Negative Pressure Wound Therapy

Introduction
Negative Pressure Wound Therapy (NPWT) is a method of wound management that applies controlled, localised sub-atmospheric pressure to the wound site to manage exudate and promote healing. It helps remove interstitial fluid, allowing tissue decompression and enhanced blood flow. It promotes granulation tissue formation; helps remove infective material; provides a closed, moist wound healing environment and promotes skin graft and flap survival.

NOTE: NPWT is not a “suction drain” and should not be used where exudate management is the only objective. If in doubt, please consult the Tissue Viability Service for guidance.

1. VAC ATS (Advanced Therapy System)
Primarily suitable for immobile patients who are being nursed in bed.

Indications. Acute and traumatic wounds, dehisced wounds, pressure ulcers, leg ulcers, diabetic ulcers, meshed grafts (pre- and post-), flaps.

Contra-indications. Fistulas to organs or body cavities; necrotic tissue with eschar present; untreated osteomyelitis; malignancy in the wound. Do not use VAC over exposed arteries or veins.

Precautions. Active bleeding; patients on anticoagulants; difficult wound haemostasis. When placing VAC therapy in proximity to blood vessels, ensure vessels are adequately protected with overlying fascia, tissue or other protective barrier. Greater care should be taken with respect to weakened, irradiated or sutured blood vessels.

Method of Application
VAC Therapy should not be applied by any practitioner who has not undergone training. Training is available via the Clinical Skills Centre, APH.

2. Renasys Go NPWT System
Suitable for ambulant patients – the system is portable.

Indications, Contra-indications, Precautions - as for VAC Therapy.

Method of Application
The Renasys Go System should not be applied by any practitioner who has not undergone training. Training is available via the Clinical Skills Centre, APH.

NOTE: If frank bleeding occurs during the use of any NPWT system, remove the NPWT dressing, dress the wound with a haemostatic product (e.g. Kaltostat) and request an urgent review by the surgical or medical team before resuming NPWT.