

Indications for use of V1

- Pressure Ulcers-partial and full thickness
- Neuropathic Foot Ulcers
- Chronic Venous Insufficiency Ulcers- in conjunction with effective sustained compression
- Dehisced Incisional Surgical Wounds
- Traumatic Injuries
- Pre-post operative Flaps/Grafts

Benefits of Closed Suction Drainage-Negative Pressure Wound Therapy

- Collection of Drainage
- Control of Odor
- Stimulate Granulation Tissue
- Contracts the Wound
- Stimulate Angiogenesis
- Reduce Pain
- Maintains an Occlusive MWH Environment

Use of the Versatile One (V1) for Closed Suction Drainage to Stimulate Closure in Chronic Wounds in Home Care

by Shelly R. Burdette-Taylor RN, C, MSN, CWCN
shelly@taylordhealth.com
www.taylordhealth.com
858-672-9148 ph/fax



Contraindications for use of V1

- Malignancy of wounded site- need evidence of clean margins
- Untreated malnutrition
- Untreated osteomyelitis- systemic & surgical tx
- Exposed organs, bone, ligaments, tendons, blood vessels
- Unexplored or non-enteric fistulas
- Systemic steroid use
- Unsuitable, not cooperative, combative individual

Case Study 7-15-03



- 33 yr old female
- S/P Gastric Bypass-4/03
- Dehisced Abdominal Wound- D/C to HC 6-03
- Wound-15-L x 6-W x 6.5 D with 1.5 cm granulating bridge in center of wound
- **Versatile 1** started with constant 75 mm Hg Pressure on 7-15-03
- Dressing changed 2x/week

Case Study 8-01-03



- Follow-up 2 x/week
- 8-01-03
- Less drainage
- Constant pressures between 70-80 mmHg
- No Complaints of Pain
- Wound measured- 10- L x 3 W x 4 D with 3 granulating bridge in center

Case Study 8-19-03



- Applying constant pressures between 70-80 mm Hg
- Wound measured- 8.5 L x 3 W x 3.5 D with 4 cm granulating bridge
- Periwound area dx with Candidiasis- tx with antifungal cream

Case Study 9-17-03



- Wound measured- 8 L x 2.5 W x 3 D with 4.5 cm granulating bridge
- D/C'd Closed Suction- started hydrogel moistened gauze QOD
- There was little drainage and patient wanted more independence with son starting pre-school

Use of Blue Sky Medical Versatile One Negative Pressure Wound Therapy for Pressure based Chronic Wounds

The use of negative pressure to promote healing of open wounds has considerable literature support for efficacy, cost effectiveness, and ease of use. A new product concept called The Versatile One by Blue Sky Medical of San Diego, CA offers a variation on negative pressure wound therapy through the use of easily available constituents such as rubber/plastic tubing, gauze and clear, semi-permeable dressings.

A case is presented of a 54 year old male with Multiple Sclerosis with Decubitus ulcers of the buttocks and ankles. These were treated with The Versatile One version of Negative Pressure Wound Therapy and the Chariker-Jeter Kit, with excellent results.

Michael S. Miller D.O., F.A.C.O.S., CWS, Rhonda Brown, LPN
The Wound Healing Center Terre Haute, Indiana

The patient is a 54 year old male with a history of Multiple Sclerosis for 20 years. He is wheelchair bound, completely non ambulatory. He is 6 ft 2 inches tall however financial concerns precluded his having an appropriately sized and configured wheelchair. He was forced to use a standard sized wheelchair with leg extensions. This resulted in his slumping in his chair as well as great difficulty keeping his feet on the leg supports resulting in progressive foot drop. These factors resulted in his development of a Stage 4 right ischial (Figure 1) and Stage 3 right malleolar (Figure 2) decubiti. The wounds were treated using saline gauze applied in a single layer covering all aspect of the open wound. A flat Jackson-Pratt drain was placed on the gauze, with the entire wound covered with a clear semi-permeable dressing (Tegaderm). This was then connected to the Versatile One Negative Pressure device at a pressure of -80mmHg for period of 6 to 8 hours per day (usually in the evening while asleep). The wounds were then redressed with moist saline gauze covered with a Tegaderm for the remainder of the day. This allowed the patient free mobility during the day. Using this device and treatment scheme, rapid healing was noted.

Sample Chariker-Jeter kit placement



Versatile One Negative Pressure device



Figure 1 Right lateral malleoli



Initial Presentation - October 15, 2003



11/21/2003



12/17/2003



12/31/2003



2/13/2004

Figure 2 Right Ischial Decubitus



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November 21, 2004



December 17, 2003



12/31/2003