




designed for patients...
...tailored by nurses



simply enhancing the healing process

Manufactured by **Pro-Tex** 

Represented by



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Education Manual

VACUTEX™

Simply enhancing the healing process

VACUTEX™ is a rapid capillary action dressing that draws, absorbs and contains any slough, necrotic tissue, exudate or infection within the middle layer of the dressing. It is a simple, unique and innovative dressing with versatility across a wide range of wounds - from minor to chronic - both wet and dry. **VACUTEX™** works by drawing and transporting exudate away from the wound bed, leaving the wound in a position to heal from within.



**ONE-WAY CAPILLARY ACTION • EXTREMELY VERSATILE • PROMOTES RAPID HEALING
COST EFFECTIVE • INCREDIBLY SIMPLE TO USE • AVAILABLE ON FP10**

How **VACUTEX™** works

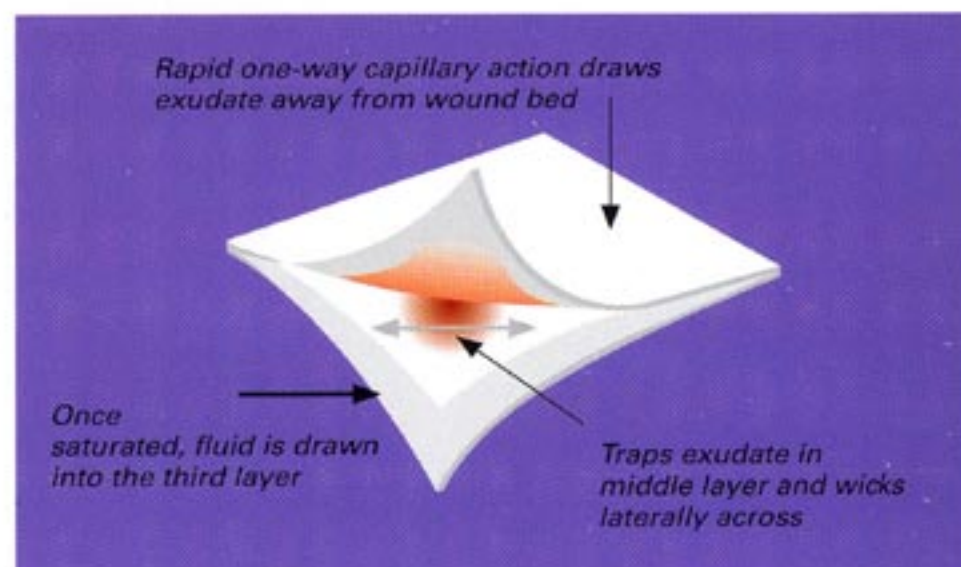
The innovative three-layered dressing of polyester and polycotton creates an accelerated capillary pulling action from the wound bed. It draws fluid through out the first layer (100% polyester) directly into the second or middle layer (poly/cotton mix). It then wicks laterally and is held within this middle layer. Once this layer becomes saturated, fluid is drawn into the third absorbent layer. Subsequent layers can be applied to moderate/heavily exuding wounds and the drawing process will continue to operate through multiple layers.

The dressing is highly absorbent and can absorb up to 30 times its own body weight. Consequently the frequency of dressing changes may be reduced.

Independent research has shown that **VACUTEX™** is competitively priced, simple to use, and promotes rapid healing times. Whilst the wound contact layer transports fluid into the middle layer, the one-way capillary action prevents fluid returning to the wound surface. This action prevents re-infection of the wound bed and maceration of surrounding skin.

The benefits of **VACUTEX™**

- A rapid capillary action dressing which draws and absorbs.
- Comprises two outer layers of polyester and a middle layer of polycotton.
- A low-adherent dressing.
- Removes any infection, slough, exudate or necrotic tissue from wounds and traps it within the middle layer.
- Unique 'drawing' action operates in one direction; so exudate, slough and necrotic tissue are transported away from the wound bed, preventing re-infection and maceration of surrounding skin, and maintaining a moist healing environment.
- **VACUTEX™** helps to debride and promote rapid healing.
- Can be used on any wound type except arterial bleeds.
- Contains no additives or drugs and causes no known adverse reactions.



QUICK GUIDE TO VACUTEX™ USE



1. Sloughy

High Exudate Level – apply **VACUTEX™** to wound shape and cover with suitable size outer layer to absorb exudate – secure with film or bandage.

Low Exudate Level – apply NA contact layer to fit inside wound edge, apply suitable size of **VACUTEX™** outer layer, to absorb exudate level – secure with film or bandage.



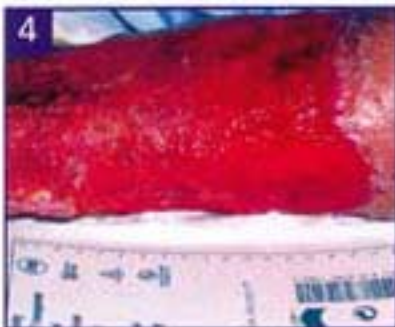
2. Necrotic

Cover with 2 layers of **VACUTEX™** and secure with semi-occlusive film. May be changed every 2-4 days depending on the speed of autolysis, and then reduced accordingly until necrosis comes away. Any slough in the wound bed is drawn into the dressing as the eschar shrinks.



3. Thick Adherent Slough

Cut **VACUTEX™** to shape of wound depth, cover with outer layer, and secure with semi-occlusive film or bandage. Change daily until slough removal (approx 6-10 days).



4. Infected Wounds

High Exudate Level – Deeper wounds: Cut **VACUTEX™** to wound shape and apply second layer to cover - secure with semi-occlusive film or bandage.

Low Exudate Level - Superficial wounds: Line wound with NA contact layer - apply 2 layers of **VACUTEX™** - secure with semi-occlusive film or bandage.

- for fragile skin, apply film to **VACUTEX™** (as a backing only - to occlude).



5. Sloughy & Heavily Exuding

Apply NA contact layer to wound shape, and cut **VACUTEX™** in strips or spirals to fill wound space. Cover with outer layer of **VACUTEX™** with suitable size to absorb exudate. A **VACUTEX™** 'wick/ribbon' can also be used to drain excess exudate into the dressing pouch for collection.

In order to maximise the full potential of the VACUTEX™ capillary dressing, particular attention should be paid to the following guidelines.

- *For further information or assistance, please contact the nurse advisory team.*

Other wounds appropriate for VACUTEX™

Pressure Ulcers
Venous Leg Ulcers
Arterial Leg Ulcers
Burns
Mastectomy
Dehisced abdominal wounds
Cardiac surgery graft sites
Sternal wounds
Faciotomy wounds
Amputations
Trauma

Necrotising Fasciitis
Epidermyolysis bullosa
Drain sites
Tracheostomies
Lacerations
Bites & Stings
Haematoma
Terminal wounds (do not use on bleeding fungating wounds)
Plastic Surgery
Stoma

NB

Please be aware that **VACUTEX™** is a low adherent dressing and not a non-adherent. Please line the wound bed first with a non-adherent dressing if using under compression bandaging or on low exuding wounds.

Contra Indications:

Arterial Bleeds.
Dynamic vascular fungating wounds.
Heavily bleeding wounds.
Wounds where bone and/or tendon are exposed, use with extreme caution and apply NA contact layer.

Circumferential Ulcers

Directions:

When using under compression, the wound bed must be lined with a primary non-adherent wound contact layer to avoid potential adhesion of the dressing in the wound bed.

It is advisable to cut the **VACUTEX™** rolls into 'bands' when using under compression. This avoids extra pressure being exerted on areas where the dressing would overlap; * **VACUTEX™** rolls can be wound around the limb – when not under compression.

This case of bi-lateral chronic venous ulceration was initially treated with **VACUTEX™** under compression for eight weeks, after six previous years of treatment with a multitude of advanced wound dressings with no significant improvement.

VACUTEX™ was able to be tolerated without pain, and quickly de-sloughed the areas allowing for rapid granulation.

The cost benefits of **VACUTEX™** are quickly realised when healing of chronic ulceration is achieved.

* The case of this 29-year-old female patient had previously been discussed as a probable, bi-lateral amputation.

* Please note dates in American format.

VACUTEX™ is also available in rolls 10cm x 100cm and 20cm x 100cm and is an excellent method of dealing with sloughy - necrotic - heavily exuding leg ulcers.



*Acknowledgements to Dr Robert Goldman & Professor Richard Salcido – Wound Healing Unit – University of Pennsylvania, USA.

Dehisced Wounds

Example: Dehisced Abdominal wound post-Hartmaan's procedure

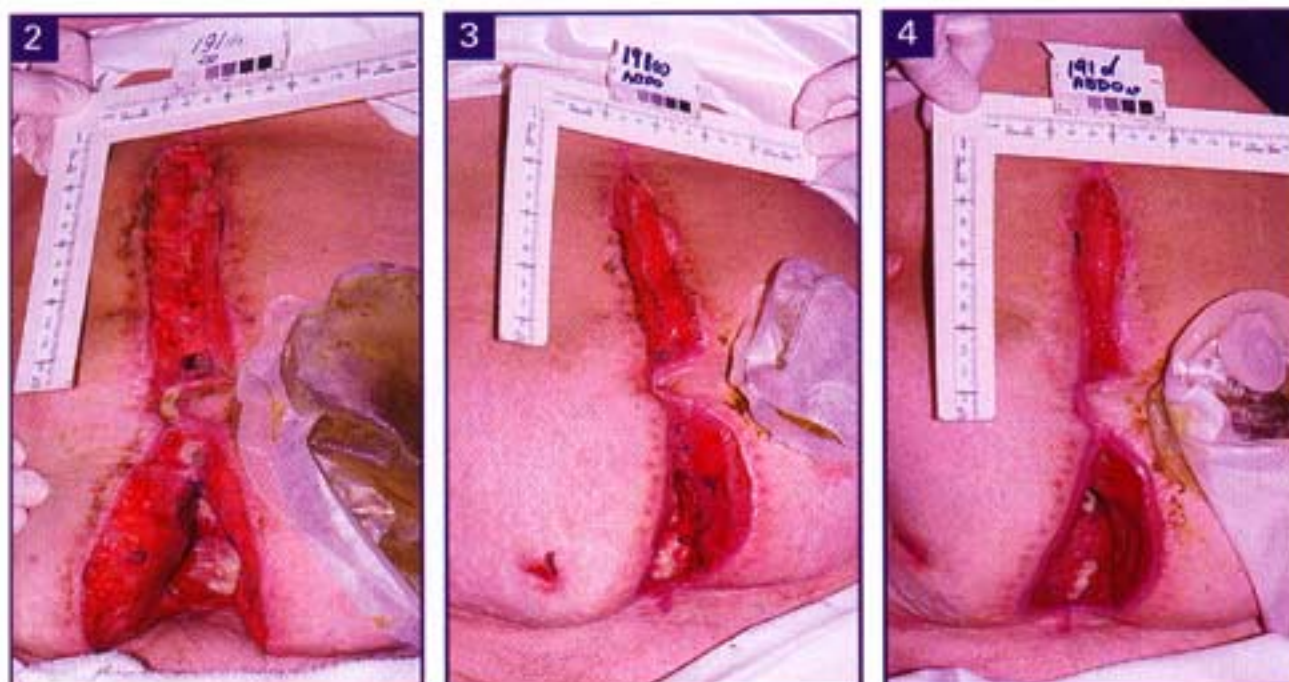
Directions:

In order to reduce any risk of adhesion, an appropriate non-adherent primary dressing is recommended. **VACUTEX™** is then cut into suitable strips, coils, or circles, and placed on the exposed wound bed, ensuring good contact. Where heavy exudate is to be managed, **VACUTEX™** may be cut into ribbons and used to pack the cavity (loosely). Finally, add one complete layer to cover the wound area, adding a suitable semi-occlusive film to secure.

* Photography at weekly intervals.

The wound colour change and slough removal is clearly noticeable after one week, fig 1 – fig 2, with granulation clearly evident after two weeks. Wound closing significantly after three weeks.

Heavily exuding wounds of this nature, i.e. post-operative infected sites, often cause difficulties with dressing leakage.



VACUTEX™ is an ideal dressing for this common wound type, and is an excellent alternative to negative-pressure pumps.

* When **VACUTEX™** layers are in contact with each other, the contents of the 'touching' layer will be transported to the next empty layer, and on to the outer covering layer.

**Acknowledgement to Michelle Deeth – Tissue Viability Nurse Specialist – Glenfield NHS Trust, Leicester.*

Hints & Tips

Example i

Sacral areas are cut from a 'triangular' shape with additional slits. This allows for a comfortable 'perfect fit' dressing even for difficult wound sites.



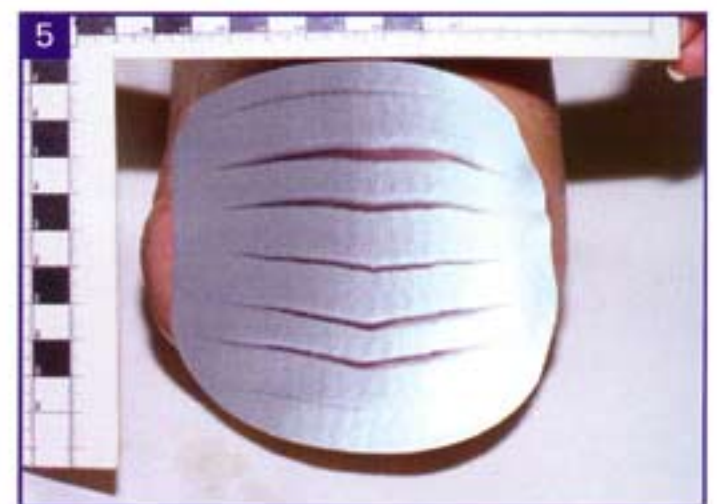
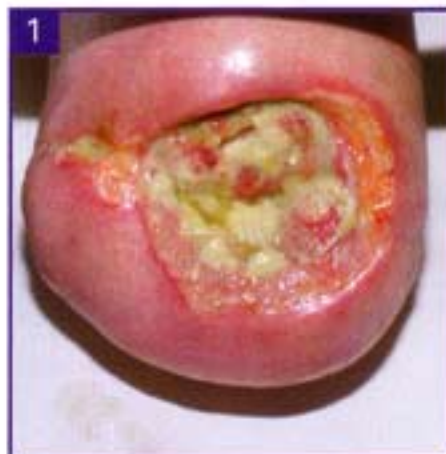
Example ii

For knees, ankles, elbows etc. fold the dressing in half (lengthways) and cut almost across the width. This method is ideal as a primary or secondary layer for mobile joints.



Example iii

For crater shapes or deeper undermining wounds a 'spiral' shape will provide good contact with the wound bed. Simply cut as illustrated. Further strips may be applied to fill the area if dealing with copious amounts of exudate. Cover with film to contain exudate. For ease of conformity, this amputation site has a 'grill' shaped top layer applied as illustrated.



Example iv

VACUTEX™ can also be applied by cutting 'disc' shapes and built up within an irregular shaped wound site, with a final outer layer applied over the whole area.

* Care should be taken when selecting the method of applying shaped **VACUTEX™** dressings, so as not to further compromise any pressure



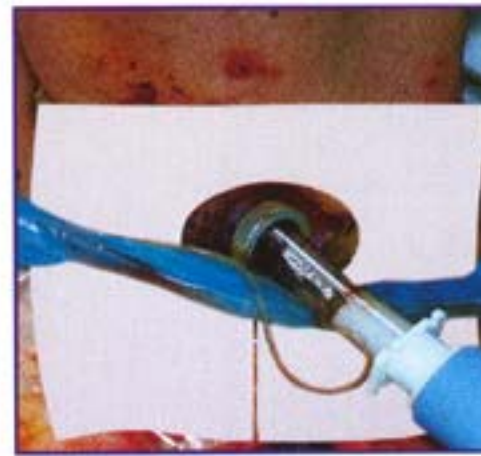
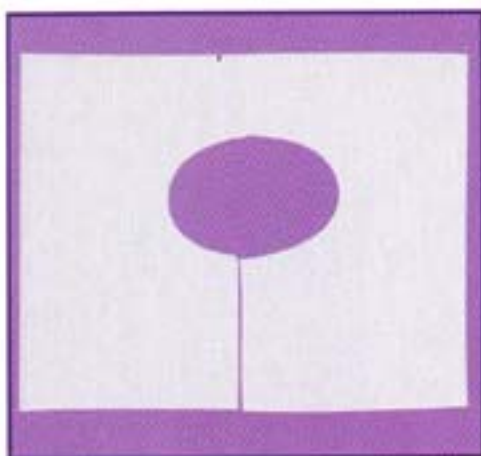
Hints & Tips



Draining – Diverting Sinuses

VACUTEX™ can be used to drain sinuses, or to divert exudate away from the wound site. Using sharp scissors, cut a suitable width of the dressing as a wick/ribbon, and insert loosely into the sinus track. The wick can then be placed between two **VACUTEX™** layers to transport and contain fluid(s) and secured with an appropriate semi-occlusive film or bandage. Until complete saturation, no fluid will contact the skin as the exudate is held in the central layer of the dressing. Change when the top layer is almost saturated for optimum results.

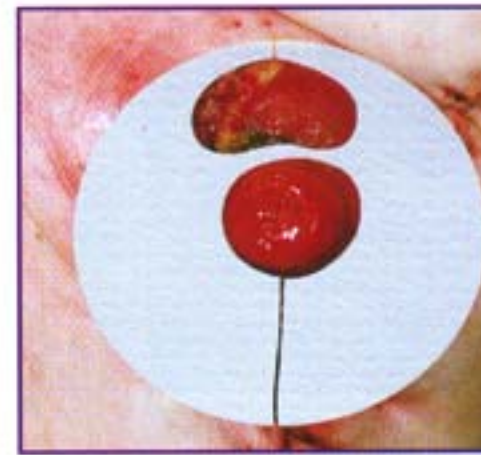
* Daily inspection of the wick is important as rapid granulation is normally achieved with this method of draining sinuses.



Tracheostomy

Tracheostomy sites can be the cause of excoriation to the surrounding skin. **VACUTEX™** can be cut as illustrated (or as appropriate) around the tube.

* Change when almost saturated

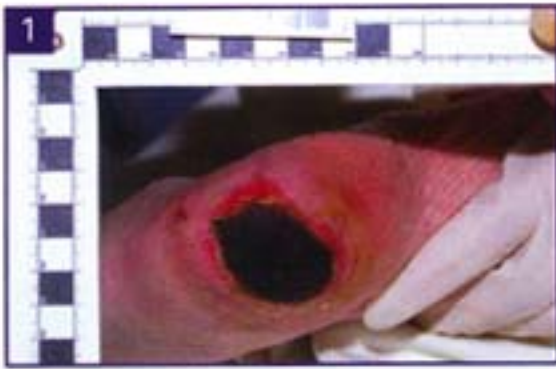


Stoma

Stoma sites also present excoriation difficulties for patients and can be protected using the shape(s) illustrated. Select the appropriate size(s) for absorption.

* Change when almost saturated.

Necrotic Eschar Debridement



Example i

1. This common wound type is often sharp debrided, but the capillary effect of the **VACUTEX™** dressing is capable of 'softening' the necrotic eschar and lifting the devitalised tissue from the wound interface. (no hydrogel needed)
2. The capillary action 'pulls' any surrounding slough into the dressing as the eschar shrinks.
3. This method requires two layers of the dressing to be cut to a suitable size to cover the necrotic and surrounding area.
4. The dressing will alleviate any problems with maceration or where exudate is deposited on the area with some conventional dressings. **VACUTEX™** assists with this as any fluids travel just under the surface of the dressing, and not in contact with the surrounding skin.
5. As the eschar lifts, clean healthy tissue should be evident.
6. Once debridement has been achieved, other dressing types may be preferred for the final healing of the wound.
7. *Photographs shown at six day intervals.

VACUTEX™ has the capacity to debride full thickness necrotic eschar by way of promoting autolysis of the devitalised tissue. This method of debridement requires an semi-occlusive film covering in order to maintain the moisture level needed.

Example ii

VACUTEX™ can be used to debride large areas of full thickness necrotic eschar as shown on this Stage 4 sacral pressure ulcer – illustrated.

1. Using two suitable sized dressings, simply layer them over the area.
2. Cover entire area of wound and dressing with a semi-occlusive adhesive film, to maintain moisture in the wound.

* Due to rapid debridement, the wound may appear enlarged initially as necrotic tissue is removed from the wound interface.

Macerated wound edges will normally improve rapidly as any slough or exudate is contained within the dressing and not deposited on the surrounding wound site. As debridement occurs, wound healing can commence.



*Acknowledgements to Linda Russell – Tissue Viability Nurse Specialist – Queens Hospital NHS Trust – Burton-on-Trent.

Diabetic Foot

VACUTEX™ is used in this example of ulceration to debride sloughy areas and to control exudate by means of two wicks to the outer **VACUTEX™** layer(s).

This type of heavily exuding wound with sinus and undermining present, can be drained of exudate by the wicking process of **VACUTEX™**.

Insert wicks as shown, thread through the covering first layer of **VACUTEX™** and then place a second layer of **VACUTEX™** over it.

Exudate is immediately visible within the central layer of the **VACUTEX™** wick, and is transported to the covering layers. A film dressing is used to secure the layers / wicks of **VACUTEX™**

For optimum effectiveness, ensure **VACUTEX™** makes good contact with the wound bed, as this enables the capillary action to debride the wound surface, in addition to 'pulling' interstitial fluid(s) from the deeper tissue.

This example illustrated shows the versatility of the **VACUTEX™** dressing.

* When cutting ribbons for wicking, ensure sharp scissors are used.

VACUTEX™ can be designed to dress many wound sites, and with nursing skill can provide the ideal treatment.



*Acknowledgement to Betty Reeb – Director, Reeb Wound Centre – Chicago, USA.

Pressure Ulcers

Example

Common wound type (infected pressure ulcer).

Directions

1. Line wound with suitable non-adherent primary layer.
2. Lay a spiral into the wound bed, to achieve good contact.
3. Cover with larger outer layer.
4. Secure with semi-occlusive film.
5. As the wound depth reduces, cut the dressing to fit the depth of the wound bed.
6. *It is advisable to 'round' the corners of the outer layer to avoid any excessive pressure.

Rapid reduction of the sloughy area of this wound is evident after just 5 days of **VACUTEX™** usage. The small sloughy area (to the left) has healed completely after just 30 days. The depth of this chronic wound has decreased substantially after 13 weeks and total healing was achieved.

Nursing staff become immediately familiar with using VACUTEX™ and make a direct contribution in the designing of the most appropriate dressing.



**Acknowledgement to Heather Logan – Tissue Viability Nurse – Warrington NHS Trust - Warrington.*

Amputation Sites

Example

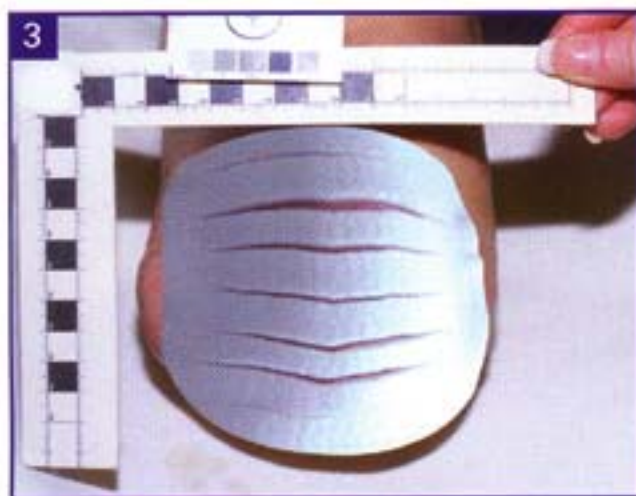
Infected and sloughy wound with high levels of exudate, and difficult to manage.

VACUTEX™ was cut in a 'spiral' shape to obtain good wound bed contact and a second layer of **VACUTEX™** applied to provide extra absorbency. The dressing was then secured with semi-occlusive film.

The patient was extremely pleased with the dressing and commented on the rapid effect that **VACUTEX™** had made in improving her quality of life.

* Photography over a 12 week period.

VACUTEX™ is a comfortable and convenient dressing for chronic and infected wounds. It's ability to rapidly debride enables wound closure.



**Acknowledgement to Linda Russell – Tissue Viability Nurse Specialist & Wendy Worth Tissue Viability Nurse Queens Hospital NHS Trust – Burton-on-Trent.*

Burns

An electrical burn to both hands. **VACUTEX™** was applied and secured with bandaging. Patient listed for plastic surgery, but not found to be necessary after ten days of **VACUTEX™** use.

Wound type

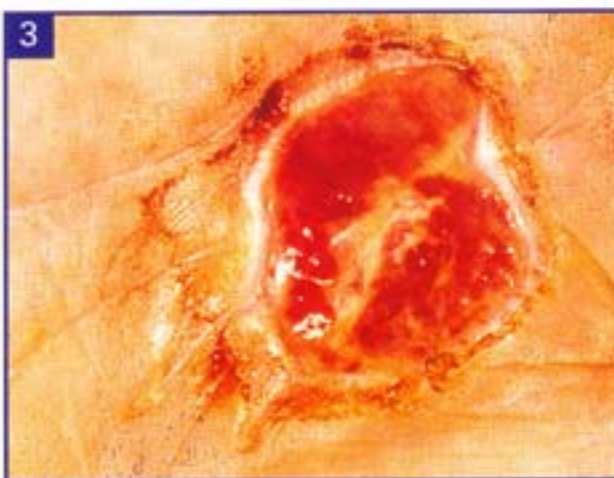
Partial deep dermal full thickness burns to 50% of palmer aspect of both hands.

Dressings changed every 24 hours.

* Photography over ten days.

Patient expressed his delight with the outcome of his treatment.

VACUTEX™ is able to promote rapid healing in many wound types, where debridement of the wound bed is essential after the initial injury.



*Acknowledgement to Rachel Gillingham – Staff Nurse Tissue Viability – Cheltenham General Hospital NHS Trust – Gloucestershire.