

Protocol 20 · NPWT: Contraindications

Scope: **General** · Source: NPWT Evidence Library, www.wondsortg.co.za/NPWT.html, content as at 2026-10-04

General. Applies to every indication.

How the list is organised

The structure follows the regulator's: contraindicated wound types (anatomical, absolute) are separated from patient risk factors to consider (relative). Each item carries its reason and its source.

Absolute: do not apply NPWT

Active bleeding beyond capillary ooze	NPWT is not a haemostatic dressing; all six deaths in the regulator's first series and nine of twelve overall were bleeds.
Uncorrected clotting disorder	As above.
Exposed vessel, anastomosis, graft, organ or nerve with no barrier	Erosion and rupture under suction. A barrier converts this into a controlled indication (protocol 1).
Necrotic tissue with eschar, not yet debrided	Suction does not debride; dead tissue stays dead under the foam.
Untreated osteomyelitis	Infection sealed under a dressing.
Malignancy in the wound bed	Mechanical stimulation of tumour. Exception: NPWT started only after histologically confirmed complete resection.
Non-enteric or unexplored fistula	Suction into an unknown tract.
Pyoderma gangrenosum, suspected or confirmed	Pathergy: debridement and negative pressure extend the disease. Trigger on the picture: pain out of proportion, violaceous undermined edge, negative cultures, deterioration after debridement or after starting NPWT.
Unaddressed arterial impairment in the limb	Tissue pressure rises and perfusion falls under suction; ischaemia deepens (protocol 6).
Unstable patient with an open sternum; exposed heart, great vessels or bypass grafts without protection	Rupture and bleeding (protocol 13).
Instillation over a skin graft, or where a seal cannot be held	Fluid lifts the graft.
Foam directly on unprotected bowel	Fistula (protocol 10).

Relative: proceed with caution, mitigate, and record the decision

Anticoagulant or antiplatelet therapy	Lowest effective pressure; barrier over any vessel; inspect every change; follow haemoglobin, not the canister; record.
High bleeding risk; friable or infected vessels	As above; prefer a device with an overflow alarm.
Sharp edges in the wound (bone fragments, hardware)	Protect with a contact layer; count pieces.
Pacemaker or implantable defibrillator	The pump of the canister-free single-use device (PICO) holds a magnet: keep it 10 to 15 cm from the device, away from the chest; record its position.
Spinal cord injury; use near the vagus nerve	Sympathetic stimulation; bradycardia. Monitor; lower pressure.
Circumferential dressing application	Avoid: highest tissue pressures.
MRI, hyperbaric chamber or defibrillation required	Device off for the chamber; plan the interruption.
Children	Specialist unit, current labelling, age-banded lower pressures, inpatient (protocol 19).
Reduced consciousness, confusion, sedation, dementia	Only with a trained person present on a stated schedule (protocol 19).
High fall risk	Body-worn device, short tubing, supervised mobilisation (protocol 19).
Fragile skin; adhesive allergy	Skin protectant, non-adhesive fixation, shorter wear.

Insufficient supervision for the setting	Do not discharge on NPWT until the circle of care is in place (protocol 19).
Improvised or wall-suction circuit	Regulator, manometer, filter, seal check every shift, piece count; inpatient only (protocol 18).
Instillation in an acutely ischaemic wound	Address perfusion first.

When a contraindication is found after NPWT has started

Stop the pump; leave the dressing in place unless it is the cause; apply pressure if bleeding; call the surgeon. If a wound is getting worse under NPWT and the cultures are negative, stopping is the safer test than escalating.

What is not a contraindication

Age alone; diabetes alone; obesity alone; a prosthetic graft that is protected; anticoagulation that is mitigated; a fistula that has been explored and is enteric and low-output with a plan. Each is a reason for a specific protocol, not a bar.

References

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