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.
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.

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.

indications for use

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

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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
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.


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

Manufactured by: Protex Healthcare (UK) Ltd
Unit 5, The Business Centre
Molly Millars Lane
Wokingham, Berkshire
RG41 2QZ

telephone: +44 (0) 118 974 0440
fax: +44 (0) 118 979 8554
e-mail: info@protexhealthcare.com
web: www.protexhealthcare.com

VCX1001 06 2011
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
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' any surrounding 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.

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

Manufactured by: Protex Healthcare (UK) Ltd
Unit 5, The Business Centre
Molly Millars Lane
Wokingham, Berkshire
RG41 2QZ

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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
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 Vacutex rapid capillary action dressings.

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

4. Granulation and epithelialisation is clearly evident post 10 days of dressing with Vacutex rapid capillary action dressings. AMPUTATION WAS AVOIDED.