V.A.C.® THERAPY SAFETY INFORMATION

ENGLISH

Disposable components of the V.A.C.® Therapy System are to be used as indicated on the associated product labeling. V.A.C.® Therapy Unit canisters are packaged sterile or fluid path sterile. All disposable components of the V.A.C.® Therapy System are for single use only. To help ensure safe and effective use, only the V.A.C. ® GRANUFOAM™ Dressing, V.A.C.® GRANUFOAM SILVER™ Dressing, V.A.C. WHITEFOAM™ Dressings, PREVENA™ Dressings, ABTHERA™ Dressings and KCI® NPWT Gauze Dressings are to be used with V.A.C.® Therapy Units.

Re-use of disposable components may result in wound contamination, infection and / or failure of the wound to heal.

The decision to use clean versus sterile / aseptic technique is dependent upon wound pathophysiology, physician / clinician preference and institutional protocol.

IMPORTANT: As with any prescription medical device, failure to consult a physician and carefully read and follow all therapy unit and dressing instructions and safety information prior to each use may lead to improper product performance and the potential for serious or fatal injury. Do not adjust therapy unit settings or perform therapy application without directions from / or supervision by the treating physician.

INDICATIONS FOR USE

The ACTIV.A.C.™, V.A.C. SIMPLICITY™, V.A.C.VIA™ and V.A.C. FREEDOM™ Negative Pressure Wound Therapy Systems are integrated wound management systems for use in acute, extended and home care settings. The INFOV.A.C.™, V.A.C.ULTA™ and V.A.C.RX4™ Negative Pressure Wound Therapy Systems are integrated wound management systems for use in acute care settings and other professional healthcare environments where product use is conducted by or under the supervision of a qualified healthcare professional.

When used on open wounds, they are intended to create an environment that promotes wound healing by secondary or tertiary (delayed primary) intention by preparing the wound bed for closure, reducing edema, promoting granulation tissue formation and perfusion, and by removing exudate and infectious material. Open wound types include: chronic, acute, traumatic, subacute and dehisced wounds, partial-thickness burns, ulcers (such as diabetic, pressure or venous insufficiency), flaps and grafts.

The V.A.C.® GRANUFOAM SILVER™ Dressing is an effective barrier to bacterial penetration and may help reduce infection in the above wound types.

When used on closed surgical incisions, they are intended to manage the environment of surgical incisions that continue to drain following sutured or stapled closure by maintaining a closed environment and removing exudates via the application of negative pressure wound therapy.

CONTRAINDICATIONS

- Do not place foam dressings of the V.A.C.® Therapy System directly in contact with exposed blood vessels, anastomotic sites, organs or nerves.

  NOTE: *Refer to Warnings section for additional information concerning Bleeding.*

- V.A.C.® Therapy is contraindicated for patients with:
  - Malignancy in the wound
  - Untreated osteomyelitis

    NOTE: *Refer to Warnings section for Osteomyelitis information.*
  - Non-enteric and unexplored fistulas
  - Necrotic tissue with eschar present

    NOTE: *After debridement of necrotic tissue and complete removal of eschar, V.A.C.® Therapy may be used.*
  - Sensitivity to silver (V.A.C.® GRANUFOAM SILVER™ Dressing only)

WARNINGS

Bleeding: With or without using V.A.C.® Therapy, certain patients are at high risk of bleeding complications. The following types of patients are at increased risk of bleeding, which, if uncontrolled, could be potentially fatal:

- Patients who have weakened or friable blood vessels or organs in or around the wound as a result of, but not limited to:
  - Suturing of the blood vessel (native anastamoses or grafts) / organ
  - Infection
  - Trauma
  - Radiation
- Patients without adequate wound hemostasis
- Patients who have been administered anticoagulants or platelet aggregation inhibitors
- Patients who do not have adequate tissue coverage over vascular structures

  If V.A.C.® Therapy is prescribed for patients who have an increased risk of bleeding complications, they should be treated and monitored in a care setting deemed appropriate by the treating physician.

  If active bleeding develops suddenly or in large amounts during V.A.C.® Therapy, or if frank (bright red) blood is seen in the tubing or in the canister, immediately stop V.A.C.® Therapy, leave dressing in place, take measures to stop the bleeding and seek immediate medical assistance. The V.A.C.® Therapy Units and dressings should not be used to prevent, minimize or stop vascular bleeding.

- **Protect Vessels and Organs:** All exposed or superficial vessels and organs in or around the wound must be completely covered and protected prior to the administration of V.A.C.® Therapy.

  Always ensure that V.A.C.® Foam Dressings do not come in direct contact with vessels or organs. Use of a thick layer of natural tissue should provide the most effective protection. If a thick layer of natural tissue is not available or is not surgically possible, multiple layers of meshed non-adherent material or bio-engineered tissue may be considered as an alternative, if deemed by the treating physician to provide a complete protective barrier. If using non-adherent materials, ensure they are secured in a manner that will maintain their protective position throughout therapy.

  Consideration should also be given to the negative pressure wound therapy setting and therapy mode used when initiating therapy.

  Caution should be taken when treating large wounds that may contain hidden vessels which may not be readily apparent. The patient should be closely monitored for bleeding in a care setting deemed appropriate by the treating physician.

- **Infected Blood Vessels:** Infection may erode blood vessels and weaken the vascular wall which may increase susceptibility to vessel damage through abrasion or manipulation. **Infected blood vessels are at risk of complications, including bleeding, which, if uncontrolled, could be potentially fatal. Extreme caution should be used when V.A.C.® Therapy is applied in close proximity to infected or potentially infected blood vessels.** (Refer to **Protect Vessels and Organs** section above). The patient should be closely monitored for bleeding in a care setting deemed appropriate by the treating physician.
- **Hemostasis, Anticoagulants, and Platelet Aggregation Inhibitors:** Patients without adequate wound hemostasis have an increased risk of bleeding, which, if uncontrolled, could be potentially fatal. These patients should be treated and monitored in a care setting deemed appropriate by the treating physician.

  Caution should be used in treating patients on doses of anticoagulants or platelet aggregation inhibitors thought to increase their risk for bleeding (relative to the type and complexity of the wound). Consideration should be given to the negative pressure wound therapy setting and therapy mode used when initiating therapy.
- **Hemostatic Agents Applied at the Wound Site:** Non-sutured hemostatic agents (for example, bone wax, absorbable gelatin sponge or spray wound sealant) may, if disrupted, increase the risk of bleeding, which, if uncontrolled, could be potentially fatal. Protect against dislodging such agents. Consideration should be given to the negative pressure wound therapy setting and therapy mode used when initiating therapy.
- **Sharp Edges:** Bone fragments or sharp edges could puncture protective barriers, vessels or organs, causing injury. Any injury could cause bleeding, which, if uncontrolled, could be potentially fatal. Beware of possible shifting in the relative position of tissues, vessels or organs within the wound that might increase the possibility of contact with sharp edges. Sharp edges or bone fragments must be covered or eliminated from the wound area, to prevent them from puncturing blood vessels or organs before the application of V.A.C.® Therapy. Where possible, completely smooth and cover any residual edges to decrease the risk of serious or fatal injury, should shifting of structures occur. Use caution when removing dressing components from the wound so that wound tissue is not damaged by unprotected sharp edges.

1000 mL Canister and the Risk of Excessive Fluid Loss, Including Blood: Consider the size and weight of the patient, patient condition (patients with a high risk of bleeding or on patients unable to tolerate loss of fluid volume, including children or the elderly), wound type, monitoring capability and care setting when using the 1000 mL canister. Patients should be closely monitored for excessive fluid loss and dehydration, as well as frank blood in the canister. The 1000 mL canister is recommended for acute care use only.

- **V.A.C.RX4™ Therapy Unit:** The V.A.C.RX4™ Therapy Unit provides four independent therapy channels that may accommodate either 500 or 1000 mL canisters. **When using multiple channels on multiple wounds, DO NOT USE the 1000 mL canister for patients at high risk for excessive fluid loss.**

Infected Wounds: Infected wounds should be monitored closely and may require more frequent dressing changes than non-infected wounds, dependent upon factors such as wound conditions and treatment goals. Refer to dressing application instructions (found in V.A.C.® Dressing cartons) for details regarding dressing change frequency. As with any wound treatment, clinicians and patients / caregivers should frequently monitor the patient's wound, periwound tissue and exudate for signs of infection, worsening infection or other complications. Some signs of infection are fever, tenderness, redness, swelling, itching, rash, increased warmth in the wound or periwound area, purulent discharge or strong odor. Infection can be serious, and can lead to complications such as pain, discomfort, fever, gangrene, toxic shock, septic shock and / or fatal injury. Some signs or complications of systemic infection are nausea, vomiting, diarrhea, headache, dizziness, fainting, sore throat with swelling of the mucus membranes, disorientation, high fever, refractory and / or orthostatic hypotension or erythroderma (a sunburn-like rash). **If there are any signs of the onset of systemic infection or advancing infection at the wound site, contact the treating physician immediately to determine if V.A.C.® Therapy should be discontinued.** For wound infections relating to blood vessels, please also refer to the section titled **Infected Blood Vessels**.

Infected Wounds with V.A.C.® GRANUFOAM SILVER™ Dressing: In the event of clinical infection, V.A.C.® GRANUFOAM SILVER™ Dressing is not intended to replace the use of systemic therapy or other infection treatment regimens. V.A.C.® GRANUFOAM SILVER™ Dressing may be used to provide a barrier to bacterial penetration.

Osteomyelitis: V.A.C.® Therapy should NOT be initiated on a wound with untreated osteomyelitis. Consideration should be given to thorough debridement of all necrotic, non-viable tissue, including infected bone (if necessary) and appropriate antibiotic therapy. Protect intact bone with a single layer of non-adherent material.

Protect Tendons, Ligaments and Nerves: Tendons, ligaments and nerves should be protected to avoid direct contact with V.A.C.® Foam Dressings. These structures may be covered with natural tissue, meshed non-adherent material or bio-engineered tissue to help minimize risk of desiccation or injury.

Foam Placement: Always use V.A.C.® Dressings from sterile packages that have not been opened or damaged. Do not place any foam dressing into blind / unexplored tunnels. The V.A.C.® WhiteFoam Dressing may be more appropriate for use with explored tunnels. Do not force foam dressings into any area of the wound, as this may damage tissue, alter the delivery of negative pressure wound therapy or hinder exudate and foam removal. Always count the total number of pieces of foam used in the wound. Document the foam quantity and dressing change date on the drape or Foam Quantity Label if available, and in the patient's chart.

V.A.C.® Foam Dressings (except V.A.C.® GRANUFOAM SILVER™ Dressing) are radiolucent, not detectable on X-Ray.

Foam Removal: V.A.C.® Foam Dressings are not bioabsorbable. **Always count the total number of pieces of foam removed from the wound and ensure the same number of foam pieces are removed as were placed.** Foam left in the wound for greater than the recommended time period may foster ingrowth of tissue into the foam, create difficulty in removing foam from the wound or lead to infection or other adverse events. If dressing adheres to wound consider introducing sterile water or normal saline into the dressing, waiting 15 - 30 minutes, then gently removing the dressing from the wound. Regardless of treatment modality, disruption of the new granulation tissue during any dressing change may result in bleeding at the wound site. Minor bleeding may be observed and considered expected. However, patients with increased risk of bleeding, as described in the **Bleeding** section, have a potential for more serious bleeding from the wound site. As a precautionary step, consider using V.A.C.® WhiteFoam or wide-mesh non-adherent material underneath the V.A.C.® GRANUFOAM™ Dressing to help minimize the potential for bleeding at dressing removal in these patients. **If significant bleeding develops, immediately discontinue the use of the V.A.C.® Therapy System, take measures to stop the bleeding, and do not remove the foam dressing until the treating physician or surgeon is consulted. Do not resume the use of the V.A.C.® Therapy System until adequate hemostasis has been achieved and the patient is not at risk for continued bleeding.**

Keep V.A.C.® Therapy On: Never leave a V.A.C.® Dressing in place without active V.A.C.® Therapy for more than two hours. If therapy is off for more than two hours, remove the old dressing and irrigate the wound. Either apply a new V.A.C.® Dressing from an unopened sterile package and restart V.A.C.® Therapy, or apply an alternative dressing at the direction of the treating physician.

Acrylic Adhesive: The V.A.C.® Drape has an acrylic adhesive coating, which may present a risk of an adverse reaction in patients who are allergic or hypersensitive to acrylic adhesives. If a patient has a known allergy or hypersensitivity to such adhesives, do not use the V.A.C.® Therapy System. If any signs of allergic reaction or hypersensitivity develop, such as redness, swelling, rash, urticaria or significant pruritus, discontinue use and consult a physician immediately. If bronchospasm or more serious signs of allergic reaction appear, seek immediate medical assistance.

Defibrillation: Remove the V.A.C.® Dressing if defibrillation is required in the area of dressing placement. Failure to remove the dressing may inhibit transmission of electrical energy and / or patient resuscitation.

Magnetic Resonance Imaging (MRI) - V.A.C.® Therapy Unit: The V.A.C.® Therapy Unit is MR unsafe. Do not take the V.A.C.® Therapy Unit into the MR environment.

Magnetic Resonance Imaging (MRI) - V.A.C.® Dressings: V.A.C.® Dressings can typically remain on the patient with minimal risk in an MR environment, assuming that use of the V.A.C.® Therapy System is not interrupted for more than two hours (refer to Keep V.A.C.® Therapy On section). The V.A.C.® GRANUFOAM SILVER™ Dressing has been shown to pose no known hazards in an MR environment with the following conditions of use:

- Static magnetic field of 3 Tesla or less
- Spatial gradient field of 720 Gauss / cm or less
- Maximum whole-body-averaged specific absorption rate (SAR) of 3 W/kg for 15 minutes of scanning

Non-clinical testing under these same conditions produced a temperature rise of <0.4°C. MR image quality may be compromised if the area of interest is in the same area or relatively close to the position of the V.A.C.® GRANUFOAM SILVER™ Dressing.

Hyperbaric Oxygen Therapy (HBO): Do not take the V.A.C.® Therapy Unit into a hyperbaric oxygen chamber. The V.A.C.® Therapy Unit is not designed for this environment and **should be considered a fire hazard**. After disconnecting the V.A.C.® Therapy Unit, either (i) replace the V.A.C.® Dressing with another HBO compatible material during the hyperbaric treatment or (ii) cover the unclamped end of the V.A.C.® Tubing with dry gauze. For HBO therapy, the V.A.C.® Tubing must not be clamped. Never leave a V.A.C.® Dressing in place without active V.A.C.® Therapy for more than two hours (refer to Keep V.A.C.® Therapy On section).

NOTE: *The V.A.C.® GRANUFOAM™ Bridge Dressing contains additional synthetic materials which may pose a risk during HBO Therapy.*

PRECAUTIONS

Standard Precautions: To reduce the risk of transmission of bloodborne pathogens, apply standard precautions for infection control with all patients, per institutional protocol, regardless of their diagnosis or presumed infection status. In addition to gloves, use gown and goggles if exposure to body fluids is likely.

Continuous versus Intermittent / DPC V.A.C.® Therapy: Continuous rather than intermittent / DPC V.A.C.® Therapy is recommended over unstable structures, such as an unstable chest wall or non-intact fascia, in order to help minimize movement and stabilize the wound bed. Continuous therapy is also generally recommended for patients at increased risk of bleeding, highly exudating wounds, fresh flaps and grafts and wounds with acute enteric fistulae.

Patient Size and Weight: The size and weight of the patient should be considered when prescribing V.A.C.® Therapy. Infants, children, certain small adults and elderly patients should be closely monitored for fluid loss and dehydration. Also, patients with highly exudating wounds or large wounds in relation to the patient size and weight should be closely monitored, as these patients have a risk of excessive fluid loss and dehydration. When monitoring fluid output, consider the volume of fluid in both the tubing and canister.

Spinal Cord Injury: In the event a patient experiences autonomic dysreflexia (sudden changes in blood pressure or heart rate in response to stimulation of the sympathetic nervous system), discontinue V.A.C.® Therapy to help minimize sensory stimulation and seek immediate medical assistance.

Bradycardia: To minimize the risk of bradycardia, V.A.C.® Therapy must not be placed in proximity to the vagus nerve.

Enteric Fistulas: Wounds with enteric fistulas require special precautions to optimize V.A.C.® Therapy. V.A.C.® Therapy is not recommended if enteric fistula effluent management or containment is the sole goal of therapy.

Protect Periwound Skin: Consider use of a skin preparation product to protect periwound skin. Do not allow foam to overlap onto intact skin. Protect fragile / friable periwound skin with additional V.A.C.® Drape, hydrocolloid or other transparent film.

- Multiple layers of V.A.C.® Drape may decrease the moisture vapor transmission rate, which may increase the risk of maceration.
- If any signs of irritation or sensitivity to the drape, foam, or tubing assembly appear, discontinue use and consult a physician.
- To avoid trauma to the periwound skin, do not pull or stretch the drape over the foam dressing during drape application.
- Extra caution should be used for patients with neuropathic etiologies or circulatory compromise.

Circumferential Dressing Application: Avoid use of circumferential dressings except in the presence of anasarca or excessively weeping extremities, where a circumferential drape technique may be necessary to establish and maintain a seal. Consider using multiple small pieces of V.A.C.® Drape rather than one continuous piece to minimize the risk of decreased distal circulation. Extreme care should be taken not to stretch or pull the drape when securing it, but let it attach loosely and stabilize the edges with an elastic wrap, if necessary. When using circumferential drape applications, it is crucial to systematically and recurrently palpate distal pulses and assess distal circulatory status. If circulatory compromise is suspected, discontinue therapy, remove dressing, and contact a treating physician.

V.A.C.® Therapy Unit Pressure Excursions: In rare instances, tubing blockages with the V.A.C.® Therapy Unit may result in brief vacuum excursions to more than 250 mmHg negative pressure wound therapy. Resolve alarm conditions immediately. Refer to the Therapy Unit User Guide or Manual or contact your KCI representative for additional information.

ADDITIONAL PRECAUTIONS FOR PREVENA™ INCISION MANAGEMENT DRESSINGS (CLOSED SURGICAL INCISIONS)

PREVENA™ Incision Management (Closed Surgical Incisions): When using the V.A.C.® Therapy Unit as the negative pressure wound therapy source for PREVENA™ Incision Management Dressings, refer to the Instructions for Use provided with PREVENA™ Incision Management System for complete safety information, dressing application instructions, and the procedure for connection to the V.A.C.® Therapy Unit.

Consider using the smallest available canister for the V.A.C.® Therapy Unit. Select V.A.C.® Therapy, continuous mode at -125 mmHg.

NOTE: *The INFOV.A.C.™, V.A.C.ULTA™ and V.A.C.RX4™ Negative Pressure Wound Therapy Systems are indicated for use in acute care settings. Before transitioning the patient to home care, these therapy units must be replaced with one indicated for home use, such as the PREVENA™ 125, ACTIV.A.C.™, V.A.C. SIMPLICITY™ and V.A.C. FREEDOM™ Therapy Units. However, all dressing changes should be performed under direct medical supervision.*

For maximum benefit, Negative Pressure Wound Therapy should be applied immediately post surgery to clean, surgically closed wounds and continuously applied for a minimum of two days up to a maximum of seven days. Negative Pressure Wound Therapy will not be effective in addressing complications associated with the following:

- Ischemia to the incision or incision area
- Untreated or inadequately treated infection
- Inadequate hemostasis of the incision
- Cellulitis of the incision area

ADDITIONAL PRECAUTIONS FOR ABTHERA™ SENSAT.R.A.C.™ OPEN ABDOMEN DRESSINGS

ABTHERA™ SENSAT.R.A.C.™ Open Abdomen Dressing: When using an appropriate V.A.C.® Therapy Unit (INFOV.A.C.™ or V.A.C.ULTA™ Therapy Units) as the negative pressure wound therapy source for the ABTHERA™ SENSAT.R.A.C.™ Open Abdomen Dressing, refer to the Instructions for Use provided with the ABTHERA™ SENSAT.R.A.C.™ Open Abdomen Dressing for complete safety information, dressing application instructions and the procedure for connection to the V.A.C.® Therapy Unit.

- **Do not use with the V.A.C.RX4™, ACTIV.A.C.™, V.A.C. SIMPLICITY™, V.A.C.VIA™ or V.A.C. FREEDOM™ Therapy Units.**

ADDITIONAL PRECAUTIONS FOR KCI® NPWT GAUZE DRESSINGS

The KCI® NPWT Gauze Dressing is not intended for use with instillation therapy, intermittent therapy or over closed incisions.

ADDITIONAL PRECAUTIONS FOR V.A.C.® GRANUFOAM SILVER™ DRESSING

Topical Solutions or Agents: When using the V.A.C.® GRANUFOAM SILVER™ Dressing, do not use topical solutions or agents that may have adverse interactions with silver. For example, saline solutions may compromise the effectiveness of the V.A.C.® GRANUFOAM SILVER™ Dressing.

Protective Layer: For maximum effectiveness, the V.A.C.® GRANUFOAM SILVER™ Dressing should be applied directly to the wound surface to enhance optimal contact of the tissue with the foam / silver interface. However, as with all V.A.C.® Foam Dressings, the V.A.C.® GRANUFOAM SILVER™ Dressing should not be placed in direct contact with exposed blood vessels, anastomotic sites, organs or nerves (refer to section on **Protect Vessels and Organs**). Intervening non-adherent layers may be placed between the V.A.C.® GRANUFOAM SILVER™ Dressing and the wound surface; however, these products may compromise the effectiveness of the V.A.C.® GRANUFOAM SILVER™ Dressing in the area covered by the non-adherent layer.

Electrodes or Conductive Gel: Do not allow the V.A.C.® GRANUFOAM SILVER™ Dressing to come in contact with EKG or other electrodes or conductive gels during electronic monitoring or when taking electronic measurements.

Diagnostic Imaging: The V.A.C.® GRANUFOAM SILVER™ Dressing contains metallic silver that may impair visualization with certain imaging modalities.

Dressing Components: The V.A.C.® GRANUFOAM SILVER™ Dressing contains elemental silver (10%) as a sustained release formulation. Application of products containing silver may cause temporary tissue discoloration.

In addition to these general warnings and precautions for V.A.C.® Therapy, additional warnings and precautions apply to certain V.A.C.® specialty dressings and V.A.C.® Therapy Units. Please refer to the specific product instructions for use and labeling prior to application for complete safety information, dressing application instructions, specific therapy settings, and the procedure for connection to the V.A.C.® Therapy Unit.

ADDITIONAL PRECAUTIONS FOR THE V.A.C.RX4™ THERAPY UNIT

- **Single Patient Use:** V.A.C.RX4™ Therapy Unit is not intended for use on multiple patients simultaneously as this may pose additional risks of cross contamination at the dressing site.
- **1000 ml Canisters and the Risk of Excessive Fluid Loss, Including Blood:** When using multiple channels on multiple wounds, DO NOT USE the 1000 mL canister for patients at high risk for excessive fluid loss.
- **Not for Home Use:** The V.A.C.RX4™ is intended for use in acute care settings and other professional healthcare environments where product use is conducted by or under the supervision of a qualified healthcare professional.
- **Not for Use with ABTHERA™ SENSAT.R.A.C.™ Open Abdomen Dressing:** The V.A.C.RX4™ is not intended to be used with ABTHERA™ SENSAT.R.A.C.™ Open Abdomen Dressing as this system may pose additional risks associated with fluid loss.

CONSIDERATIONS FOR TRANSITIONING V.A.C.® THERAPY INTO HOME CARE

WARNING: Patients with an increased risk of bleeding complications should be treated and monitored in a care setting deemed appropriate by the treating physician.

- **The INFOV.A.C.™, V.A.C.RX4™, V.A.C.ULTA™ and ABTHERA™ Therapy Systems are NOT intended for home use.**
- If there is a need to continue V.A.C.® Therapy when a patient transitions home, consider using one of the KCI Therapy Systems approved for the post-acute environment, such as:
  - PREVENA™ 125 Therapy Unit
  - ACTIV.A.C.™ Therapy Unit
  - V.A.C. SIMPLICITY™ Unit
  - V.A.C.VIA™ Therapy System
  - V.A.C. FREEDOM™ Therapy Unit

Refer to the safety information included with those devices for important information.

In addition to the contraindications, warnings and precautions for use of V.A.C.® Therapy, consider the following before prescribing V.A.C.® Therapy for use in the home care setting.

- **The Patient's Situation:**
  - Clinical condition (adequate hemostasis and a low risk of active and / or large amounts of bleeding at the wound site)
  - Home environment (patient or family member / caregiver able to read and understand safety labeling, able to respond to alarms, able to follow instructions for use)
- **The Patient's Wound:**
  - Must be assessed for exposed vessels, anastomotic sites, organs, and nerves. Adequate protection must be present (refer to Protect Vessels and Organs in the Warnings section).
- **The V.A.C.® Therapy System Canister Size:**
  - The 1000 mL canister is NOT intended for use in the home.
- **Labeling:**
  - The prescribing physician and health care clinician should be familiar with the V.A.C.® Therapy instructional materials that accompany the therapy unit and dressing cartons into the home. The prescribing physician and / or healthcare clinician should carefully review these materials with the patient and patient's caregiver.
  - KCI offers in-service and training programs for use of V.A.C.® Therapy. Contact your local KCI representative. In the U.S., call 1-800-275-4524 for scheduling.

If there are any questions regarding the proper placement or usage of V.A.C.® Therapy, please refer to the V.A.C.® Therapy Clinical Guidelines for more detailed instructions or contact your local KCI representative. For additional and most current information, please see KCI's website at www.acelity.com or www.kci-medical.com.

Rx Only

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