

VACUTEX™

RAPID CAPILLARY ACTION WOUND DRESSING

Advanced Wound Care



Cut



Shape



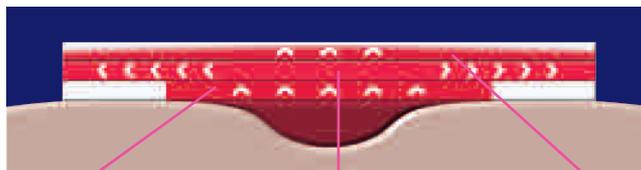
Innovate

Vacutex™ incorporates a patented three layer construction of poly-cotton elements that promotes an accelerated capillary action on wound interfaces. Effectively lifting, transporting and retaining exudate and interstitial fluids.



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- 1 Rapid capillary action 'pulls' interstitial fluid(s) away from the wound bed.
- 2 Locks and redistributes fluids(s) within a central layer, 'wicking' laterally until saturated.
- 3 Third layer remains dry until saturation occurs within central layer.

features

- > Vacutex's capillary action removes potentially bacteria-laden exudate, slough and necrotic debris away from the wound bed.
- > Vacutex's capillary action promotes the migration of essential cells across the wound bed surface.
- > Vacutex is low adherent and can be customised to suit the wound.
- > Vacutex is highly absorbent.
- > Vacutex promotes rapid granulation.
- > Vacutex bridges the capability limitations of many existing advanced wound care technologies.

indications for use

- > **Diabetic wounds**
- > **Pressure ulcers**
- > **Dehisced surgical wounds**
- > **Leg ulcers**
- > **Burns**

benefits

- > Vacutex's rapid capillary action promotes optimal moist wound healing.
- > Vacutex is versatile, easy to use and remove.
- > Vacutex is effective in the management of acute and chronic wound indications.
- > Vacutex has the ability to manage low, moderate and high levels of exudate.
- > Vacutex is cost effective.
- > Vacutex prevents maceration to the peri-wound area.

Product Code	Size (cm)	Dressings per carton
VAC005005	5 x 5	10
VAC010010	10 x 10	10
VAC010015	10 x 15	10
VAC010020	10 x 20	10
VAC015020	15 x 20	10
VAC020020	20 x 20	10
VCD010100	10 x 100	5 rolls
VCD020100	20 x 100	5 rolls

Distributed by:



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Vacutex is a trademark of, and manufactured by Protex Healthcare (UK) Ltd

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Abdominal Dehiscence

When utilised for the management of abdominal dehiscence, **Vacutex™ Advanced Wound Care** provides an effective means of:

- › Transporting exudates away from the wound site
- › Managing large volumes of exudates
- › Protecting surrounding skin from maceration
- › Promoting rapid granulation
- › Potentiating reduction in bacterial burden
- › Providing a simple alternative to negative pressure pumps



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Abdominal Dehiscence

Abdominal dehiscence can be described as the breakdown and separation of surgical wound edges, usually due to infection.

Abdominal dehiscence may be either partial or complete

Abdominal dehiscence may also occur where there has been excessive tension placed on suture lines.

Generally the wound will begin to break down after suture removal and may present with small sinuses that ooze purulent discharge.

Case Study



1 Dehisced abdominal wound post Hartmaan's procedure, with wound bed not visible.



2 Vacutex rapid capillary action dressing was applied, wound colour change and slough removal is clearly noticeable after one week. Note wound bed is clearly visible.



3 Granulation is clearly evident post two weeks use of Vacutex rapid capillary action dressings.



4 Wound displays significant closure after three weeks treatment with Vacutex rapid capillary action dressings.

Pictures taken at weekly intervals.

1. Deeth, M. Review of an independent audit into the clinical efficacy of Vacutex. British Journal of Nursing, 2002 Vol 11, No 12.
2. Deeth, M. and Pain, L. Vacutex; A dressing designed for patients tailored by nurses. British Journal of Nursing, 2001 Vol 10, No 4.

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Heel Pressure Ulcers

When utilised for the management of heel pressure ulcers, **Vacutex™ Advanced Wound Care** provides an effective means of:

- Rapidly debriding full thickness necrotic eschar
- Rapidly promotes autolysis of devitalised tissue and preparation of the wound bed
- Promoting rapid granulation
- Alternative to sharp debridement
- Protecting surrounding skin from maceration



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Heel Pressure Ulcers

Pressure ulcers develop as a result of obstruction of blood vessels by unrelieved external pressure.

Moisture and mechanisms such as shear and friction are often involved in the formation of pressure ulcers.

These wounds most often manifest themselves in the elderly or neurologically compromised patient due to the reduced ability to reposition.

Grading of pressure ulcers

- ▶ GRADE 1
Non-blanching erythema, discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators particularly on individuals with darker skin.
- ▶ GRADE 2
Partial thickness skin loss or blister, involving epidermis or dermis.
- ▶ GRADE 3
Full thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to, but not through fascia.
- ▶ GRADE 4
Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structure.

Case Study



1 Heel with significant necrotic eschar visible. Vacutex is capable of 'softening' the necrotic eschar and lifting the devitalised tissue from the wound.



2 Vacutex's rapid capillary action pulls slough into the dressing as the eschar shrinks. In this case dressings were cut to a suitable size to cover both the necrotic and surrounding area.



3 Vacutex rapid capillary action dressings retain the exudates and wound debris within the two layers of the dressing thus aiding in the prevention of maceration to the surrounding healthy tissue.



4 Vacutex rapid capillary action dressings have successfully lifted the eschar and clean healthy tissue is evident.

Pictures taken at 6 day intervals*

1. Lisle, J. Debridement of necrotic tissue and eschar using a capillary dressing and semi-permeable film dressing. Wound Care, September 2002.

2. Deeth, M. and Pain, L. Vacutex: A dressing designed for patients, tailored by nurses. British Journal of Nursing, 2001 Vol 10, No 4.

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

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Venous Leg Ulcers

When utilised for the management of venous leg ulcers, **Vacutex™ Advanced Wound Care** provides an effective means of:

- Removing tenacious slough and necrotic eschar
- Protecting surrounding skin from maceration
- Promoting rapid granulation
- Managing high volumes of exudates
- Employing a dressing suitable for use under compression bandaging



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Venous Leg Ulcers

Venous leg ulceration affects an estimated 1-2% of the population and 8% of patients will experience re-occurrence of the disease.

A venous leg ulcer is an irregular shaped deep or partial thickness wound with well defined borders, generally surrounded by hyperpigmented indurated skin.

A yellow/white exudate is often visible. Ulcers vary in size and location, but are usually situated in the gaiter region.

Oedema is common around the ankle region and pain is usually associated with venous leg ulceration whether in motion, standing or at rest.

The calf muscle pump

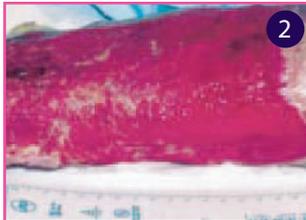
The calf muscle pump initiates the return of blood from the lower limbs back to the heart. This mechanism consists of calf muscles, the deep venous system and the superficial venous compartment connected to deep veins through one way valves via smaller perforator veins.

Malfunctioning of any of these components usually leads to venous ulceration.

Case Study



1 In this case there is evidence of necrosis, infection, and a sloughy region to the wound area.



2 Amputation was the probable prognosis for this patient, clinician elected to apply Vactutex rapid capillary action dressings.



3 Granulation is clearly evident post two weeks use of Vactutex rapid capillary action dressings.



4 Granulation and epithelialisation is clearly evident post 10 days of dressing with Vactutex rapid capillary action dressings.

AMPUTATION WAS AVOIDED.

1. Goldman, R. et al. Measured improvement in rate of healing of venous ulceration. British Journal of Nursing, 2003 Vol 12, No 3.
2. Deeth, M. and Pain, L. Vacutex; A dressing designed for patients, tailored by nurses. British Journal of Nursing, 2001 Vol 10, No 4.
3. King, R. Venous leg ulceration and the use of Vacutex. Data on file.

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