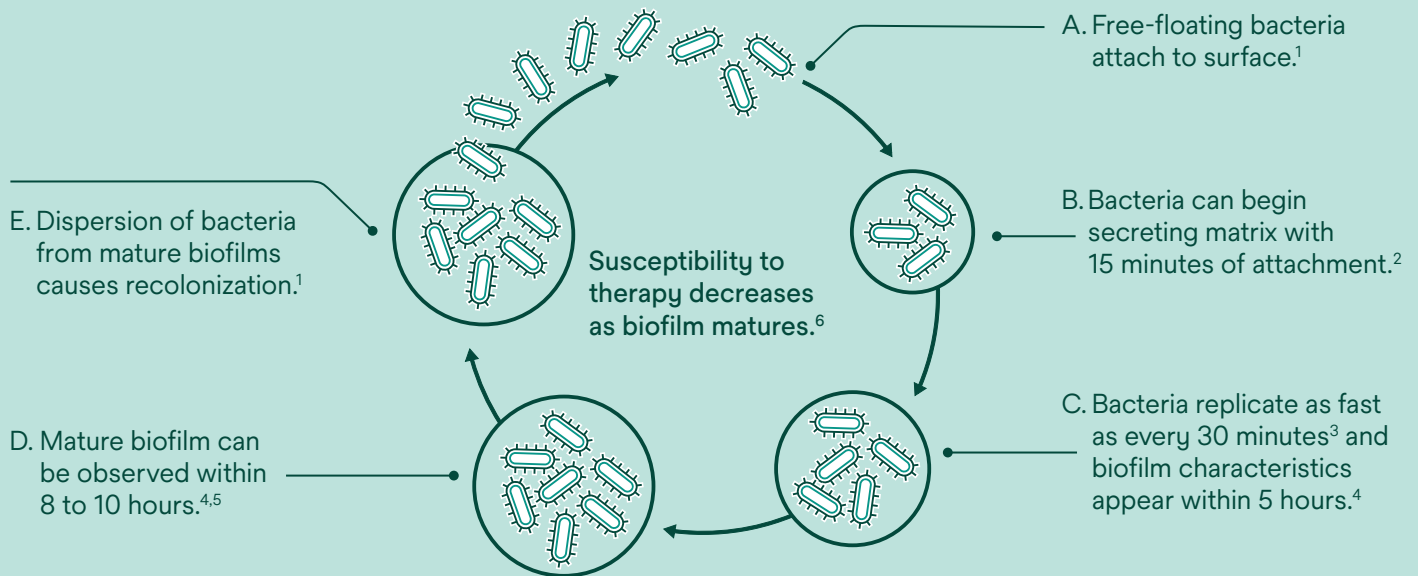


Bioburden lifecycle



Wound care for contaminated and infected wounds is a multi-step process including:⁷

1. Patient and wound assessment
2. Initial debridement that removes necrotic and fibrinous tissue and decreases the bacterial load
3. Initiation of appropriate cleaning, maintenance debridement, and antimicrobial therapy
4. Removal of exudates
5. Increasing granulation tissue in preparation for wound closure



3M™ Veraflo™ Therapy delivers wound care solutions that can help break the cycle

Veraflo Therapy combines the benefits of 3M™ V.A.C.® Therapy with automated topical wound solution instillation and removal. It can help with wound care steps 3–5 above by:

- Cleansing the wound through instillation of topical wound cleansers that can help soften and loosen wound debris
- Delivering topical antiseptic/antimicrobial wound solutions that can help reduce the bacterial population
- Removing solubilized wound debris and infectious materials, including planktonic bacteria, during the V.A.C. Therapy Cycle
- Promoting granulation tissue formation and perfusion during the V.A.C. Therapy Cycle, helping prepare the wound for closure
- Providing contained and controlled wound irrigation without the risk of bacterial aerosolization typically generated during manual lavage⁸

Considerations when choosing the instillation cycle:

- Type of organisms
- Amount of bioburden
- Solution manufacturer's recommended soak time
- Pain level
- The 3M™ Veraflo™ Therapy default settings are:
 - Soak Time: 10 min
 - 3M™ V.A.C.® Therapy: 3.5 hours at - 125mm Hg
 - Default setting provides a 7-times daily soak frequency

Note: These default settings fall within the range of clinical data available and should be adjusted based on clinical judgment. If Prontosan® Wound Irrigation Solution is used, manufacturer guidelines recommend at least 15 minutes of soak time.

You have instillation choices; here's what others have done*

Solution class	Solution	Instillation therapy settings from literature	Patient/wound type
Biguanides	Polyhexanide (0.1%)	Soak time: 6 min V.A.C. Therapy time: 3.5 hr Soak frequency: 7 times daily or Soak time: 20 min V.A.C. Therapy time: 2 hr Soak frequency: 10 times daily ⁹	Sixty-eight patients with infected wounds requiring hospitalization and surgical debridement: ⁹ - 34 patients in 6 min group - 34 patients in 20 min group
	Normal saline (Sodium chloride 0.9%)	Soak time: 10 min V.A.C. Therapy time: 4-12 hours Soak frequency: 2-6 times daily ¹⁰	131 patients with complex wounds (eg, open fracture, pressure ulcer, diabetic foot ulcer, and non-healing postoperative dehiscence wounds) ¹⁰
Hypochlorite-based solutions*	Lactated Ringer's solution	Soak time: 15 min V.A.C. Therapy time: 3.5 hr Soak frequency: 6-7 times daily ¹¹	Two patients: - 74-year-old male with hypertension and an infected neuropathic foot wound - 56-year-old diabetic male with an infected foot wound ¹¹
	Sodium hypochlorite (0.125%)	Soak time: 10 min V.A.C. Therapy time: 50 min Soak frequency: 24 times daily ¹²	Five patients with colonized venous stasis ulcers ¹²
		Soak time: 5 min V.A.C. Therapy: 4 hr Soak frequency: 6 times daily ¹³	26-year-old female with abdominal wound with exposed biological mesh ¹³
Hypochlorite-based solutions*	Sodium hypochlorite (0.125%)	Soak time: 5-10 min V.A.C. Therapy time: 2-4 hr Soak frequency: 6-12 times daily ¹³	Five patients with difficult-to-heal wounds: - 83-year-old male with post-operative contaminated wound at a previous ileostomy site ¹³ - 60-year-old male with a contaminated complex chest wall wound ¹³ - 70-year-old male with a hip wound ¹³ - 32-year-old male with several surgeries for bowel perforation and abdomen washout ¹³ - 70-year-old male with open infected transmetatarsal foot wound with osteomyelitis ¹³
		Silver nitrate (0.5%)	Soak time: 1 sec V.A.C. Therapy time: 2 hr Soak frequency: 12 times daily ¹⁴
Topical lidocaine (diluted in saline)	Lidocaine HCl 1% (Diluted to 0.05%)	Soak time: 5 min V.A.C. Therapy time: 3 hr Soak frequency: 8 times daily ¹⁵	48-year-old male with an infected (cellulitis and areas of necrosis) below-the-knee amputation wound ¹⁵ Note: This study used the V.A.C. Instill™ Therapy System which relied on gravity to deliver topical wound solution to the wound, and 3M V.A.C. Granufoam Dressings, which are more hydrophobic than 3M V.A.C. Veraflo Dressings.

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*Caution: For illustration purposes only. Reference to a specific solution is not an endorsement of its clinical performance. Consult solution manufacturer instructions for specific use and safety information. Veraflo Therapy is not indicated as a therapy for infected wounds. It can, however, be used as adjunctive treatment in the overall management of infected wounds. Veraflo Therapy is not a replacement for systemic antibiotics. Individual results may vary.

*Hypochlorous acid solutions applied frequently at high concentrations can lead to significant material degradation. Consider utilizing concentrations and exposure durations as low as clinically relevant. Testing indicates that the concentration of hypochlorous acid, a preservative of the solution in the bottle, may be significantly reduced after prolonged contact with the fluid path components of the Veraflo Therapy delivery system. Due to the reactive nature of hypochlorous acid solutions, exposure to the fluid path components of the Veraflo Therapy delivery system may impact the final active or preservative concentration of the solution. The above topical solutions have been tested and found to be compatible with Veraflo Therapy components. Other compatible topical solutions include benzalkonium chloride (0.1%), acetic acid (0.25%) and octenidine dihydrochloride. Contact solution manufacturers for suggested dwell times.

Note: Specific indications, contraindications, warnings, precautions and safety information may exist for this product. Please consult a clinician and product instructions for use prior to application. This material is intended for healthcare professionals.



For more information, contact your local representative.

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