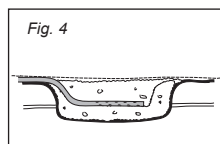
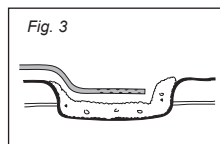
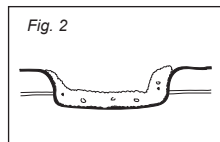
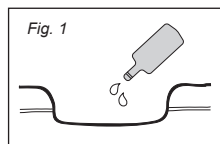
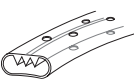
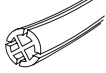


CAUTION! The medical professional is responsible for using his/her best medical judgement when using this kit. Prior to use, the medical professional(s) treating the wound must assess how to best use the kit for an individual wound.

1. If required, irrigate the wound bed thoroughly with approximately 20ml of normal saline (*Fig. 1*). Ensure surrounding wound edges are dry.
2. Place the drain in the wound bed / sinus to calculate length required. Remove and trim as necessary to fit.
3. If a non-adherent wound contact layer is used, cut a single layer to the approximate size and shape of the wound. Lay the wound contact layer across the wound bed.
4. Lay a single layer of saline-moistened gauze in the wound bed (*Fig. 2*) and place the drain on top of the gauze, ensuring the drain is approximately 1cm ($\frac{1}{2}$ ") from the wound edge / bottom of the sinus to allow for wound contraction (*Fig. 3*). Alternatively the saline-moistened gauze can be wrapped around the drain, if more suited to the wound. The drain is never placed directly on the wound bed, unless managing a sinus, when the drain can be placed directly down the sinus tract.
5. With the remaining saline-moistened gauze, fill the wound bed and fluff to completely cover the drain and fill the defect to skin level (*Fig. 4*). **CAUTION!** It is critical that the gauze is moistened rather than saturated with normal saline prior to filling the wound.
6. Place the transparent dressing over the filled wound, ensuring contact with at least 2.5cm of intact skin beyond the wound edges. Crimp or pinch the edges of the transparent dressing around the drain tubing to secure a proper seal. Lift the drain slightly and pinch the dressing underneath the drain to create a seal.
7. At the tubing exit site you can apply a small amount of sealant gel where the dressing meets the tube to seal and ensure an airtight closure.
8. Connect drain tubing to connection tubing. Attach connection tubing to the VENTURI™ power unit canister by lining up locator stud on tubing connector with notch on canister tubing receptacle located on top corner of canister, twisting clockwise to lock.
9. Turn on power unit to initiate suction (see main User Manual for information). Once power unit is running, observe the wound site. The dressing should contract noticeably, become firm to the touch and 'raisin-like'. 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.
10. Check for dressing integrity every 2-3 hours and at every shift change.
11. 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.
12. After use, dispose of wound care set according to local clinical waste policy.



Drain Guide

DRAIN TYPE	INDICATIONS	ADVANTAGES	INFORMATION
FLAT DRAIN 	<ul style="list-style-type: none"> • Wounds with minimal to heavy drainage • Shallow or deep wounds 	<ul style="list-style-type: none"> • All purpose drain • May be cut to length for a custom fit • Soft and flexible silicone 	<ul style="list-style-type: none"> • Suction may decrease when drain is twisted, crimped or occluded • Requires a layer of moistened gauze between the drain and the wound bed
CHANNEL DRAIN 	<ul style="list-style-type: none"> • Wounds with minimal to heavy drainage • Medium depth wounds • Wounds with tunnelling or undermining • Sinuses 	<ul style="list-style-type: none"> • One-piece design ensures safe intact removal • Minimal suction loss when drain twisted or crimped • May be cut to length or coiled to fit undermined wounds • Soft and flexible silicone 	<ul style="list-style-type: none"> • Requires a layer of moistened gauze between the drain and the wound bed, unless managing a sinus, when the drain can be placed directly down the sinus tract.