



FAQ

1. What is NPWT?

Negative Pressure Wound Therapy is one of the dominant adjunctive wound care modalities used in modern healing. It is a topical treatment using sub-atmospheric pressure to increase blood flow, remove bacteria and increase growth of granulation tissue in the wound.

2. How does NPWT promote wound healing?

- Removing excess fluid (infections and non-infectious),
- Stimulates granulation by increasing vascular perfusion,
- Encourages wound contraction
- Protects wound from microbe imbalance
- Maintains a moist wound environment

3. What types of wounds benefit from NPWT?

- Pressure ulcers
- Full thickness and partial thickness
- Diabetic/Neuropathetic ulcers
- Venous Insufficiency ulcers
- Post-operative and dehisced surgical
- Explored fistulas
- Traumatic
- Skin Flaps and Grafts

4. When is NPWT contraindicated?

- Wounds containing malignant tissue
- Untreated osteomyelitis
- Necrotic tissue such as slough or eschar
- Unexplored or non-enteric fistulas
- Exposed organs, blood vessels

5. What conditions indicate caution?

- Active bleeding or anticoagulant therapy
- Proximity of blood vessels, organs, muscle, and fascia requiring protection
- Irradiated vessels and tissue
- Bony fragments
- Untreated malnutrition
- Non-compliant or combative behavior



6. What interventions will maximize healing?

- Debridement of wound prior to NPWT
- Off load pressure ulcers consistently
- Minimize time off NPWT to < 4 hours
- Manage co-morbid condition
- Increase blood flow
- Reduce edema
- Minimize infection
- Control glucose

7. How do you manage the wound?

- Change dressing two/three times per week.
- Monitor frequently
- Observe wound and periwound area for signs and symptoms of infection
- Remove dressings carefully to protect new tissue growth.
- Bright red blood in canister requires immediate evaluation.
- Measure and document per facility protocol

8. What are expected outcomes?

- Increased exudate and wound size during the first 48-72 hours may be expected due to the decompression of interstitial space and removal of extra-cellular fluid and debris. Gradual reduction of fluid and surface area should be observed with each assessment.
- Color of wound bed should become a deeper red as perfusion to the site increases.
- Measurements should decrease weekly.
- If healing is not observed in a week, treatment should be re-evaluated.
- The average treatment with NPWT is 2-6 weeks. Length of treatment is determined by goals of therapy.