

CLINICAL IMAGE

How to combine vacuum assisted closure and local flushing of debris?

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A 69-year-old patient was admitted to hospital with abdominal sepsis due to a perforated colon. After repeated surgical procedures, the abdominal wall could not be entirely closed. Vacuum assisted closure (VAC) sponge was used to facilitate the wound healing process. However, the sponge was rapidly clogged with debris, impairing its effectiveness. We chose to modify the sponge so that intermittent flushing with saline could be performed which proved to be very successful in removing local debris (*figures 1 and 2*). Consequently, the VAC sponge proved to be longer effective, without the necessity of reapplication. The approach was also less harmful to the skin adjacent to the wound and may be considered in comparable clinical settings.

Figure 1. VAC in situ with two Foley catheters to facilitate flushing debris and ameliorate wound cleaning.



Figure 2. Explanation of the photograph.

Placement of Foley catheters through the outer-side black VAC sponge next to the vacuum pad, and subsequently with the distal parts gently placed in grooves cut into the surface of the inner-side white VAC sponge. The structure was sealed airtight and VAC was subsequently started according to the manufacturer's instructions. Flushing with NaCl 0.9% was performed 4 times a day for 15 min. VAC was stopped during flushing.

