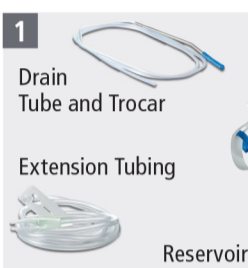


VariVac™ Operator Wall Chart

VariVac™ gives you total control and ease of operation

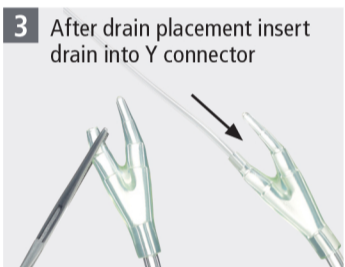
Setting up reservoir



Components



Connect ext. tubing with luer lock on reservoir tubing.



Trim Y connector to suit drain size.



Release clamp on both sides of luer lock.



Adjust suction setting to surgeon's specification.



Ensure indicator is crossed at all times.

Changing reservoir



When reservoir is full, it cannot be emptied. Replace with new reservoir.



Turn dial to Passive then clamp tubing on both sides of luer lock.

Monitoring Drain Re-vacuum reservoir using wall suction



When indicator is upright making a 'U' shape, reservoir needs to be re-vacuumed.



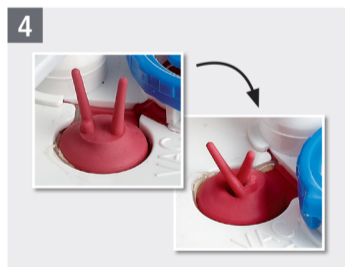
Clamp tubing and remove dust cap from re-vacuum valve.



Remove reservoir and dispose in contaminated waste.



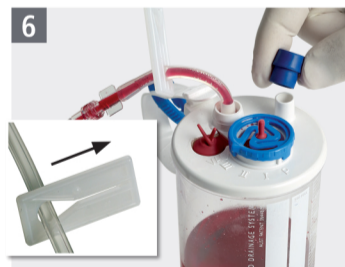
Push wall suction tubing over the re-vacuum valve.



Adjust wall to full suction and leave until indicator is fully crossed making a 'V'.



Remove suction tubing.



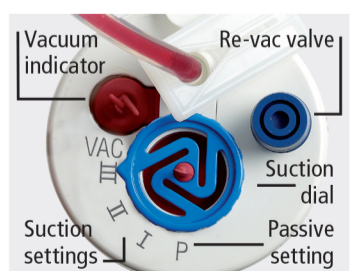
Release clamp and replace dust cap.



Connect new reservoir and adjust suction to surgeon's specification, then release all clamps.

Suction Adjustment

To regulate the vacuum level, turn the vacuum dial. Range is infinitely adjustable between the approximate settings shown below.



- III High 15 kPa (113 mmHg) / 153 cmH₂O
- II Medium 10 kPa (75 mmHg) / 102 cmH₂O
- I Low 5 kPa (37 mmHg) / 51 cmH₂O
- P Passive 0 kPa (Gravity)

'V' is for Vacuumed

Shows vacuum in reservoir. *Must be crossed at all times.



'U' is for Unvacuumed

Shows no vacuum in reservoir. *Drain not functioning, re-vac.



Removing drain from patient

1. Turn suction dial to Passive and leave for 5 minutes, this will release suction from drain line.
2. Clamp one side – either patient or drain side
3. Do not disassemble drainage lines, remove drain from patient and dispose of as normal hospital protocol.

