v.a.c.ulta™
KCI Healing by design

V.A.C. VeraFlo™ Therapy

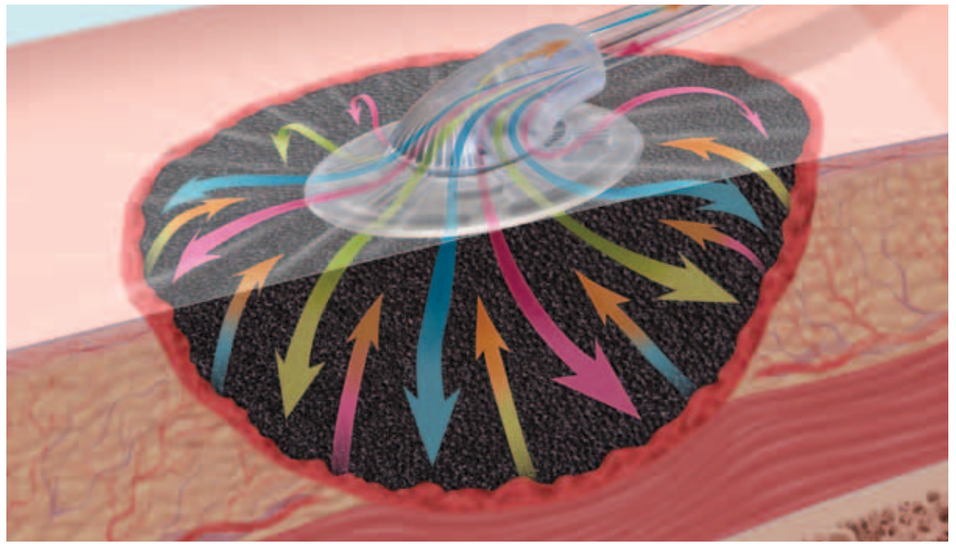
Cleanses, Treats, Heals

V.A.C.® Therapy has been used successfully on many patients

Prompt, appropriate, and effective wound management is more important than ever in reducing the economic and health consequences of wound management[1]

The use of advanced technologies, such as V.A.C.® Therapy, may lead to earlier wound closure and be more cost-effective compared to lower-cost products that take longer or fail to heal the wound.[2]

V.A.C. VeraFlo™ Therapy is designed to work for many more



Cleanses
with instillation of topical wound cleansers in a consistent, controlled manner.

Treats
infectious materials with the instillation of appropriate topical antimicrobial and antiseptic solutions.

Heals
the wound and prepares for primary or secondary closure.

Moving toward a better negative-pressure wound therapy (NPWT) outcome

	NPWT	V.A.C. VeraFlo™ Therapy
Prevent further wound contamination	✓	✓
Manage excess exudates	✓	✓
Optimise wound bed	✓	✓
Cleanse the wound	Only at dressing changes	Automatic repetitive cleansing
Provide antimicrobial antiseptic therapy[1]	Only at dressing changes	Automatic repetitive treatment

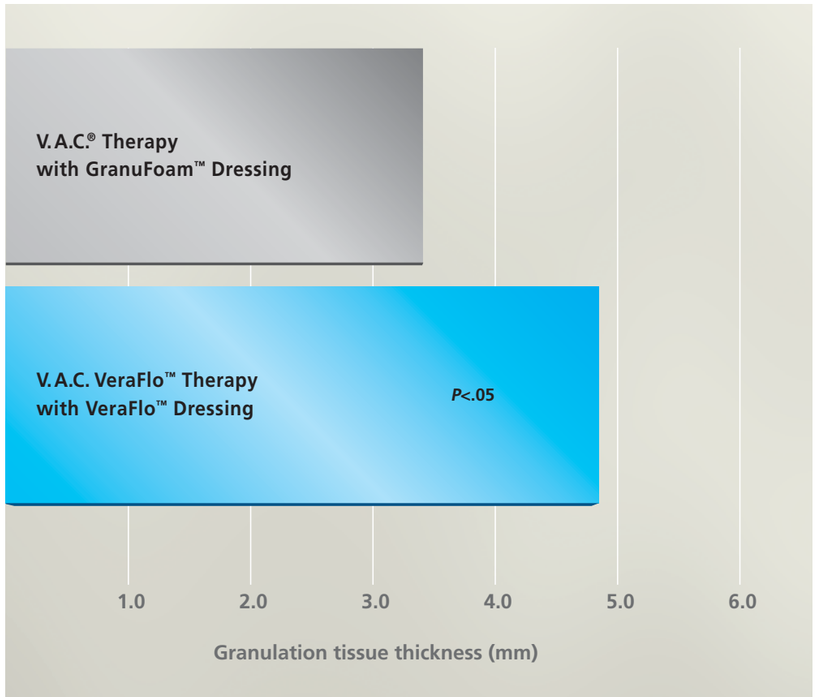
Does your NPWT product provide these benefits?

FAST

In a porcine study with V.A.C. VeraFlo™ Therapy, 43% more granulation tissue was present after 7 days versus standard NPWT[3,4]

V.A.C. VeraFlo™ Therapy with saline solution instillation significantly increased wound fill after 7 days of therapy compared to NPWT alone.[3]

Mean granulation tissue thickness after 7 days of therapy (n=12)



At day 7, granulation tissue thickness was 43% greater (*P*<.05) in porcine wounds receiving V.A.C. VeraFlo™ Therapy with V.A.C. VeraFlo™ Dressings and saline instillation compared to wounds treated with V.A.C.® Therapy with V.A.C.® GranuFoam™ Dressings.[3]

Note: Findings in animal studies have not yet been correlated in humans.

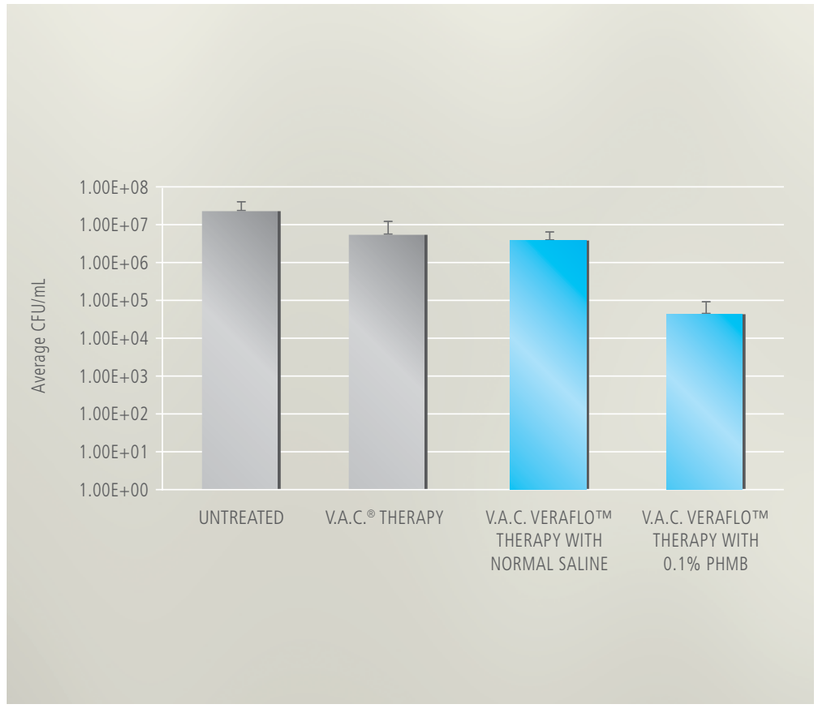
Source: Lessing MC, Slack P, Hong KZ, et al. Negative pressure wound therapy with controlled saline instillation (NPWTi): dressing properties and granulation response in vivo. *Wounds.* 2011;23(10):309-319.

EFFECTIVE

Data from an *in vitro* biofilm model indicate that V.A.C. VeraFlo™ Therapy, combined with appropriate wound solutions, may help control the bacteria known to form biofilm compared to standard NPWT[4]

In this *in vitro* mature biofilm study, V.A.C. VeraFlo™ Therapy with polyhexamethylene biguanide (PHMB) (0.1%) was shown to reduce *Pseudomonas aeruginosa* bioburden by 99.8% (approximately 3-log reduction).[4]

***Pseudomonas aeruginosa* results (CFU/mL)**



V.A.C. VeraFlo™ Therapy provides instillation therapy that, in this study, was shown to reduce biofilm bioburden. A mature *Pseudomonas aeruginosa* biofilm model using pig skin was used. Instillation was 6 times in 24 hours with 10-minute hold time.

Note: Findings in animal studies have not yet been correlated in humans.

Source: KCI data on file.

EFFECTIVE

A clinical study indicated that polyhexanide instillation may be effective as an adjunctive therapy to manage infected orthopedic implants (OIs)[5]

(n=32)	Acute infected OI (n=22)		Chronic infected OI (n=10)	
	Retained	Not retained	Retained	Not retained
Knees	3/3 (100%)	0/3 (0%)	5/7 (71.4%)	2/7 (28.6%)
Hips	14/17 (82.4%)	3/17 (17.6%)	3/3 (100%)	0/3 (0%)
Osteosynthesis material	2/2 (100%)	0/2 (0%)	-	-
Total	**19/22 (86.4%)**	**3/22 (13.6%)**	**8/10 (80%)**	**2/10 (20%)**
Published rates without instillation therapy*	65%	35%	30%	70%

The results of this prospective, multicentre, single-arm, postmarket, observational study suggest that instillation therapy† with polyhexanide (PHMB) may be effective as an adjunctive therapy to manage infected orthopedic implants, independent of the type of infection (i.e. acute or chronic) or micro-organism. The results exceeded, or were similar to, what has been reported in the literature without the use of instillation therapy.[5]

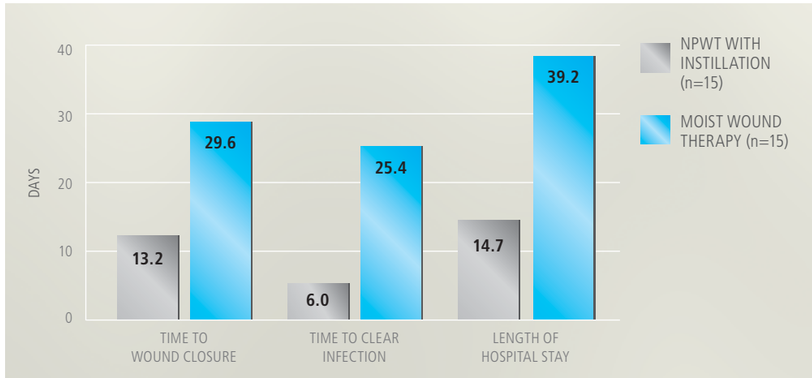
***Literature references are described in the publication. Table adapted from publication.**
†Instillation system used was V.A.C. Instill® Therapy System, which is equivalent to V.A.C. VeraFlo™ Therapy.

Source: Lehner B, Fleischmann W, Jukema GN, et al. First experiences with negative pressure wound therapy and instillation in the treatment of infected orthopedic implants: a clinical observational study. *Int Orthop.* 2011;35(0):1415-1420. e-Pub May 17, 2011.

COST-EFFECTIVE

A clinical study indicated that instillation therapy* with silver nitrate shortened the time to bioburden reduction, wound closure, and hospital discharge[6]

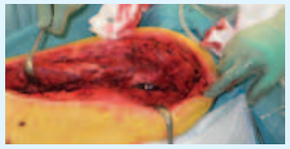
In this prospective clinical study of 15 patients with a variety of complex infected wounds, NPWT with silver nitrate instillation showed a significant decrease in the mean time to clear infection, wound closure, and hospital discharge compared with traditional wet-to-moist wound care.[6]



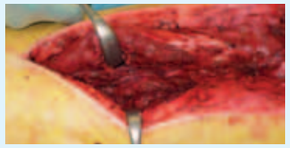
***Instillation system used was V.A.C. Instill® Therapy System, which is equivalent to V.A.C. VeraFlo™ Therapy.**

Source: Gabriel A, Shores J, Heinrich C, et al. Negative pressure wound therapy with instillation: A pilot study describing a new method for treating infected wounds. *Int Wound J.* 2008;5:399-413.

A 66-year-old male was admitted to hospital on February 10, 2012, with an infected hip (THA).



Initiation of V.A.C. VeraFlo™ Therapy on February 20, 2012. At each cycle, Lactated Ringer's solution (40 mL) was instilled with a soak time of 15 minutes and V.A.C.® Therapy time of 3.5 hours at a pressure of -125mmHg.



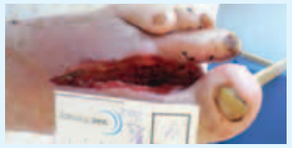
Wound was thoroughly debrided and V.A.C. VeraFlo™ Dressing was applied.

V.A.C. VeraFlo™ Therapy was discontinued after just 3 days, achieving primary closure.

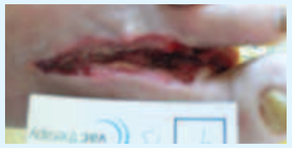
Clinical goal was met, no recurring infections to date.

As with any case, the results and outcomes should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patient's circumstances and condition.

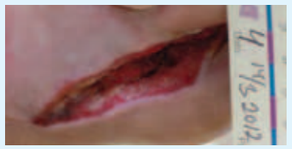
A 56-year-old diabetic male with infected diabetic foot ulcer following amputation of 2nd toe and cleaning plantar abscess.



Day 1
Initiation of V.A.C. VeraFlo™ Therapy on March 8, 2012.
At each cycle, Lactated Ringer's solution (22 mL) was instilled with a soak time of 15 minutes and V.A.C.® Therapy time of 3.5 hours at a pressure of -125mmHg.



Day 5
Second dressing change performed on March 12, 2012, using V.A.C. VeraFlo™ Dressing. Wound is progressing very well.



Day 7
V.A.C. VeraFlo™ Therapy was discontinued after just 1 week. Treatment is continued using V.A.C.® Therapy only, also using the V.A.C.Ulta™ Therapy System.

Clinical goals were met. No sign of infection and granulation tissue is progressing.

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KCI Healing by design

For more information about the V.A.C.Ulta™ Therapy System or a product demonstration, please ask your KCI Representative, or visit your local KCI website at www.kci-medical.com.

V.A.C.ULTA™ SYSTEM ORDERING INFORMATION*	
Part Number	**Description**
ULTDEV01	V.A.C.Ulta™ Therapy Unit
ULTVFL05SM	V.A.C. VeraFlo™ Dressing, 5-pack, Small
ULTVFL05MD	V.A.C. VeraFlo™ Dressing, 5-pack, Medium
ULTVCL05MD	V.A.C. VeraFlo Cleanse™ Dressing, 5-pack, Medium
ULTLNK0500	V.A.C. VeraLink™ Cassette, 5-pack
ULTDUO0500	V.A.C. VeraT.R.A.C. Duo™ Tube Set, 5-pack

***The V.A.C.Ulta™ Therapy Unit is compatible with all InfoV.A.C.® System Canisters. When using the V.A.C.Ulta™ System for V.A.C.® Therapy only, use V.A.C.® Dressings featuring SensaT.R.A.C.™ Technology.**

References

1. World Union of Wound Healing Societies (WUWHS); principles of best practice; wound infection in clinical practice. An international consensus. London: MEP Ltd, 2008. Available from woundsinternational.com Accessed December 9, 2011 Adapted from foreword page. **2.** Baharestani MM, Driver VR, De Leon JM, et al. Optimizing clinical and cost effectiveness with early intervention of V.A.C. therapy. *Ostomy Wound Manage* 2008 November 1;54(11 Suppl):1-15. **3.** Lessing MC, Slack P, Hong KZ, et al. Negative pressure wound therapy with controlled saline instillation (NPWTi): dressing properties and granulation response in vivo. *Wounds.* 2011;23(10):309-319. **4.** KCI data on file. **5.** Lehner B, Fleischmann W, Jukema GN, et al. First experiences with negative pressure wound therapy and instillation in the treatment of infected orthopedic implants: a clinical observational study. *Int Orthop.* 2011;35(0):1415-1420. e-Pub May 17, 2011. **6.** Gabriel A, Shores J, Heinrich C, et al. Negative pressure wound therapy with instillation: A pilot study describing a new method for treating infected wounds. *Int Wound J.* 2008;5:399-413. **7.** KCI Internal data on file.

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NOTE: Specific indications, contraindications, warnings, precautions, and safety information exist for KCI products and therapies. Please consult a physician and product instructions for use prior to application.

UNITED KINGDOM
KCI Medical Ltd.
KCI House
Langford Business Park
Langford Locks
Kidlington OX5 1GF
United Kingdom
24h Customer Service
Tel +44 (0) 800 980 8880
Tel +44 (0)1865 840 600
Fax +44 (0)1865 840 626
www.kci-medical.com

KCI INTERNATIONAL HEAD OFFICE
KCI Europe Holding B.V.
Parktoren
6th Floor
Van Heuven Goedhartlaan 11
PO Box 129
1180 AC Amstelveen
The Netherlands
Tel +31 (0) 20 426 0000
Fax +31 (0) 20 426 0099
www.kci-medical.com

GLOBAL HEAD OFFICE
KCI USA Inc.
8023 Vantage Drive
San Antonio
TX 78230
U.S.A.
T(free) 1 800 275 4524
vwww.KCI1.com

REPUBLIC OF IRELAND
KCI Medical Ltd.
2050 Orchard Avenue
Citywest Business Campus
Co. Dublin, Ireland
T(free) 1 800 33 33 77
Tel +01 421 3900
Fax +01 421 3901
www.kci-medical.ie/ie-eng/home

SOUTH AFRICA
KCI Medical South Park (Pty) Ltd.
Building 24
Thornhill Office Park
94 Bekker Road
Midrand, 1685
SOUTH AFRICA
Tel +27 11 315 0445
www.kci-medical.co.za

MIDDLE EAST & AFRICA
KCI Medical Middle East & Africa FZE
Office A 416, East Wing 4
P.O. BOX 54740
Dubai Airport Free Zone
U.A.E.
Tel +971 (4) 2045420
Fax +971 (4) 2045416
www.kci-medical.com

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