



# Technical Section

## TECHNICAL NOTES & TIPS

### TECHNICAL NOTES

#### VAC it – Some techniques on the application of VAC dressings

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#### BACKGROUND

Where indicated, negative pressure dressings have numerous advantages over conventional dressings. Here we describe some techniques that we have found useful in the application of these dressings.

#### TECHNIQUES

1. A single VAC dressing set (KCI Medical Products [UK] Ltd, 11 Nimrod Way, Wimborne, Dorset, UK) can be used for multiple separate wounds. After applying the VAC sponge and occlusive dressing to the individual wounds, the VAC suction tubing is adhered to the main wound. The tubing is then incised at sites (Figs 1 and 2) corresponding to the smaller wounds and occlusive dressing used to obtain an air-tight seal over each dressing. The VAC pump is then able to produce negative pressure across multiple small wounds in series (Figs 3 and 4).

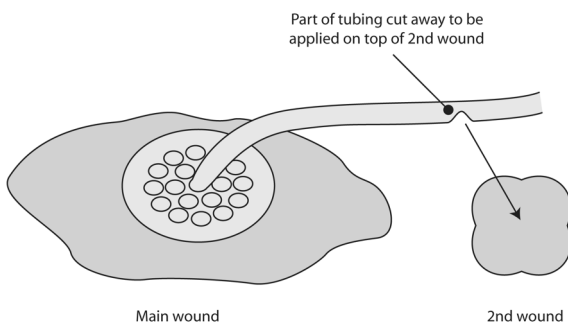


Figure 1 Preparing the tubing.



Figure 2 Positioning of VAC tubing.

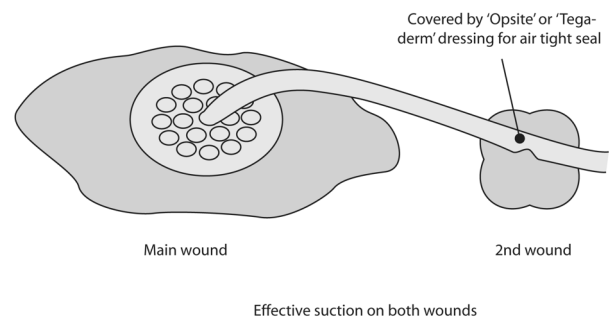


Figure 3 Applying suction at both sites.



Figure 4 Effective suction applied at both sites evident by wrinkles in opsite.

2. To obtain an air-tight seal in hair-bearing or sweaty regions such as the perineum, we have found it useful to lay the occlusive VAC film onto hydrocolloid dressings, which seem to adhere more strongly to these areas.
3. Placing Mepitel™ (Molnlycke Health Care AB [Publ], Box 13080, SE-402 52 Goteborg, Sweden) dressings (in place of paraffin gauze/nothing) under the sponge makes it easier to remove the dressing with the patient awake.
4. Putting some lignocaine into tube before removing dressing causes less pain.
5. Removing 'Part 2' of the adhesive film first allows for easier application of the dressing, as it is able to conform to irregular shaped beds.
6. Applying Compound Benzoin Tincture™ (3M Health Care, D-41453 Neuss, Germany) to the skin surrounding the wound, letting it dry and then applying the adhesive dressing gives it a better adhesion.

**DISCUSSION**

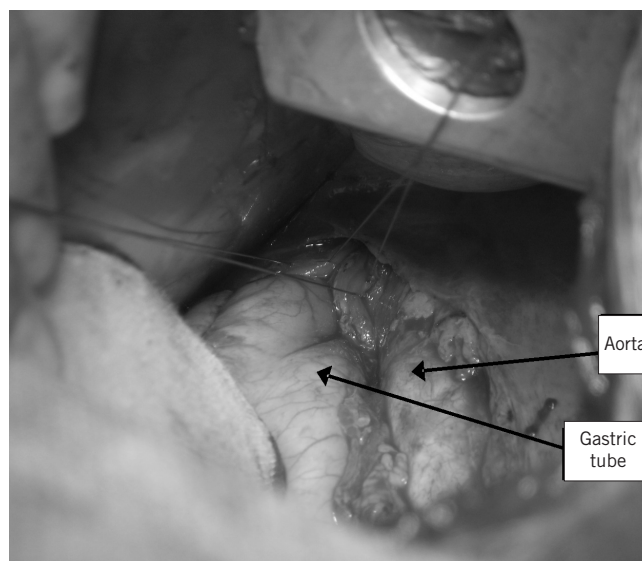
These techniques can be helpful in the use of VAC dressing.

**Closure of the crural defect during a two-stage oesophagogastrrectomy**

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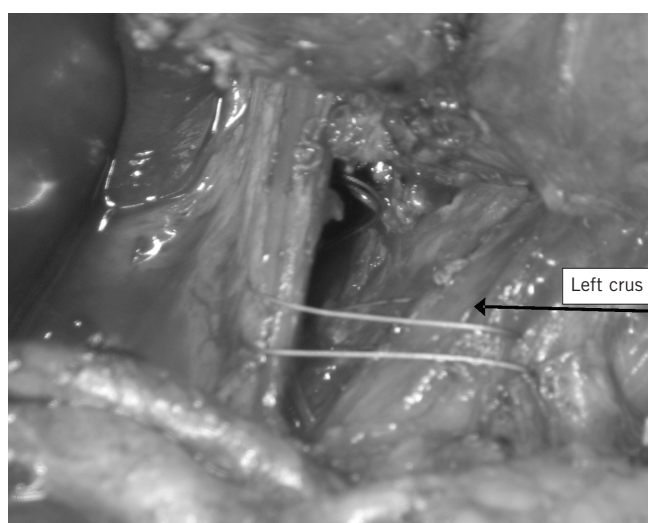
**Figure 2** The crural sutures are retrieved during the thoracic stage and checked for tension around the gastric tube.

**BACKGROUND**

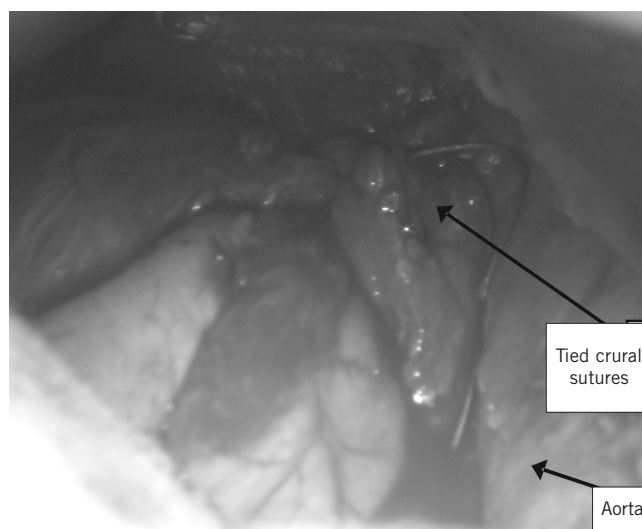
Widening of the oesophageal hiatal defect during radical oesophagogastrrectomy increases the risk of herniation of colon, small bowel or spleen into the chest.<sup>1,2</sup> The hiatal defect is most readily repaired during the abdominal stage, as the crural bases are not easily accessible via a 5th intercostal space thoracotomy. However, closure of the crural defect is inadvisable prior to delivery of the gastric tube into the chest, as it may compromise its ease of passage and blood supply.

**TECHNIQUE**

Crural sutures (O Ethibond; Johnson & Johnson, New Brunswick, NJ, USA) are placed during the abdominal phase, after dissection



**Figure 1** Two crural sutures are placed during the abdominal stage of an oesophagogastrrectomy and delivered to the posterior mediastinum.



**Figure 3** The crural sutures in place.