

# Single-use Negative Pressure Wound Therapy (NPWT)



Avance® Solo  
Avance® Solo Adapt

  
Mölnlycke®

# What is negative pressure wound therapy?

Negative Pressure Wound Therapy (NPWT) is a method of treating wounds using suction. The dressing is airtight and the pump applies negative pressure, clearing the wound of exudate and fluids.

## Negative pressure wound therapy for open wounds (dNPWT)



### 1. Removal of exudate and fluid

dNPWT can be a valuable adjunct to supporting healing in complex and slow to heal wounds<sup>1</sup>.



### 2. Optimise wound healing

Improving wound bed preparation that supports healing<sup>1</sup>.



### 3. Granulation tissue formation

Increase microvascular blood supply and promote formation of granulation tissue<sup>1</sup>.

## Closed incision negative pressure therapy (ciNPT)



### 1. Reduction in tensile stresses at the incision site

Maintaining the approximation of incision margins, reducing risk for contamination and dehiscence<sup>2</sup>.



### 2. Reduction/elimination of dead-space within the incision

Preventing formation of hematoma and seroma that may delay healing and contribute to complications such as SSI<sup>2</sup>.



### 3. Reduced oedema, improved perfusion

Enhancing clearance of fluid to the lymphatic system reducing compression of microvasculature at the incision site<sup>2</sup>.

### When is it used?

Negative Pressure Wound Therapy for open wounds (dNPWT) can be used for removal of low to moderate amounts of exudate in various wound types<sup>1</sup>

### What are the challenges?

- Time consuming and complex therapy.
- The right treatment for the right patient.
- Patient pain, discomfort and independence<sup>1</sup>.

### When is it used?

Closed incision negative pressure therapy (ciNPT) is recommended for a range of procedures across orthopaedic, cardiothoracic, general/colorectal, vascular and plastic<sup>2</sup>.

### What are the challenges?

- Reducing the risk of surgical site complications, such as Surgical Site Infections.
- Optimising patient recovery and mobility.
- Navigating the crowded incision care alternatives<sup>2</sup>.

## Treatment considerations<sup>3,4</sup>

dNPWT

- Patient compliance
- Addressing comorbidities
- Past therapies and outcomes
- Other alternatives
- Combining therapies e.g. compression
- Therapy limitations
- Preparing your patient and the wound for NPWT
- Living with an NPWT device

## Importance of risk assessment

ciNPT

Every patient is unique and their surgery is no different. At Mölnlycke we recognise that risk assessment is a fundamental part of establishing the needs of a patient's care pathway; pre, intra and post-op. When risk changes, the care should too.

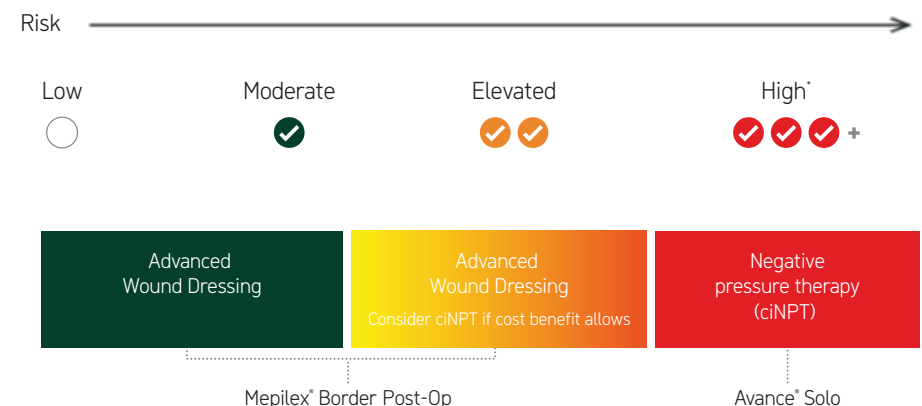
Whether it's an advanced wound dressing or negative pressure wound therapy, our Risk Assessment Tool helps you to inform the care that patients need, based on their individual risk factors<sup>5</sup>.

- ✓ Supporting informed decision making for HCPs
- ✓ Encouraging patient contribution and responsibility to their own risk reduction

### Tick boxes that apply

- |             |                       |                                      |
|-------------|-----------------------|--------------------------------------|
| 1. Diabetes | 4. Duration           | >120 min ≥ 75th percentile, <120 min |
| 2. Obesity  | 5. Procedure planning | Urgent Emergent                      |
| 3. ASA ≥ 3  | 6. Wound class        | II III IV                            |

If the patient has wound class III or IV, or emergent surgery, the patient's risk status should be considered high regardless of the status of any other risk factor.



# Consistent and effective therapy. Without compromise.

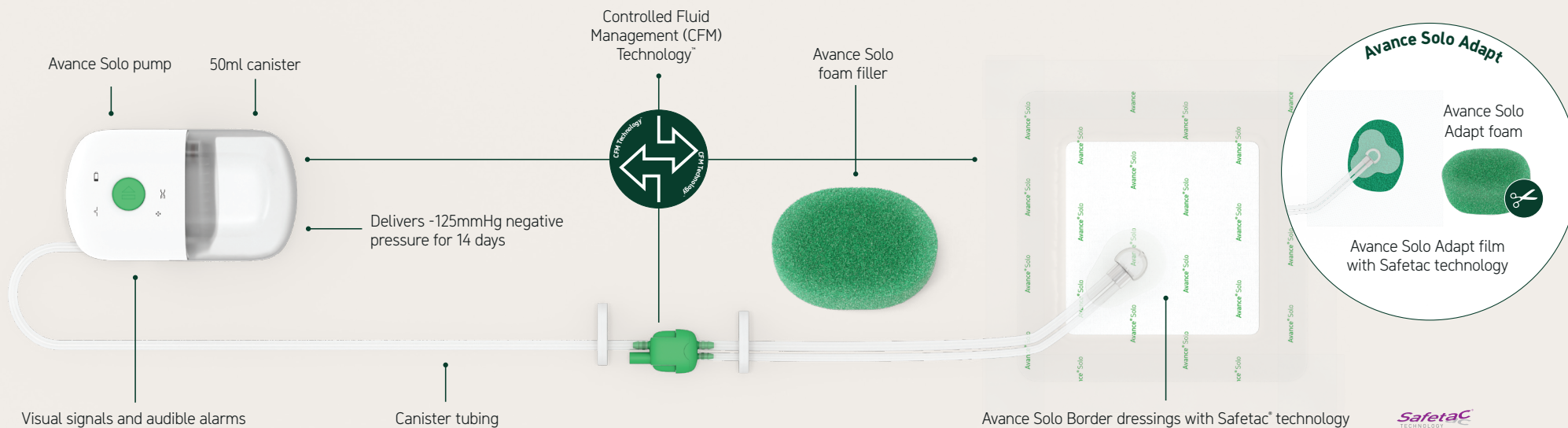
[www.molnlycke.com](http://www.molnlycke.com)

Visit Avance Solo at the Mölnlycke website for full product information, testimonials, patient cases, instructional videos and more.

## Avance® Solo single-use negative pressure wound therapy system

## Consistent, regulated negative pressure

Controlled Fluid Management (CFM) Technology enables the Avance Solo NPWT system to deliver consistently, regulated negative pressure to the wound site while transporting exudate from the wound to the dressing and canister<sup>6,9,13</sup>.



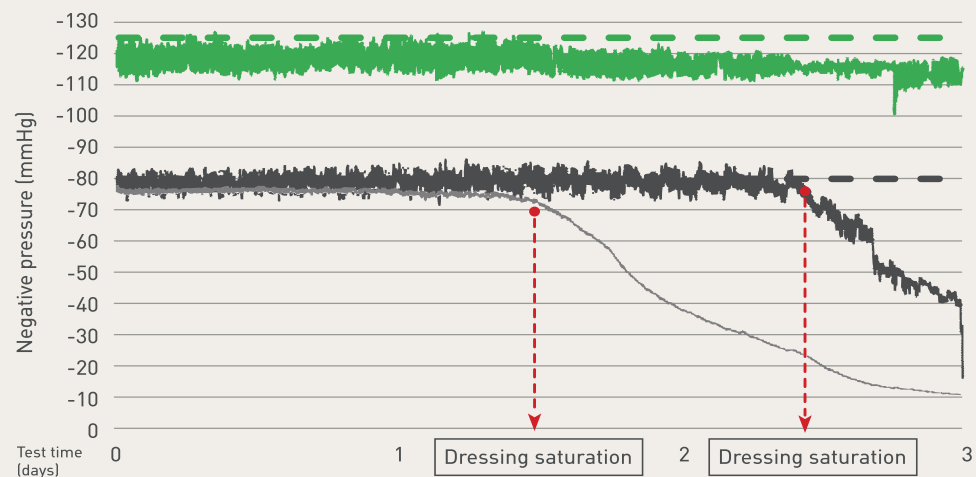
- Delivers -125mmHg negative pressure for 14 days without diminishing dressing absorption capacity<sup>7,8</sup>.
- Excess fluid is transferred to the 50ml canister, reducing the potential for the dressing to become overwhelmed with fluid<sup>9</sup>.
- The Avance Solo pump has visual signals and audible alarms for leakage, blockage and low battery – helps to ensure that loss of therapy or system issues are promptly addressed to enable therapy to continue<sup>7,10-12</sup>.

- Avance Solo border dressings Safetac® adhesive has been proven to minimise trauma to the wound site and surrounding skin upon dressing removal<sup>14-18</sup>.
- Repetitive pump activation ensures that negative pressure is maintained while air is circulated to remove excess fluid to the canister<sup>7-9</sup>. To deliver continuous regulated negative pressure with CFM Technology, the pump cycles and a pulsing sound occurs. This is completely normal and a confirmation that the system is operating<sup>6-9,13,16</sup>. Make sure your patient is informed of the cycling sound and offered night case to reduce night sleep disturbance.

# A study of therapy performance shows:

Controlled Fluid Management (CFM) Technology is a combination of controlled air flow, multilayer dressing and distal canister, enabling the Avance Solo NPWT system to deliver continuous regulated negative pressure.

Unlike canisterless systems where loss of therapy can be observed as the dressing becomes saturated, the Avance Solo system's combination of a multilayer dressing, distal canister and connector to secure airflow ensures that the delivery of effective negative pressure therapy is not compromised by fluid accumulation<sup>19</sup>.



- — — Avance Solo NPWT System intended negative pressure (-125mmHg)
- — — Avance Solo NPWT System negative pressure (-125mmHg) delivered to simulated wound
- — — Canisterless suNPWT systems A and B intended negative pressure (-80mmHg)
- — — Canisterless suNPWT System A negative pressure (mmHg) delivered to simulated wound
- — — Canisterless suNPWT System B negative pressure (mmHg) delivered to simulated wound

## Results

Canisterless systems lost the ability to convey negative pressure at 1,5 and 2,5 days respectively. While Avance Solo maintained targeted therapy<sup>20</sup>.

# Avance Solo and Avance Solo Adapt assortment (Sterile packed)

## Avance Solo Assortment

Code	Description	Individual Sterile Unit Contents	Retail Pack	Transport Pack
<b>Pump, canister and border dressing</b>				
8881020	Avance Solo Pump, Canister and Border Dressing	Pump + Canister 50ml with tubing + 4 x AA batteries + 10 x 20cm dressing + Belt clip	1	2
8881030	Avance Solo Pump, Canister and Border Dressing	Pump + Canister 50ml with tubing + 4 x AA batteries = 10 x 30cm dressing + Belt clip	1	2
8881035	Avance Solo Pump, Canister and Border Dressing	Pump + Canister 50ml with tubing + 4 x AA batteries + 10 x 35cm dressing	1	2
<b>Avance Solo pump and canister</b>				
8880050	Avance Solo Pump and Canister	Pump + Canister 50ml with tubing + 4 x AA batteries + Belt clip	1	2
<b>Border dressing</b>				
881020	Avance Solo Border Dressing - 10 x 20cm	10 x 20cm Border dressing + 6 secondary fixation strips	2	2
881030	Avance Solo Border Dressing - 10 x 30cm	10 x 30cm Border dressing + 6 secondary fixation strips	2	2
881035	Avance Solo Border Dressing - 10 x 35cm	10 x 35cm Border dressing + 6 secondary fixation strips	2	2
881515	Avance Solo Border Dressing - 15 x 15cm	15 x 15cm Border dressing + 6 secondary fixation strips	2	2
881520	Avance Solo Border Dressing - 15 x 20cm	15 x 20cm Border dressing + 6 secondary fixation strips	2	2
881530	Avance Solo Border Dressing - 15 x 30cm	15 x 30cm Border dressing + 6 secondary fixation strips	2	2
882020	Avance Solo Border Dressing - 20 x 20cm	20 x 20cm Border dressing + 6 secondary fixation strips	2	2
882525	Avance Solo Border Dressing - 25 x 25cm	25 x 25cm Border dressing + 6 secondary fixation strips	2	2
<b>Other system consumables</b>				
880050	Avance Solo Canister 50ml	Canister 50ml with tubing	4	2
882000	Avance Solo Foam 1.5 x 10 x 12cm	Foam 1.5 x 10 x 12cm	4	2
<b>Avance Solo accessories</b>				
890001	Carry bag small	15 x 12 x 3.5cm	1	8
890002	Carry bag large	30.5 x 14.5 x 7.5cm	1	8
890003-00	Carrier Case	17 x 11 x 8cm	1	2

## Avance Solo Adapt Assortment

Code	Description	Individual Sterile Unit Contents	Retail Pack	Transport Pack
9994152	Avance Solo Adapt Pump, Canister, Foam, Film and Transfer Port	Pump + Canister 50ml with tubing + 4 x AA batteries + Safetac film dressing + Foam + Belt clip	1	2
994152	Avance Solo Adapt Foam, Film and Transfer Port	Safetac film dressing + Foam + Transfer port and tubing	5	2
994000	Avance Solo Adapt Film	Safetac adhesive film dressing	5	2

# Revolutionise care for people and planet

We drive change that improves the health and wellbeing of patients and those who care for them – while reducing the environmental footprint of healthcare.

References: 1. Apelqvist, J., Willy, C., Fagerdahl, A. M. et al. Negative Pressure Wound Therapy – overview, challenges and perspectives. *J Wound Care* 2017; 26: 3, Suppl 3, S1-S113. 2. Willy C, Agarwal A, Andersen CA, Santis GD, Gabriel A, Grauhan O, Guerra OM, Lipsky BA, Malas MB, Mathiesen LL, Singh DP, Reddy VS. Closed incision negative pressure therapy: international multidisciplinary consensus recommendations. *Int Wound J* 2016; doi: 10.1111/iwj.12612. 3. EWMA Position Paper Topical negative pressure in wound management. 4. T Hurd International consensus panel recommendations for optimisation of traditional and single-use negative pressure wound therapy in the treatment of acute and chronic wounds. 5. SSERA Group (2023) Surgical patient population risk assessment: The simplified SSERA assessment model. *Wounds International*. 6. Data on file (ref 18). 7. Data on file (ref 15). 8. Data on file (ref 17). 9. Data on file (ref 10). 10. Data on file (ref 13). 11. Data on file (ref 14). 12. Data on file (ref 16). 13. Data on file (ref 23). 14. Van Overschelde P, et al. A randomised controlled trial comparing two wound dressings used after elective hip and knee arthroplasty. Poster presentation at the 5th Congress of WUWHS, Florence, Italy, 25-29 Sep, 2016. 15. Silverstein P, et al. An open, parallel, randomized, comparative, multicenter study to evaluate the cost-effectiveness, performance, tolerance, and safety of a silver-containing soft silicone foam dressing (intervention) vs silver sulfadiazine cream. *J Burn Care Res*. 2011;32(6):617-626. 16. Gee Kee EL, et al. Randomized controlled trial of three burns dressings for partial thickness burns in children. *Burns*. 2015;41(5):946-955. 17. David F, et al. A randomised, controlled, non-inferiority trial comparing the performance of a soft silicone-coated wound contact layer (Mepitel One) with a lipidocolloid wound contact layer (UrگوTu) in the treatment of acute wounds. *International Wound Journal*. 2017, 18. Data on file (ref 24). 19. Data on file (ref 25). 20. A, Svensson Henriksson (2021). "Single use negative pressure wound therapy (suNPWT) system with controlled fluid management technology – an evaluation of performance". *Wounds International*. Vol 12 Issue 4.

Find out more at [www.molnlycke.com](http://www.molnlycke.com)

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