

# Using the VENTURI® NPWT systems (Portal Drain Wound Care Sets)

## APPLYING THE WOUND CARE SET

- 1 If required, irrigate the wound bed thoroughly with approximately 20ml of normal saline. Ensure surrounding wound edges are dry.
- 2 Prepare the periwound area if required by applying a liquid barrier film. For patients with fragile or excoriated periwound tissue, a protective thin layered dressing, thin hydrocolloid, or a vapour permeable adhesive film, may be applied to the periwound area.
- 3 If required, apply non-adherent wound contact layer as per local protocol to the wound surface, ensuring that the edges of this non-adherent are within the wound margins.
- 4 **If using foam:**  
Measure the wound dimensions, length, breadth and depth, and cut the foam to these dimensions to allow it to be placed gently into the wound. Once cut gently rub the foam edges to remove any loose pieces of foam. Do not cut or rub the foam over the wound. Gently place the foam in the wound cavity covering the entire wound base, sides and undermined areas. If the wound is large – more than one piece of foam may be required, if more than one piece is used please ensure that all adjoining edges of the foam are in direct contact with each other to ensure an even distribution of negative pressure. Count the pieces of foam used and record the total in the patient's notes. A combination of wound fillers, such as Gauze and Foam used in conjunction within the same wound can be utilised following clinical assessment.  
**If using gauze:**  
Moisten the gauze with saline and place this into the wound to fill the cavity, making sure the gauze is in contact with any undermined or tunnelled areas. CAUTION! It is critical that the gauze is moistened rather than saturated with normal saline prior to filling the wound. If the wound is large and more than one piece of gauze is used, check that all pieces are in direct contact with each other to ensure an even distribution of negative pressure. Count the pieces of gauze used and record the total in the patient's notes. A combination of wound fillers, such as Gauze and Foam used in conjunction within the same wound can be utilised following clinical assessment".
- 5 Place the transparent dressing over the filled wound, ensuring contact with at least 2.5cm of intact skin beyond the wound edges.
- 6 Lift the transparent dressing slightly with the thumb and forefinger and cut a oval shaped hole approx. 1cm diameter over the foam/gauze (do not cut into the foam/gauze).
- 7 Apply the portal drain over this area ensuring that the hole in the portal drain aligns with the hole cut into the transparent dressing. Attention should be paid to the site of the portal drain and tubing to avoid placing over bony prominences or within creases in the tissues.
- 8 Apply gentle pressure around the portal drain to ensure complete adhesion.
- 9 Attach portal drain to the VENTURI® power unit canister by lining up the locator stud on the tubing connector with the notch on the canister tubing port located on the top corner of canister, pushing down gently and twisting clockwise to lock.
- 10 Turn on the power unit to initiate suction (see main User Manual for information). Once the power unit is running, observe the wound site. The dressing should contract noticeably, becoming firm to the touch. If the dressing fails to contract, the dressing has not been completely sealed. Reinforce the dressing seal and/or adjust the drain and initiate suction again.
- 11 Check for dressing integrity every 2-3 hours and at every shift change.
- 12 Depending on patient status and clinical judgement, the initial dressing change should take place after 48 hours and then 48-72 hours thereafter. For infected wounds the dressing may need to be changed initially every 24 hours. NB. NPWT dressings are not bio-absorbable. Always count the total number of pieces removed from the wound and ensure the same number of pieces were removed as placed.
- 13 After use, dispose of wound care set according to local clinical waste policy.



## OPERATING THE VACUUM POWER UNIT

Press RUN/STOP button to invoke stand-by mode (the power unit will beep and display therapy mode, operating pressure and battery charge status). Power unit will default to continuous therapy mode at 80mmHg. If intermittent therapy is required, press and hold THERAPY MODE button until power unit beeps to confirm change of mode. Adjust vacuum level if required using the UP and DOWN arrow buttons. Press RUN/STOP button again to initialise and run the power unit. NB. If therapy mode or vacuum level adjustment is needed after power unit locks (indicated by 'L' on the display screen) press and hold the UNLOCK button until power unit beeps.

It is recommended to use mains power when convenient to do so as this will ensure the battery is fully charged when needed for back-up or cordless operation.

## REMOVING THE WOUND CARE SET

Press and hold the UNLOCK button until power unit beeps, then press and hold the RUN/STOP button until power unit beeps three times to return to stand-by mode. Raise the tubing to ensure any remaining exudate drains into the canister. Clamp wound care set tubing and remove by turning anticlockwise and lifting out of tubing receptacle on canister. Gently remove drain, transparent film and dressing from wound (the dressing should be removed easily like a plug). Dispose of used wound care set according to local clinical waste policy. Observe and assess the wound and peri-wound area. If required, apply new wound care set as previously described and continue NPWT.

## CHANGING THE DRAINAGE CANISTER

### To remove canister

make sure power unit is in stand-by mode (if still running, press and hold the UNLOCK button until power unit beeps, then press and hold the RUN/STOP button). Clamp wound care set tubing and remove by turning anticlockwise and lifting out of tubing receptacle on canister (this can be reconnected to new canister and unclamped if wound dressing is not being changed). Remove sealing plug from its location on top corner of canister and use to cap tubing receptacle to seal in contents. Rotate locking knob 1/4 turn anticlockwise and remove canister. Document, amount of exudate, colour and consistency. Dispose of used canister according to local clinical waste policy. If continuing NPWT, attach new canister and connect wound care set tubing as previously described.

### To attach new canister

Ensure white polystyrene plug is removed from the canister sensors located on the back of the canister before attaching to pump unit. Attach canister to flat face of power unit by matching up the location pegs and rotating locking knob 1/4 turn clockwise to secure. Ensure canister is correctly located and secured otherwise NO CANISTER alarm will appear and power unit will not operate.