LOW VACUUM WOUND DRAINAGE SYSTEM NG

Description
LVS NG 600 ml, 400 or 200 ml, connecting tube single or Y-drain, with or without anti-reflux valve, with or without PUR drain and trocar.

Application
Sterile, disposable wound drainage system to be used for the removal of sero-sanguineous fluid from the wound site in order to assure proper wound approximation and healing, to alleviate dead space, and to reduce potential complications.

Precautions
- ÷ Introduce a sufficient number of wound drains to ensure adequate drainage.
- ÷ Ensure that wound drains are placed correctly.
- ÷ Ensure an airtight wound seal.
- ÷ Ensure vacuum indicator (blue or green bellow (4)) is in the “max” position.
- ÷ The nature and amount of collected wound secretion should be checked (2) on a regular basis and indicated on the bottle (3)
- ÷ Pronounced haemorrhaging may occur if the drainage system is inserted next to open cancellous bone.
- ÷ Avoid direct contact between the wound drain and the brain, or the intestinal thoracic, as well as any other parenchymatous organs.
- ÷ STERILE, unless package opened or damaged.

Storage
- ÷ To be stored in its packaging at a temperature between 0^{o}C (32^{o}F) and 25^{o}C (77^{o}F), with a relative humidity between 50% and 60%.
- ÷ Peak temperatures of 35^{o}C (95^{o}F) should be avoided.
- ÷ Prevent placing in direct sunlight.

Directions for use:
1. Use aseptic technique when opening the sterile package.
2. After removing the needle cover (16) (caution: danger of injury), introduce the wound drain (14) with the needle (15) in the wound area going from the inside out, until the black marker line (13) is at skin level.
3. Cut the drain –close to the needle- at a 45^{o} angle for easy insertion into the single or Y drain connector (11).
4. For a single drain connector go to step 7.
5. A middle perforated drain can be cut into two parts.
6. Unscrew the Medifix drain connector (12) from the needle and connect the second part of the drain to the needle, before repeating steps 2 and 3.
7. Cut the single or Y-drain at the appropriate drain size indicator (11a or 11b).
8. Introduce the wound drain into the single or Y-drain connector, check the correct fixation.
9. Connect the connecting tube (9) with the Luer Lock (7) to the bottle (1) (caution: loose connections can lead to loss of vacuum).
10. Open the sliding clamp (5) on the blue connection piece (6) of the bottle.

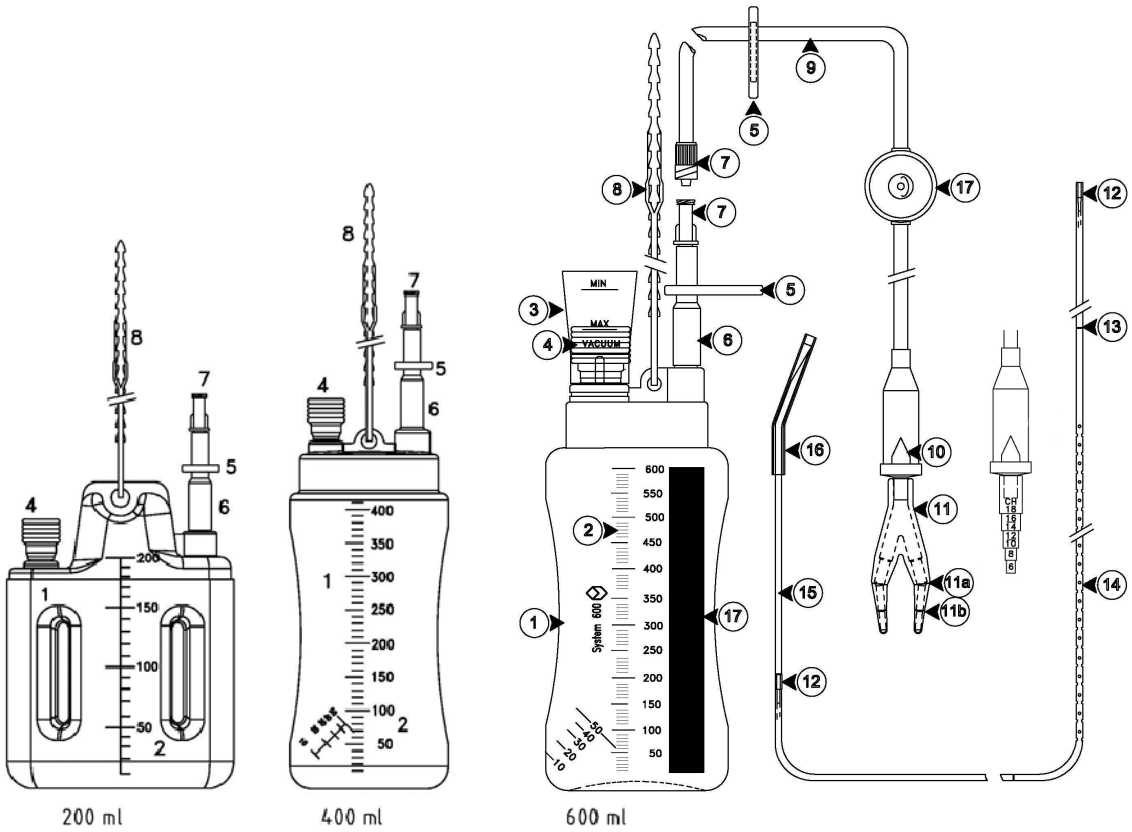
The system is now in use and can be attached to the bed, in any position, using the bed strap (8).

Connection of a replacement bottle

1. If a replacement system is necessary, e.g. when the vacuum indicator is in the “minimum” position, close the sliding clamp (5) on the connecting tube.
2. Seal off the bottle by closing the sliding clamp on the blue connecting piece.
3. Disconnect the connecting tube by unscrewing the the Luer-Lock; backflow into the patient will be prevented by the anti-reflux valve (10) (if applicable).
4. Discard the full system, properly sealed, according the normal hospital policy.
5. Take a replacement bottle and repeat steps from the “directions for use”, step 9 - 10.
6. Open the sliding clamp on the connecting tube.

Disconnection

1. After the surgeon (or any authorized person) has taken the decision to stop the wound drainage, close the sliding clamp on the connecting tube and on the green or blue connection piece.
2. Before removing the drain from the patient’s side, ensure that the pressure difference inside and outside the patient will be eliminated by letting the wound relax for 10 to 20 minutes.
3. Repeat steps 3 and 4 of “connection of a replacement bottle”.



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