, then resume.
- Change the therapy settings from continuous to intermittent or 3M™ Dynamic Pressure Control™ Therapy or vice versa (not applicable to 3M™ Prevena™ Plus 125 or V.A.C.® Simplicity Therapy Units or V.A.C.® Peel and Place Dressing).
- Evaluate if other products are being used in the wound that could potentially inhibit the delivery of negative pressure to the wound.
- Adjust pressure settings (as can be tolerated), for wounds that are inappropriate for intermittent or Dynamic Pressure Control Therapy such as tunnels or wounds with high amounts of exudate.

Note: ***Do not use V.A.C.® Peel and Place Dressings on wounds with tunnels.***

- Evaluate nutritional status and supplement as necessary.

Deterioration of the wound

If a wound has been progressing well from dressing change to dressing change but then deteriorates rapidly, consider the following interventions and, where necessary, seek the guidance/expertise of a specialist:

- If available on the therapy unit, check the therapy history log to ensure that the actual number of therapy hours received matches the number of recommended therapy hours (at least 22 hours a day). If the number of therapy hours is less than 22 each day, find out why there is a therapy deficit and remedy the situation.
  Note: ***Not applicable to Prevena™ Plus 125 Therapy Unit.***
- Evaluate for signs and symptoms of infection and, if present, treat accordingly.
- Examine the wound and debride as necessary. Debride the wound edges if they appear non-viable or rolled under as this may inhibit the formation of granulation tissue and prevent migration of epithelial cells over an acceptable wound base.
- Change dressing often, ensuring that it is being changed at least every 48 hours.
- Assess for osteomyelitis and, if present, treat accordingly.
- Check for small leaks with a stethoscope, or by listening for a whistling noise or moving your hand around the edges of the dressing while applying light pressure. The 3M™ ActiV.A.C.™ Therapy Unit and 3M™ V.A.C.® Ulta Therapy Unit offers a Seal Check™ Feature which provides audible and visual cues for leak location. Patch if necessary. However, avoid applying multiple layers of drape.
- Clean wound more thoroughly during dressing changes.

Note: ***If appropriate, consider use of 3M™ Veraflo™ Therapy. Please refer to the Veraflo™ Therapy Instructions for Use.***

Changes in wound color

If the wound assessment reveals dark discoloration:

- Rule out mechanical trauma. Relieve wound of excessive pressure, excess foam in the wound or a pulled or stretched drape over the foam. Remember to roll the drape during application; do not stretch it.
- Consider decreasing pressure by 25 mmHg increments (not applicable for 3M™ Prevena™ Plus 125 Therapy Unit).
- Determine whether the patient is taking anticoagulant medication, and if so, evaluate recent coagulation laboratory values.
- Consider thinning the depth of the foam before applying the dressing to prevent overpacking or consider use of 3M™ V.A.C.® Peel and Place Dressing or 3M™ V.A.C.® Granufoam™ Thin Dressing.

If the wound appears white, excessively moist or macerated:

If a wound has been progressing well from dressing change to dressing change but then deteriorates rapidly, consider the following interventions and, when necessary, seek the guidance/expertise of a specialist:

- The exudate volume should gradually decrease as the extracellular debris is brought to equilibrium. Persistent large volumes of exudate may signal infection or other complications and should be evaluated by the prescribing clinician.
- Determine if occult infection is present.
- Consider increasing pressure settings by 25 mmHg increments to assess for increase of drainage (not applicable for Prevena™ Plus 125 Therapy Unit).
- Determine if there is a positional seal leak, which may be preventing effective exudate removal.
- Assess the need to offload the 3M™ SensaT.R.A.C.™ Pad away from the wound.
- Protect the surrounding tissue with drape or a hydrocolloid. Isolate wound drainage from peri-wound skin (page 31).
- Determine if patient is adequately off-loaded or if there is a potential for external pressure on the wound/dressing, which may cause the wound exudate to be forced onto the peri-wound skin.

Wound odors

Wounds treated with 3M™ V.A.C.® Therapy may have an odor due to the foam and wound fluids, which contain bacteria and proteins. The type of bacteria and proteins present may be responsible for the type and strength of the odor. When using the 3M™ V.A.C.® Peel and Place Dressing, the odor may be increased when used for up to 7 days.

- It is imperative that the wound be thoroughly cleaned during each dressing change to decrease bacterial load and minimize odor.
- If malodor remains after thorough cleaning of the wound, this may be a sign of possible infection.
- The Solventum NPWT canister with solidification gel can help reduce odors.
- Solventum NPWT canisters may need to be changed more often to control odor.
- If you determine that the Solventum NPWT unit is the source of odor, discontinue use of that therapy unit and contact your local Solventum representative for replacement.

5 - Wound specific information

Acute/traumatic wounds/partial-thickness burns

The therapy settings in these guidelines are general recommendations. You may wish to vary settings to optimize V.A.C.® Therapy on individual patient need, prescription, or an expert treating clinician's guidance.

V.A.C.® Therapy may be used in the care of patients with acute traumatic wounds, including partial thickness burns and orthopedic wounds.

The following recommendations help the treating clinician select therapy settings according to wound type and common clinician orders. These recommendations are a guide and can vary based on individual patient conditions. Consult treating clinician to verify settings for each patient.

Goals and objectives:

- Promote granulation tissue formation
- Promote perfusion
- Remove fluids, exudate and infectious materials

Table 5.1: Recommended settings for acute/traumatic wounds/partial-thickness burns

Dressing	3M™ V.A.C.® Granufoam™ Dressings	3M™ V.A.C.® Peel and Place Dressing	3M™ V.A.C.® Whitefoam™ Dressing
Initial cycle	Continuous first 48 hours	Continuous throughout therapy	Continuous first 48 hours
Subsequent cycle	Consider intermittent or 3M™ Dynamic Pressure Control™ for rest of therapy*	Continuous throughout therapy	Continuous

* Not applicable for Prevena™ Plus 125 Therapy Unit

Note: ***See dressing change information in Instructions for Use provided with the 3M™ V.A.C.® Dressing.***

Clinical considerations

- 3M™ V.A.C.® Therapy may be used after debridement to help remove infectious material and assist granulation tissue formation.
- V.A.C.® Therapy can be used in the presence of orthopedic hardware (see Orthopedic hardware, page 26). Clinicians should exercise nursing/medical judgement when observing the quality of granulation tissue and remain alert to any sign of infection that may indicate underlying osteomyelitis. In such cases, consult the treating clinician.
- Blood vessels, organs and anastomotic sites must be completely covered and protected prior to the administration of V.A.C.® Therapy. Coverage with a muscle flap or other thick layer of natural tissue provides the most effective protection. If not available, consider multiple layers of meshed non-adherent material (see page 19).

If active bleeding develops suddenly or large amounts or if frank (bright red) blood is seen in the tubing or in the canister, immediately stop V.A.C.® Therapy, leave dressing in place, take measures to stop the bleeding and seek immediate medical assistance. Solventum units and dressings should not be utilized to prevent, minimize, or stop vascular bleeding.

- For wounds with large amounts of exudate, consider increasing target pressures by 25–75 mmHg until the drainage amount tapers off. This will help ensure adequate fluid removal and maintain integrity of the dressing seal.
- Continuous therapy is recommended throughout entire therapy for patients who are experiencing discomfort, using V.A.C.® Peel and Place Dressing or V.A.C.® Whitefoam™ Dressing, where the wound contains tunneling/undermining, or with flaps and grafts.
- V.A.C.® Therapy should not be initiated on a wound with osteomyelitis until the wound has been thoroughly debrided of necrotic, non-viable tissue, including infected bone (if necessary) and appropriate antibiotic therapy has been initiated.
- In acute wounds with exposed bone or fractures, the 3M™ V.A.C.® Therapy System may be used to help remove fluid and may remove infectious material secondary to the traumatic wound.

Note: ***Protect intact bone with a single layer of meshed non-adherent material (page 19). The 3M™ V.A.C.® Peel and Place Dressing has an incorporated non-adherent layer, so an additional layer is not required.***

- Pressure settings with 3M™ V.A.C.® Whitefoam Dressing should be at least -125 mmHg or higher if tolerated by the patient.
- Pressure settings with V.A.C.® Peel and Place Dressing should be between -75 and -150 mmHg in continuous mode only.
- 3M™ V.A.C.® Granufoam™ Dressing is recommended for traumatic wounds with large tissue deficits.

Dehisced wounds

3M™ V.A.C.® Therapy is suitable for the treatment of a variety of large and small wounds arising from postoperative complications. In such cases, the principles of wound management are adequate surgical debridement and antibiotics as necessary, followed by the immediate application of V.A.C.® Therapy.

The following recommendations help the treating clinician select therapy settings according to wound type and common clinician orders. These recommendations are a guide and can vary based on individual patient conditions. Consult treating clinician to verify settings for each patient.

Goals and objectives

- Apply controlled, localized negative pressure to help draw wound edges together and control the formation of granulation tissue
- Provide a closed moist wound healing environment
- Promote perfusion
- Remove fluids, exudate and infectious materials
- Second or third intention healing
- Reduce edema

Table 5.2: Recommended settings for surgical wound dehiscence.

Dressing	3M™ V.A.C.® Granufoam™ Dressings	3M™ V.A.C.® Peel and Place Dressing	3M™ V.A.C.® Whitefoam™ Dressing
Initial cycle	Continuous first 48 hours	Continuous throughout therapy	Continuous first 48 hours
Subsequent cycle	Consider intermittent or 3M™ Dynamic Pressure Control™ Therapy for rest of therapy*	Continuous throughout therapy	Consider intermittent or Dynamic Pressure Control Therapy for rest of therapy*

*not applicable for 3M™ Prevena™ Plus 125 Therapy Unit

Clinical considerations for dehisced wounds

- Select appropriate type of dressing based on wound characteristics and the goal of therapy. (see Table 1.2 page 17).
- Consider applying drape over adjacent drain (puncture) sites to help obtain an adequate seal.
- Monitor characteristics of wound exudate and volume and report any significant changes to treating clinician.
- The placement and size of the dressing is critical for optimal results and to achieve tissue reduction. See Wound edge approximation and dressing technique, (page 27).
- **If bowel is visible, use a thick layer of natural tissue to provide the most effective protection**. If a thick layer of natural tissue is not available or is not surgically possible, multiple layers of meshed non-adherent material (page 19) may be considered as an alternative, if deemed by the treating clinician to provide a complete protective barrier. If using non-adherent materials, ensure they are secured in a manner that will maintain their protective position throughout therapy.
- 3M™ V.A.C.® Dressings can be placed directly over synthetic mesh in abdominal wounds without exposed viscera and can facilitate the growth of granulation tissue from the structures beneath the mesh, extending up through the mesh into the wound base.
- V.A.C.® Therapy can be an important tool in the management of sternal wounds. Due to the vital structures located in the thoracic cavity, V.A.C.® Therapy should be applied with the utmost care and vigilance.
- Superficial sternal wounds are wounds in which the sternum is stable and intact, and no infection of the bone is present. These wounds are managed per the guidelines for dehisced wounds.
- Patients with deep sternal wounds (i.e. patients with mediastinitis or sternal wound infection) should have dressing changes supervised or performed by the lead treating clinician or specialist surgeon, preferably the cardiovascular surgeon.
- Prior to the application of V.A.C.® Therapy to a patient with a deep sternal wound, read and follow the safety information, specifically the Warning regarding Bleeding on page 9.
- For deep sternal wounds, the lowest negative pressure setting is recommended initially. Monitor closely while progressing to target treatment pressure, as tolerated.
- For patients with an unstable sternum, continuous mode is recommended throughout the treatment period to help stabilize the chest wall. This helps pull the wound edges together and provides a “splinting” effect, which may allow the patient to be more mobile and more comfortable.
- For other than dehisced sternal or abdominal wounds, better results may be achieved with intermittent or 3M™ Dynamic Pressure Control™ Therapy mode once exudate levels are stable and where the primary goal is to create granulation tissue (not applicable for 3M™ Prevena™ Plus 125 Therapy Unit or 3M™ V.A.C.® Peel and Place Dressings).

Meshed grafts/dermal substitutes

- 3M™ V.A.C.® Therapy may not be suitable for placement over some products that create a barrier to fluid removal. Check with the product's manufacturer prior to use with V.A.C.® Therapy.
- Apply 3M™ V.A.C.® Dressing immediately after graft placement and begin therapy as soon as possible. When using V.A.C.® Granufoam™ Dressings, a meshed non-adherent material (page 19) should be placed directly over the graft/tissue. The 3M™ V.A.C.® Peel and Place Dressing has an incorporated meshed non-adherent layer, so an additional layer is not required. In general, the pressure setting used to prepare the recipient bed before grafting should be continued after grafting. Continuous mode should be used to provide a constant bolster.
- The following recommendations help the treating clinician select therapy settings according to wound type and common clinician orders. These recommendations are a guide and can vary based on individual patient conditions. Consult treating clinician to verify settings for each patient.

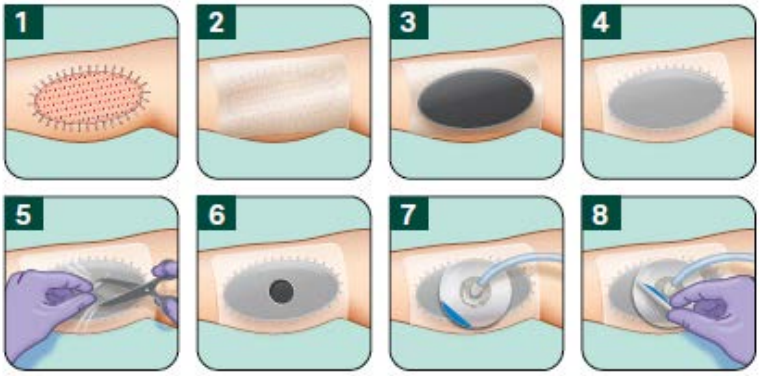
Goals and objectives

- Remove fluid
- Help protect wound environment; (e.g. minimize shearing forces)
- Provide bolster and stability for skin grafts (split and full thickness)
- Support skin graft

Table 5.3: Recommended settings for meshed grafts/dermal substitutes

Dressing	3M™ V.A.C.® Granufoam™ Dressings	3M™ V.A.C.® Peel and Place Dressing	3M™ V.A.C.® Whitefoam™ Dressing
Initial cycle	Continuous throughout therapy	Continuous throughout therapy	Continuous throughout therapy
Subsequent cycle	Continuous throughout therapy	Continuous throughout therapy	Continuous throughout therapy
Dressing change interval*	Up to 5 days (drainage should taper off before removal)	Up to 7 days (drainage should taper off before removal)	Up to 5 days (drainage should taper off before removal)

* See dressing change information in Instructions for Use provided with the V.A.C.® Dressing



Recommended V.A.C.® Dressing application post-graft procedure:

1. Select a single layer of meshed non-adherent material (page 19) (not required if using 3M™ V.A.C.® Whitefoam or 3M™ V.A.C.® Peel and Place Dressing).

2. Cut the meshed non-adherent material to the size of the grafted area plus a **1 cm** border, (i.e., so it extends about **1 cm** outside the staple line), and place over the graft (Fig. 2).

3. Cut the 3M™ V.A.C.® Granufoam™ Dressing to the same size as the non-adherent material and place it gently on top of the meshed non-adherent layer (Fig. 3).

Note: ***V.A.C.® Peel and Place Dressing or V.A.C.® Whitefoam Dressing may also be used for fixation of skin grafts. A meshed non-adherent material (page 19) is not required when using V.A.C.® Peel and Place Dressing or V.A.C.® Whitefoam Dressing. Cut the V.A.C.® Whitefoam Dressing to the size of the grafted area plus a 1 cm border. When using the V.A.C.® Peel and Place Dressing, ensure the meshed non-adherent layer and foam section of the dressing extend beyond all edges of the graft.***

4. Apply drape. (Fig. 4)

5. Pinch drape and cut a **2.5 cm** hole through the drape (not a slit). The hole should be large enough to allow for removal of fluid and/or exudate (Fig. 6).

6. Apply the 3M™ SensaT.R.A.C.™ Pad and tubing (Fig. 7-8).

7. Set negative pressure to the desired level.

8. Expect more drainage in the tubing and canister in the first 24 hours of 3M™ V.A.C.® Therapy post-graft, after which the drainage usually tapers off significantly. Significant drainage in the tubing post-graft may indicate a complication underneath the foam. If there is any sign of infection, remove the V.A.C.® Dressing and assess the wound.

Pressure ulcers/pressure injuries

For the management of full-thickness pressure injuries (stages 3 and 4), 3M™ V.A.C.® Therapy can be used either as a definitive treatment or to optimize the wound bed prior to surgical closure.

The following recommendations help the treating clinician select therapy settings according to wound type and common clinician orders. These recommendations are a guide and can vary based on individual patient conditions. Consult treating clinician to verify settings for each patient.

Goals and objectives

- Promote granulation tissue formation to reduce size/volume of wound and prepare for definitive future closure/surgical procedure
- Promote perfusion
- Provide a closed, moist wound healing environment
- Help manage wound environment

Table 5.4: Recommended settings for pressure injuries

Dressing	3M™ V.A.C.® Granufoam™ Dressings	3M™ V.A.C.® Peel and Place Dressing	3M™ V.A.C.® Whitefoam™ Dressing
Initial cycle	Continuous first 48 hours	Continuous throughout therapy	Continuous first 48 hours
Subsequent cycle	Consider intermittent or 3M™ Dynamic Pressure Control™ Therapy for rest of therapy*	Continuous throughout therapy	Consider intermittent or Dynamic Pressure Control Therapy for rest of therapy*

*not applicable for 3M™ Prevena™ Plus 125 Therapy Unit

Note: ***See dressing change information in Instructions for Use provided with the V.A.C.® Dressing.***

Clinical considerations

Note: ***If the wound is over a bony prominence or in an area where weight bearing may exert additional pressure or stress to the underlying tissues, a pressure-relief surface or device should be used to optimize patient offloading.***

- All patients require a detailed medical and nutritional assessment, and any factors that might influence wound etiology and/or healing must be addressed, particularly the provision of adequate nutrition and appropriate pressure relief.
- 3M™ V.A.C.® Therapy is not a debriding tool and is not a substitute for effective surgical and/or other forms of debridement.
- If the patient's skin cannot tolerate frequent dressing changes, it may not be necessary to remove the entire drape (not applicable for V.A.C.® Peel and Place Dressing). Instead, cut the drape around the foam, remove foam, irrigate the wound as directed by the clinician, then add new foam and reseal with an additional piece of drape. Drape around peri-wound area may be left on for one additional dressing change (see Skin and peri-wound management section, page 31).

Note: *3M™ V.A.C.® Peel and Place Dressing and 3M™ Dermatac™ Drape have a low tack adhesive allowing for easier removal which may be helpful for patients with thin or sensitive skin.*

- Multiple layers of the drape may decrease the moisture vapor transmission rate, which may increase the risk of maceration, especially in small wounds, lower extremities, or load-bearing areas.
- Care must be taken to prevent trauma and/or pressure when placing tubing, particularly over bony prominences; consider offloading the 3M™ SensaT.R.A.C.™ Pad (see page 21).

Diabetic foot ulcers

V.A.C.® Therapy is commonly used in the management of diabetic foot ulcers.

The following recommendations help the treating clinician select therapy settings according to wound type and common clinician orders. These recommendations are a guide and can vary based on individual patient conditions. Consult treating clinician to verify settings for each patient.

Goals and objectives

- Promote granulation tissue formation
- Promote perfusion
- Provide a closed, moist wound healing environment
- Help manage wound environment

Table 5.5: Recommended settings for diabetic foot ulcers

Dressing	3M™ V.A.C.® Granufoam™ Dressings	3M™ V.A.C.® Peel and Place Dressing	3M™ V.A.C.® Whitefoam™ Dressing
Initial cycle	Continuous first 48 hours	Continuous throughout therapy	Continuous first 48 hours
Subsequent cycle	Consider intermittent or 3M™ Dynamic Pressure Control™ Therapy for rest of therapy*	Continuous throughout therapy	Consider intermittent or Dynamic Pressure Control Therapy for rest of therapy*

*Not applicable for 3M™ Prevena™ Plus 125 Therapy Unit

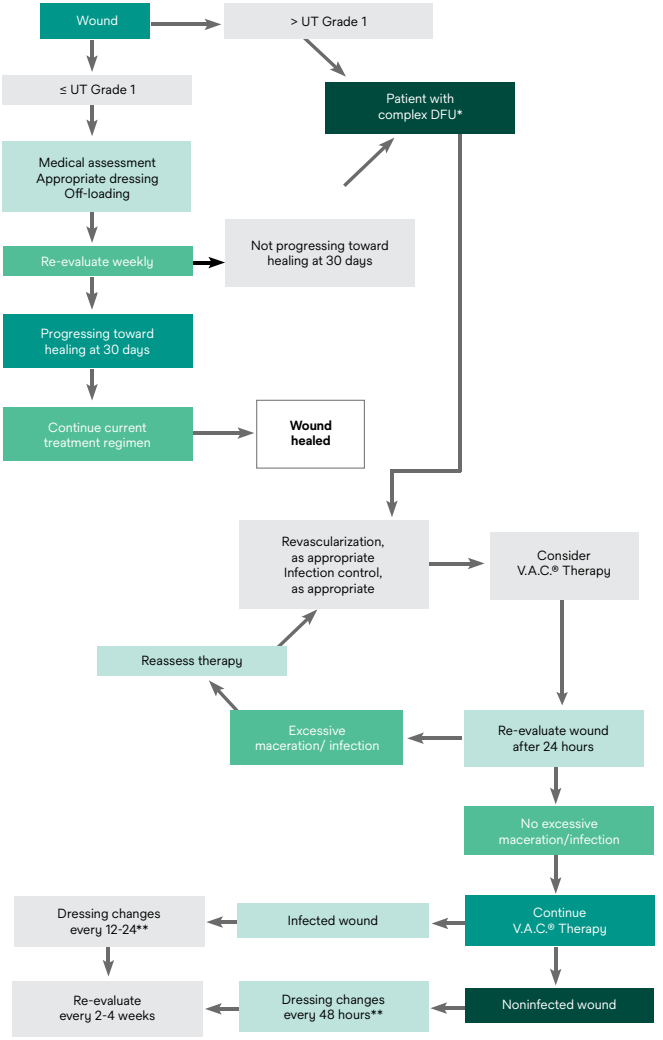
Note: *See dressing change information in Instructions for Use provided with the 3M™ V.A.C.® Dressing.*

The University of Texas Diabetic Foot Classification system provides a detailed categorization, which includes infection and ischemia.

Stage	Grade 0	Grade I	Grade II	Grade III
A	Preulcerative or foot risk for further ulceration	Superficial ulcer without tendon, capsule, or bone	Tendon or joint capsule	Ulcer penetrating to bone
B	Presence of infection	Presence of infection	Presence of infection	Presence of infection
C	Presence of ischemia	Presence of ischemia	Presence of ischemia	Presence of ischemia
D	Presence of ischemia and infection	Presence of ischemia and infection	Presence of ischemia and infection	Presence of ischemia and infection

This is included as reference for the Treatment of the Diabetic Foot Algorithm on the following page. There are other classification systems, such as the Wagner Classification System for Diabetic Foot Ulcers, that may be ultilized.

Treatment of Diabetic Foot Ulcer (DFU) with 3M™ V.A.C.® Therapy†



†Used with permission. Adapted from Andros et al (2006). Consensus statement on negative pressure wound therapy (V.A.C.® Therapy) for the management of the diabetic foot wound. Ostomy Wound Management, Supplement June 2006, p. 23.

*Complex DFU ≥ UT Grade 1; may also include Grade 1 if patient has failed appropriate therapy as defined in recommendations.

**As of July 2007 manufacturer recommended dressing change interval for V.A.C.® Granufoam™ and Whitefoam Dressings is every 48-72 hours, no less than 3 times per week. The V.A.C.® Peel and Place Dressing has a wear time of up to 7 days. Infected wounds must be monitored often and very closely. For these wounds, dressings may need to be changed more often; the dressing change intervals should be based on a continuing evaluation of wound condition and the patient's clinical presentation, rather than a fixed schedule.

Clinical considerations for diabetic foot ulcers

- As with any treatment for diabetic foot ulcers, success depends on accurate diagnosis and the management of underlying disease in combination with effective debridement of non-viable tissue.
- Offloading is essential for successful healing of diabetic foot ulcers, consider offloading the 3M™ SensaT.R.A.C.™ Pad (see page 21).
- Early identification and prompt treatment of infection is essential to prevent complications. In patients with diabetes, this may be difficult as classic signs such as pain, erythema, heat and purulence may be absent or decreased.
- Special dressing techniques may be considered (see Foot wounds, page 25).

Venous insufficiency ulcers

3M™ V.A.C.® Therapy can be successfully used in the management of venous insufficiency ulcers after vascularization is medically addressed.

The following recommendations help the treating clinician select therapy settings according to wound type and common clinician orders. These recommendations are a guide and can vary based on individual patient conditions. Consult treating clinician to verify settings for each patient.

Goals and objectives

- Reduce edema
- Promote perfusion
- Remove exudate from wound
- Promote granulation tissue formation
- Provide a closed, optimal wound healing environment

Table 5.6: Recommended settings for venous insufficiency ulcers

Dressing	3M™ V.A.C.® Granufoam™ Dressings	3M™ V.A.C.® Peel and Place Dressing	3M™ V.A.C.® Whitefoam™ Dressing
Initial cycle	Continuous first 48 hours	Continuous throughout therapy	Continuous first 48 hours
Subsequent cycle	Continuous throughout therapy	Continuous throughout therapy	Continuous throughout therapy

Note: ***Consider using higher NPWT setting for edematous wounds.***
Note: ***See dressing change information in Instructions for Use provided with the 3M™ V.A.C.® Dressing.***

Clinical considerations for venous insufficiency ulcers

- As with any treatment for venous insufficiency ulcers, success depends on accurate diagnosis and the management of underlying disease in combination with effective debridement of non-viable tissue.

- Excessive and sudden increase of drainage may indicate the need for medical attention for conditions such as infection, inflammatory and systemic health issues. Early identification and prompt treatment of infection is essential to prevent complications.

Chronic wounds/hard-to-heal, non-acute wounds

3M™ V.A.C.® Therapy can be used either as a definitive treatment to advance wound healing or to optimize the wound bed prior to planning surgical closure.

The following recommendations help the treating clinician select therapy settings according to wound type and common clinician orders. These recommendations are a guide and can vary based on individual patient conditions. Consult treating clinician to verify settings for each patient.

Goals and objectives

- Promote granulation tissue formation
- Promote perfusion
- Provide a closed, moist wound healing environment
- Help manage an optimal wound environment
- Reduce edema
- Provide barrier to bacterial entry

Table 5.7: Recommended settings for chronic wounds

Dressing	3M™ V.A.C.® Granufoam™ Dressing	3M™ V.A.C.® Peel and Place Dressing	3M™ V.A.C.® Whitefoam™ Dressing
Initial cycle	Continuous first 48 hours	Continuous throughout therapy	Continuous first 48 hours
Subsequent cycle	Consider intermittent or 3M™ Dynamic Pressure Control™ Therapy for rest of therapy*	Continuous throughout therapy	Consider intermittent or Dynamic Pressure Control Therapy for rest of therapy*

*Not applicable for 3M™ Prevena™ Plus 125 Therapy Unit

Note: ***See dressing change information in Instructions for Use provided with the 3M™ V.A.C.® Dressing.***

Clinical considerations

- It is important to identify and address underlying disease processes that may contribute to wound develpment or impact healing.
- Chronic/hard-to-heal wounds may benefit from wound hygiene that may include aggressive debridement of the soft tissue to remove any necrotic tissue, slough, or epithelial cells that may have migrated over the wound surface, sinus tract or tunnel.
- Care should be taken to prevent further trauma and or pressure when placing 3M™ V.A.C.® tubing, particularly over bony prominences, consider offloading the 3M™ SensaT.R.A.C.™ Pad (see page 21).

- If a patient's skin cannot tolerate frequent dressing changes, and the drape around the wound is intact, you may cut the drape around the foam, remove foam, clean wound as ordered, then replace foam and drape. Drape around peri-wound area may be left on for one additional dressing change (see Skin and peri-wound management section, page 31).

Note: ***Alternatively, the 3M™ V.A.C.® Peel and Place Dressing and 3M™ Dermatac™ Drape are more skin-friendly options with silicone-acrylic hybrid adhesive. With low tack adhesive properties, the V.A.C.® Peel and Place Dressing and Dermatac™ Drape are strong enough to maintain a seal, yet gentle enough to help take the pain out of dressing changes.***

Note: ***Multiple layers of drape may increase the risk of maceration, especially in small wounds, lower extremities or load-bearing areas.***

Flaps

3M™ V.A.C.® Therapy is used for the immediate postoperative flap as a bolster to maintain the position of the tissues.

The following recommendations help the treating clinician select therapy settings according to wound type and common clinician orders. These recommendations are a guide and can vary based on individual patient conditions. Consult treating clinician to verify settings for each patient.

Goals and objectives

- Provides bolster and stability for flap
- Help protect the wound environment
- Remove fluids and exudate
- Reduce edema

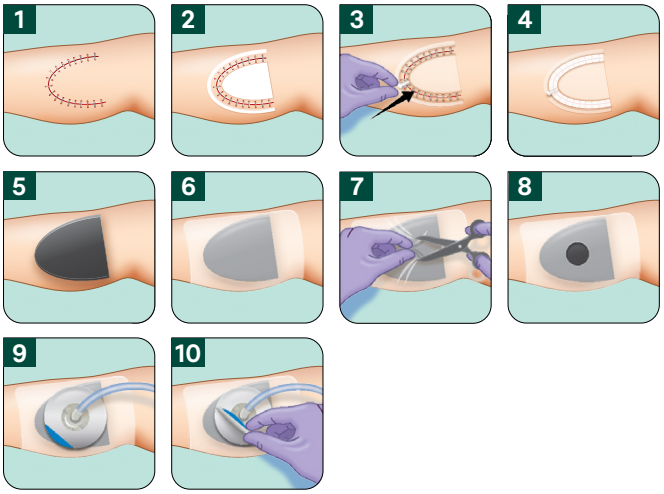
Table 5.8: Recommended settings for flaps

Dressing	3M™ V.A.C.® Granufoam™ Dressings	3M™ V.A.C.® Peel and Place Dressing	3M™ V.A.C.® Whitefoam™ Dressing
Initial cycle	Continuous throughout therapy	Continuous throughout therapy	Continuous throughout therapy
Subsequent cycle	Continuous throughout therapy	Continuous throughout therapy	Continuous throughout therapy
Dressing change interval	Up to 5 days (drainage should taper off before removal)	Up to 7 days (drainage should taper off before removal)	Up to 5 days (drainage should taper off before removal)

- Higher pressures may be considered with large, bulky flaps to help bolster the flap.
- Greater spacing of sutures will allow 3M™ V.A.C.® Therapy to remove fluid through the suture line.

Flap dressing application with V.A.C.® Therapy

Note: ***Consider using the 3M™ V.A.C.® Peel and Place Dressing. Due to the incorporated non-adherent layer, use of adhesive film and single layer of meshed non-adherent material is not required.***



If you are utilizing 3M™ V.A.C.® Granufoam™ or 3M™ V.A.C.® Whitefoam™ Dressings follow the steps below.

1. Place a single layer of drape or other semi-occlusive barrier, such as a hydrocolloid dressing or vapor-permeable adhesive film dressing, over the intact epidermis on top of the flap and on the opposite side of the suture line (Fig. 1). Place a single layer of meshed non-adherent material (page 19) over the exposed suture line (Fig. 2).
2. If the recipient bed is exuding heavily, cut a thin strip of 3M™ V.A.C.® Whitefoam Dressing (Fig. 3) and place it under the flap, between the sutures, to wick fluid from the interior of the flap. Make sure the V.A.C.® Whitefoam Dressing and V.A.C.® Granufoam™ Dressing communicate directly.
3. Select an appropriate size of 3M™ V.A.C.® Dressing to cover the entire flap (Fig. 4), including the suture line and **2-3 cm** beyond the flap. Ensure the area intact skin covered by the foam is protected (Step 2 above).
4. Prepare and apply the drape over the foam, or over the flap.
5. Pinch drape and cut a **2.5 cm** hole through the drape (not a slit). The hole should be large enough to allow for removal of fluid and/or exudate (Fig. 7). Apply a SensaT.R.A.C.™ Pad and connect to canister tubing (Fig. 9).
6. Initiate therapy on continuous setting, as indicated in Table 5.8.
7. Removal of the drape/dressing requires lateral stretch (pull) on the drape to prevent lifting of the flap.

Enteric Fistula

In certain circumstances, 3M™ V.A.C.® Therapy may help promote healing in wounds with an enteric fistula. If considering V.A.C.® Therapy for a wound involving an enteric fisutla, it is recommended to seek support from an expert treating clinician. V.A.C.® Therapy is not recommended or designed for fistula effluent management or containment, but as an aid to wound healing.

For wounds with a fistula track that has been present for less than 30 days and includes a fistula track that is covered by soft tissue (no exposed bowel), it may be possible to close the fistula track with a specific dressing application technique. Prior to implementing this technique, it is essential that bowel continuity is confirmed, and the patient's anatomy is well understood to avoid further complications.

For wounds with a fistula that has stomatized, it is unlikely that closure of the fistula will be possible. In these cases, a dressing technique can be implemented that will isolate the fistula and allow the effluent to be diverted to a pouching system while also promoting wound healing around the fistula.

For wounds with a fistula on exposed bowel, the fistula should be isolated and effluent diverted to a pouching system until the bowel is adequately covered with soft tissue. Once the bowel that includes the fistula is covered by soft tissue, the dressing application technique to attempt closure of the fistula can be considered.

Dressing application technique to attempt closure of fistula

Prior to implementing this technique, it is essential that bowel continuity is confirmed, and the patient's anatomy is well understood to avoid further complications.

1. Thoroughly clean the abdominal wound as directed by the clinician or institutional protocol.
2. Cover the opening of the fistula with a single layer of meshed non-adherent material (page 19).
3. Cover all areas of exposed bowel or other organs with multiple layers of a meshed non-adherent material (page 19).
4. Cut and gently place 3M™ V.A.C.® Granufoam™ Dressing into the remaining wound.
5. Size, trim and apply the drape to cover the entire foam dressing as well as an additional **3-5 cm** border.
6. Cut a **2.5 cm** round hole in the drape DIRECTLY over the location of the opening of the fistula.
7. Apply the 3M™ SensaT.R.A.C.™ Pad.
8. Use continuous therapy throughout treatment.
9. If effluent is noted in the tubing after negative pressure is initiated:
    a. Increase pressure in increments of 25 mmHg for 20 - 30 minutes and then check for effluent.

b. If effluent is still present, continue to increase the pressure and observe up to a maximum of -200 mmHg until there is no effluent in the tubing.

c. If effluent continues to flow into the tubing after all measures have been tried, remove 3M™ V.A.C.® Dressing and consider reapplication.

d. An early sign of initial approximation of the fistula track is a reduction in the amount of effluent.

e. If procedure is unsuccessful, an alternative method of treating the patient should be considered.

Dressing Application Technique to Isolate Fistula and Divert Effluent

3M™ V.A.C.® Therapy is not recommended or designed for fistula effluent management or containment, but as an aid to wound healing.

1. Thoroughly clean the abdominal wound as directed by the treating clinician or per institutional protocol.
2. Use a gauze pad over the opening of the fistula stoma for temporary effluent absorption during initial application of V.A.C.® Therapy.
3. Cover all areas of exposed bowel or other organs with multiple layers of meshed non-adherent material (page 19).
4. Apply ostomy ring or other isolation device around fistula stoma to isolate the fistula stoma from the 3M™ V.A.C.® Granufoam™ Dressing.
5. Cut and gently place V.A.C.® Granufoam™ Dressing into the remaining wound bed, exposing the gauze and isolation device or ostomy ring. DO NOT place foam over the fistula stoma.
6. Size, trim, and apply drape over the entire dressing as well as allowing for a **3-5 cm** border.
7. Cut and remove the drape over the isolated fistula stoma and remove the gauze pad.
8. Apply the 3M™ SensaT.R.A.C.™ Pad away from the fistula stoma by trimming a **2.5 cm** round hole in the drape in an area with V.A.C.® Granufoam™ Dressing underneath.
9. Initiate V.A.C.® Therapy per treating clinician's order, ensuring seal is maintained. Observe for compression of the foam.
10. Apply the ostomy appliance or fecal incontinence bag of choice as directed over the isolated fistula stoma and the previously placed ostomy ring or other isolation device.
11. Make sure the appliance is securely in place and the end of the appliance is adequately sealed.
12. Use continuous therapy throughout treatment.

6 - Additional information for 3M™ V.A.C.® Therapy

V.A.C.® Therapy and Hyperbaric Oxygen (HBO) Therapy

When patients treated with V.A.C.® Therapy are receiving regular hyperbaric oxygen treatments, the medical director of the hyperbaric chamber can authorize the disconnection of the NPWT Unit and canister from the tubing so that pressure equalizes. In such cases the following procedure is recommended:

1. **Do not take the NPWT Unit into a hyperbaric oxygen chamber.** The NPWT Unit is not designed for this environment and **should be considered a fire hazard in that environment.** See hyperbaric oxygen therapy section (page 9).

Note: *The 3M™ V.A.C.® Granufoam™ Bridge Dressing contains additional synthetic materials that may pose a risk during Hyperbaric Oxygen Therapy.*

2. V.A.C.® Dressings are safe for HBO Therapy. After disconnecting the NPWT Unit from the dressing/canister either a) replace the 3M™ V.A.C.® Dressing with another HBO-compatible material during the hyperbaric treatment or b) follow the steps below.

3. Close the 3M™ SensaT.R.A.C.™ Pad tubing and canister tubing clamps before disconnecting. Disconnect the SensaT.R.A.C.™ Pad tubing from the canister tubing.

4. Open the clamp on the SensaT.R.A.C.™ Pad tubing and cover with dry gauze. The tubing on the SensaT.R.A.C.™ Pad should not be clamped or capped during hyperbaric treatment.

Warning: Never leave a V.A.C.® Dressing in place without active NPWT 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 NPWT, or apply an alternative dressing, such as wet to moist gauze, as approved during times of extreme need, by treating clinician.

5. After hyperbaric oxygen treatment, reconnect the NPWT Unit and resume therapy. Check the dressing for air leaks and ensure that the seal is intact and ensure clamps are open on both canister tubing and SensaT.R.A.C. tubing.

V.A.C.® Dressings and diagnostic imaging

- When undergoing X-ray, MRI, fluoroscopy or dye tests the decision to remove the dressing is to be made by the radiologist, radiology technician, and/or treating clinician.
- In diagnostic procedures there is a possibility of shadow casting in the area of the wound.
- The dressings and attached SensaT.R.A.C.™ tubing can be safely left in place for all of these procedures.
- The 3M™ V.A.C.® Granufoam Silver™ Dressing contains metallic silver that may impair visualization with certain imaging modalities.

3M™ V.A.C.® Therapy and magnetic resonance imaging (MRI)

When patients treated with V.A.C.® Therapy require MRI, the following special considerations should be used:

- **Do not take the NPWT Unit into a magnetic resonance imaging (MRI) environment.** The NPWT Unit is not designed for this environment and **should be considered a fire hazard in that environment.** See Summary of warnings (page 8-10).
- Taking the NPWT Unit into the active MR environment could cause injury to the patient or caregiver or damage the equipment.
- The 3M™ V.A.C.® Dressing can typically remain on the patient with minimal risk in an MR environment, assuming that use of V.A.C.® Therapy is not interrupted for more than two hours.
- 3M™ V.A.C.® Granufoam™ Dressings, the 3M™ V.A.C.® Peel and Place Dressings, the 3M™ V.A.C.® Whitefoam Dressings, and the 3M™ SensaT.R.A.C.™ Pad and tubing contain no metallic components that would require removal prior to MRI.
- The 3M™ V.A.C.® Granufoam Silver™ Dressing has shown to pose no known hazard in an MR environment (see Additional precautions for 3M™ V.A.C.® Granufoam™ Silver Dressings: page 11).
- The clinician or radiologist may choose to remove the V.A.C.® Dressing prior to imaging if the wound is adjacent to the area of interest and may cause shadowing on the resultant images.

Ordering the 3M™ V.A.C.® Therapy System

All V.A.C.® Therapy systems require a clinician's order. The following information should be included for payor authorization:

- Product name: V.A.C.® Therapy, no substitutions
- Exact location and type of wound to receive therapy
- Wound dimensions
- Pre-medication instructions
- Wound cleansing instructions (cleanser, normal saline, etc.)
- Therapy settings (i.e., intermittent, 3M™ Dynamic Pressure Control™ Therapy·, continuous) when applicable
- Pressure settings in mmHg
- Dressing change intervals
- Dressings to be used (i.e., V.A.C.® Granufoam™ Dressing, V.A.C.® Peel and Place Dressing, 3M™ Dermatac™ Drape, V.A.C.® Granufoam Silver™ Dressing, specific specialty dressings, or V.A.C.® Whitefoam™ Dressing)
- Adjunct dressings to be used including non-adherent materials on page 19 or other. For more information contact your local Solventum representative.

Transitioning patients between care settings

- Initiate transition documents as soon as possible. Approval and delivery may vary globally.
- When a patient is placed on 3M™ V.A.C.® Therapy, contact the Discharge Planner/ Case Manager if this patient is identified as a candidate for transfer to a lower acuity care setting with V.A.C.® Therapy.
- Include the V.A.C.® Therapy orders, as detailed in the previous section, in the transfer or discharge orders and ensure appropriate supplies have been ordered/ coordinated.
- Include current wound measurements and condition of the wound in the discharge assessment.
- When a patient is transitioned from one care setting to another, the NPWT Unit will be provided prior to discharge or be delivered to the patient's post-acute care setting.
- If the post-acute NPWT Unit is not available for discharge, and therapy will be off for more than two hours, remove the V.A.C.® Therapy dressing before the patient is discharged. Apply an alternative dressing until the new NPWT Unit is delivered and appropriately trained personnel are prepared to provide on-going care of the patient.
- Ensure that the patient has the cognitive and physical ability to manage a therapy with cords, electric components, and small parts, or has a caregiver who is capable of assisting the patient.
- Ensure appropriate NPWT selection based upon patient and wound considerations.
- Dressing changes are recommended to be done under the supervision of a healthcare practitioner.
- For information on transitioning patients to home care, refer to the Considerations for 3M™ V.A.C.® Therapy in home care (page 11) section of these guidelines.
- Contact your local Solventum representative for assistance, if needed.

Contact information

If you have questions, or for additional information, please contact your local Solventum representative or contact Solventum directly at 1-800-275-4524 (US only). Visit our website at **Solventum.com**. For a medical emergency, contact your local emergency number.

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To learn more about 3M™ V.A.C.® Therapy Systems, please visit our website at **Solventum.com** or call us at 1-800-275-4524 (US Only).

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. Rx only.***

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