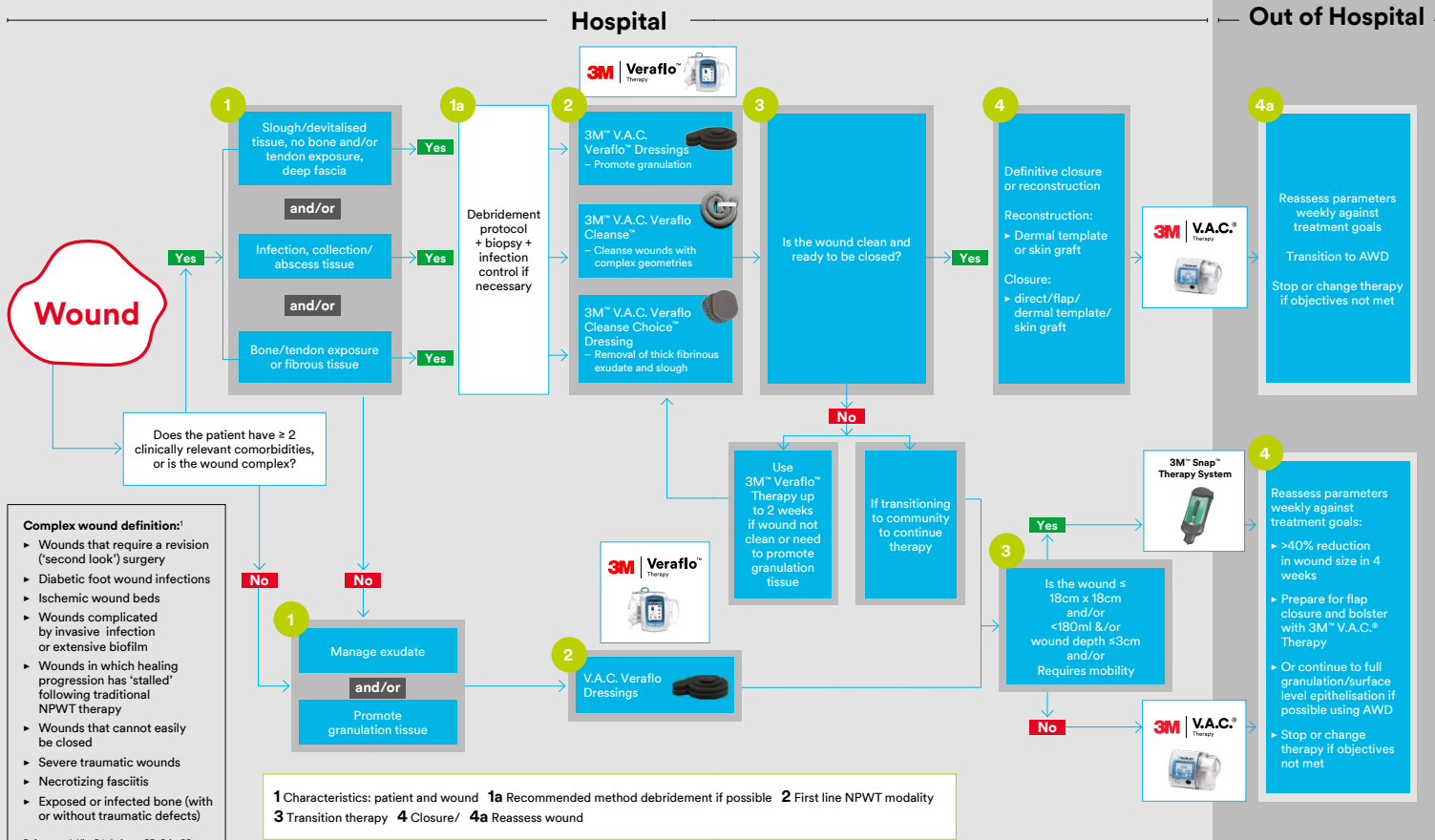


QUICKGUIDE



Using 3M™ Veraflo™ Therapy





Reference: 1. Kim PJ, Attinger CE, Crist BD, et al. Negative pressure wound therapy with instillation: review of evidence and recommendations Wounds -> Kim_2015_Wounds (v1.0).

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

Note: For complete safety information and application instructions refer to the safety information and application instructions or user manual provided with the 3M™ V.A.C.® Ulta Therapy Unit and the 3M™ Veraflo™ Dressings.

3M™ Veraflo™ Therapy components: What you'll need to initiate therapy!

3M™ V.A.C.® Ulta Therapy System



1

3M™ V.A.C. Veralink™ Cassette



2



Topical wound solution as prescribed by physician

3



4

One of the following:
500mL Canister for use with 3M™ V.A.C.® Ulta Therapy System
1000mL Canister for use with 3M™ V.A.C.® Ulta Therapy System

5

One of the following:
3M™ V.A.C. Veraflo™ Dressing
3M™ V.A.C. Veraflo Cleanse™ Dressing
3M™ V.A.C. Veraflo Cleanse Choice™ Dressing



Steps to initiate Veraflo Therapy

- **1. Dressing application**
Similar to V.A.C.® Therapy, dress the wound as you normally would
- **2. Dressing change frequency**
Minimum of three times weekly is recommended (every 48-72 hours)
- **3. Default therapy settings (adjust as prescribed)**
Soak time: 10 minutes, V.A.C. Therapy time: 3.5 hours at -125mmHg



INITIATE VERAFLU THERAPY

Which dressing to use in conjunction with 3M™ Veraflo™ Therapy?

Wound characteristics

Key goal(s) of therapy

3M™ V.A.C. Veraflo™ Dressing



Open wounds, including wounds with shallow undermining or tunnel areas where the distal aspect is visible.



- To help facilitate the removal of infectious material and other wound bioburden when used in conjunction with Veraflo Therapy.
- To generate robust granulation tissue.

3M™ V.A.C. Veraflo™ Large Dressing



Large open wounds, including wounds with shallow undermining or tunnel areas where the distal aspect is visible.

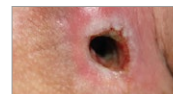


- To help facilitate the removal of infectious material and other wound bioburden when used in conjunction with Veraflo Therapy.
- To generate robust granulation tissue in large wounds.

3M™ V.A.C. Veraflo Cleanse™ Dressing



Cavity wounds or wounds with complex geometries.



- To initiate therapy and to help facilitate the removal of infectious material and other wound bioburden when used in conjunction with Veraflo Therapy.
- To fill complex wound geometries, explored tunnels and undermining.

3M™ V.A.C. Veraflo Cleanse Choice™ Dressing



Wounds with thick fibrinous exudate, slough, infectious material and other wound bioburden.



- To initiate therapy and to help facilitate the removal of infectious material such as thick fibrinous exudate, slough and other wound bioburden when used in conjunction with Veraflo Therapy.
- To provide a wound cleansing option for clinicians when surgical debridement must be delayed or is not possible or appropriate.

NOTE: This is not a complete representation of the dressing pack and is for reference purposes only.



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Start smart with 3M™ Veraflo™ Therapy

Goals for using Veraflo Therapy are varied and may include:^{1,2}

Granulation tissue formation:

- ✔ Promote granulation formation
- ✔ Decrease wound volume
- ✔ Cover exposed structures

Wound cleansing:

- ✔ Remove infectious materials
- ✔ Reduce risk of compromised wound healing due to contamination or bioburden
- ✔ Decrease viscosity and volume of exudate

Veraflo Therapy versus standard care

A systematic review of comparative studies and meta-analysis³ evaluated the performance of Veraflo Therapy versus control in 13 studies and 720 patients in various wound types. Results of the analysis revealed Veraflo Therapy delivered significant advantages over standard of care in various wound types:



>30% fewer surgical debridements⁴
(1.77 versus 2.69 debridements, $p=0.008$)



Wounds were ready for closure almost twice as fast^{3,4}
(7.88 versus 14.38 days, $p=0.003$)



Wounds were 2.39 times more likely to close³
($p=0.01$)



>50% reduced length of therapy^{3,4}
(9.88 versus 21.6 days, $p=0.02$)



4.4 times greater odds of reducing bacterial count³
Odds were 4.4 times greater ($p=0.003$)

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1. Kim PJ et al. Negative-Pressure Wound Therapy with Instillation: International Consensus Guidelines. *Plast Reconstr Surg* 2013; 132: 1569-79
2. Gupta S et al. Clinical recommendations and practical guide for negative pressure wound therapy with instillation. *Int Wound J* 2015; 3(2): 159-74
3. Gabriel A et al. Effects of Negative-Pressure Wound Therapy with instillation versus standard of care in multiple wound types: systematic literature review and meta-analysis. *Plast Reconstr Surg* 2021; 147(1S-1): 68S-76S
4. Camardo M. Veraflo Meta-Analysis Standardized and Non-Standardized Means. 3M Internal Report, San Antonio, Texas, USA 2020