

Negative pressure wound therapy (NPWT): information for you and the people who help you

Also called a vacuum dressing or a VAC. For patients treated in hospital and at home. Read this with your nurse or doctor and keep it with the pump.

What it is

A foam or gauze dressing is placed in or over the wound and sealed with a clear film. A tube connects the dressing to a small pump. The pump draws gently on the wound, at a pressure your doctor sets (usually between 50 and 125 mmHg). Fluid from the wound collects in a canister on the pump, or in the dressing itself for the small single-use pumps.

It helps a wound in three ways: it removes fluid, it draws the edges of the wound together, and it encourages new tissue to grow. It is a dressing, not a cure. It does not replace surgery, antibiotics, compression bandaging for leg ulcers, or keeping weight off a foot ulcer. Your doctor has chosen it for a set period with a clear goal, and will review it at least every four weeks.

What to expect

- The dressing is changed every two to three days by a trained nurse or your doctor, and sooner if there is a problem. It is not changed by you.
- Dressing changes can hurt. Say so. A painkiller taken 30 to 60 minutes before the change helps, and the nurse can loosen the foam with saline first.
- The pump runs day and night. It hums, and it will alarm if the seal leaks, the canister is full, the tube is blocked, or the battery is low. Alarms are normal; an alarm you cannot clear is not.
- The first few days feel worse than the wound did before. This is common and passes; tell the team if it does not.
- You can walk, sit and sleep with the pump. Carry it in its bag or on its strap. Keep the tube from lying across the floor or under you.
- You may be off the pump for short periods, for example to wash. Two hours in total in a day is the limit. If the pump has been off for longer, the dressing must be changed.

Your part

- Keep the film sealed. If the film lifts and the pump alarms, press it down or use the spare film strips you were shown. If the seal cannot be restored within two hours, the dressing must be changed the same day.
- Look at the canister and the tube every morning and evening. A little pink or red-tinged fluid is normal. Fresh red blood is not.
- Do not put anything on the dressing, do not get it wet, and do not let anyone who has not been trained change it.
- If you have a pacemaker or an implanted defibrillator, keep the pump at least 15 cm away from it and away from your chest. Your nurse will show you where to carry it.
- Eat well and drink enough. The wound loses protein into the canister every day; your body has to replace it. A dietitian may see you.

- Keep every appointment. The wound is measured and photographed at each change so that everyone can see whether it is getting better.

STOP AND COME BACK — the same day, not a phone call to be reassured

- Fresh red blood in the tube or canister, or blood soaking through the dressing.
- New or worse pain, a fever, shivering, or feeling suddenly unwell.
- A foul smell from the dressing, or the skin around it turning red, hot or swollen.
- A seal that cannot be restored within two hours, or an alarm that will not clear.
- The pump has been off for more than two hours and no one is available to change the dressing.
- Numbness, tingling, coldness or colour change in the limb below the dressing.

If you are going home with the pump

- You go home only if all of these are true: you understand this sheet; a named person at home has been shown the pump and this sheet and has agreed to help; a nurse will see the dressing on set days; and there is a phone number that is answered and a place you can be seen the same day.
- Most serious problems with vacuum dressings have happened to people at home or in care homes with too little supervision. That is why the visits and the named helper are not optional.
- The device must have working alarms. Charge it as you were shown. Keep the charger and the spare canister where you can find them.
- Write down the pressure setting, the date of the last change, the number of foam pieces the nurse recorded, and the date of your review. Bring this sheet to every visit.

Contacts (to be completed by the team)

Treating surgeon / practice	
Wound nurse or visiting service	
After-hours number that is answered	
Where to go the same day	
Named helper at home	
Pressure setting and mode	
Date of next dressing change	
Date of four-week review	

Negatiewedruk-wondterapie (NPWT): inligting vir u en die mense wat u help

Ook bekend as 'n vakuumverband of 'n VAC. Vir pasiënte wat in die hospitaal en tuis behandel word. Lees dit saam met u verpleegkundige of dokter en hou dit by die pomp.

Wat dit is

'n Skuim- of gaasverband word in of oor die wond geplaas en met 'n deursigtige film verseël. 'n Buis verbind die verband met 'n klein pomp. Die pomp suig saggies aan die wond, teen 'n druk wat u dokter stel (gewoonlik tussen 50 en 125 mmHg). Vog uit die wond versamel in 'n houer op die pomp, of in die verband self by die klein eenmalige pompe.

Dit help 'n wond op drie maniere: dit verwyder vog, dit trek die wondrande nader aan mekaar, en dit moedig nuwe weefsel aan om te groei. Dit is 'n verband, nie 'n geneesmiddel nie. Dit vervang nie chirurgie, antibiotika, kompressieverbande vir beensere, of die aflaai van gewig van 'n voetseer nie. U dokter het dit vir 'n vasgestelde tydperk met 'n duidelike doel gekies, en sal dit minstens elke vier weke hersien.

Wat om te verwag

- Die verband word elke twee tot drie dae deur 'n opgeleide verpleegkundige of u dokter verwissel, en gouer as daar 'n probleem is. U verwissel dit nie self nie.
- Verbandwisseling kan seer wees. Sê so. 'n Pynstiller 30 tot 60 minute voor die wisseling help, en die verpleegkundige kan die skuim eers met soutwater losmaak.
- Die pomp loop dag en nag. Dit zoem, en dit sal alarm maak as die seël lek, die houer vol is, die buis verstopt is, of die battery laag is. Alarms is normaal; 'n alarm wat u nie kan stilmaak nie, is nie normaal nie.
- Die eerste paar dae voel erger as wat die wond vantevore gevoel het. Dit is algemeen en gaan verby; sê vir die span as dit nie verbygaan nie.
- U kan met die pomp loop, sit en slaap. Dra dit in sy sak of aan sy band. Moenie die buis oor die vloer of onder u laat lê nie.
- U mag vir kort tydjes van die pomp af wees, byvoorbeeld om te was. Twee uur in totaal per dag is die grens. As die pomp langer af was, moet die verband verwissel word.

U deel

- Hou die film verseël. As die film lig en die pomp alarm maak, druk dit vas of gebruik die ekstra filmstroke wat u gewys is. As die seël nie binne twee uur herstel kan word nie, moet die verband dieselfde dag verwissel word.
- Kyk elke oggend en aand na die houer en die buis. 'n Bietjie pienk of rooierige vog is normaal. Vars rooi bloed is nie.
- Moet niks op die verband sit nie, moenie dit nat maak nie, en moenie iemand wat nie opgelei is nie, dit laat verwissel nie.
- As u 'n hartpasaangeër of 'n ingeplante defibrillator het, hou die pomp minstens 15 cm daarvan af en weg van u bors. U verpleegkundige sal u wys waar om dit te dra.
- Eet goed en drink genoeg. Die wond verloor elke dag proteïen in die houer; u liggaam moet dit vervang. 'n Dieetkundige mag u sien.
- Hou elke afspraak. Die wond word by elke wisseling gemeet en gefotografeer sodat almal kan sien of dit beter word.

STOP EN KOM TERUG — dieselfde dag, nie 'n oproep om gerusgestel te word nie

- Vars rooi bloed in die buis of houer, of bloed wat deur die verband dring.
- Nuwe of erger pyn, koors, rillings, of skielik siek voel.
- 'n Slegte reuk van die verband, of die vel daarom wat rooi, warm of geswel raak.
- 'n Seël wat nie binne twee uur herstel kan word nie, of 'n alarm wat nie wil stilbly nie.
- Die pomp was langer as twee uur af en niemand is beskikbaar om die verband te verwissel nie.
- Doofheid, tinteling, koudheid of kleurverandering in die ledemaat onder die verband.

As u met die pomp huis toe gaan

- U gaan slegs huis toe as al hierdie waar is: u verstaan hierdie blad; 'n genoemde persoon by die huis is die pomp en hierdie blad gewys en het ingestem om te help; 'n verpleegkundige sal die verband op vasgestelde dae sien; en daar is 'n telefoonnommer wat beantwoord word en 'n plek waar u dieselfde dag gesien kan word.
- Die meeste ernstige probleme met vakuumverbande het gebeur by mense tuis of in versorgingsoorde met te min toesig. Daarom is die besoeke en die genoemde helper nie opsioneel nie.
- Die toestel moet werkende alarms hê. Laai dit soos u gewys is. Hou die laaier en die ekstra houer waar u dit kan kry.
- Skryf die drukinstelling neer, die datum van die laaste wisseling, die aantal skuimstukke wat die verpleegkundige aangeteken het, en die datum van u hersiening. Bring hierdie blad na elke besoek.

Kontakte (deur die span in te vul)

Behandelende chirurg / praktyk	
Wondverpleegkundige of besoekdiens	
Na-ure nommer wat beantwoord word	
Waarheen om dieselfde dag te gaan	
Genoemde helper by die huis	
Drukinstelling en modus	
Datum van volgende verbandwisseling	
Datum van vier-week hersiening	