

# SYST'AM® P912L & P915L / POSITIONING WEDGES FOR THE UPPER LIMBS

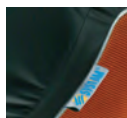
WEDGE MADE OF VISCO-ELASTIC FOAM WITH MEMORY EFFECT

## MATERIALS

80  
kg/m<sup>3</sup>



Visco foam



Removable  
POLYMAILLE®  
integral cover



NF EN ISO 597 - 1 & 2

Foam maintenance:



(Do not immerse in water)

Cleaning POLYMAILLE® cover:



## INDICATIONS

- The SYST'AM® upper limb positioning wedge is a device designed to reduce oedema or prevent it from appearing. It is also very well adapted for perfusions and by hemiplegical patients.

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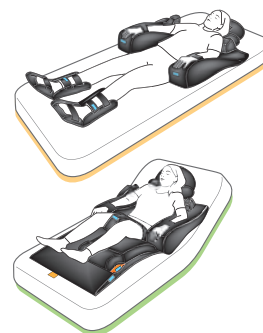
## AVAILABLE VERSIONS



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## FEATURES OF THE COVERS

### FABRIC COATED WITH BI-STRETCH POLYURETHANE

- Reduces friction and shear effects.
- Supple and soft to the touch (comfortable).
- Favours the exchange of gases (steam, sweat):
  - fights against maceration.
- Impermeable material:
  - better hygiene,
  - longer support system lifespan.
- Washable at 90°C, can be decontaminated using cold sprays.
- Treated to resist fire.
- Boot, wedge and pad models have a non-slip lower face to help to stay in place.
- In multi-patient use, it is preferable to buy one new cover per patient.

- Unlike most systems attached to lower limbs using belts and Velcro fasteners, which are uncomfortable and cause irritation, the SYST'AM® P912L is entirely protected by a cover and has a particularly comfortable attachment system that is easy to adjust:
  - the attachment system offers sustainable support maintaining the device in the right position,
  - the system is easy to install.

P912L



P915L



### NON-SLIP LOWER FACE

- Prevents sliding of the support.

DESIGNATION	ITEM CODE	SIZE L x W x H (cm / inches)
P912L / Positioning wedge for the upper limbs	P912L1HW	65 x 37 x 16 cm / 25,6 x 14,6 x 6,3"
P915L / Positioning wedge for the upper limbs	P915L1HW	49 x 19 x 16 cm / 19 x 7,5 x 6,3"



WARRANTY

2  
YEARS

## MADE OF VISCOELASTIC FOAM WITH MEMORY EFFECT

- The heel sinks into the memory foam.
- Combined with the curved form of the system, it reduces pressure peaks in the high-risk areas.



## ANATOMICALLY SHAPED WEDGE

- The anatomical shape respects the natural curve of the arm in order to guarantee patient comfort and maintain the position of the upper limbs over time, for more effective use.
- Specially designed shape built in accordance with recommendations for upper limbs declining positions.
- Device is easy for the medical team to use.

## PURPOSE-DESIGNED WEDGE

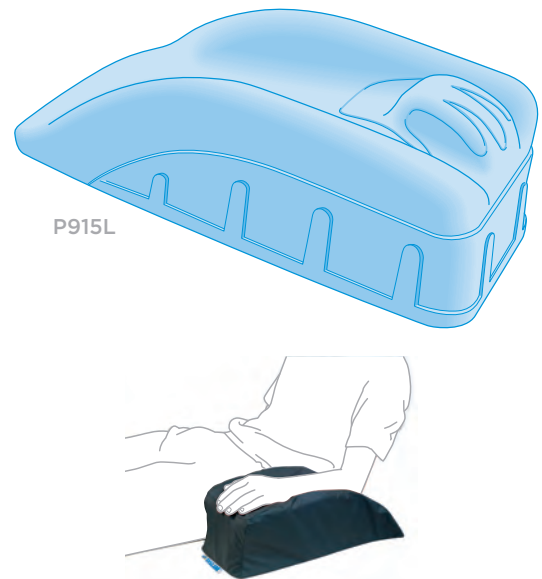
- Can be used in the semi-fowler position (raised chest and/or legs).

## IN THE LYING POSITION

- The extension of the elbow avoids restricting vein perfusion in the forearm.
- Allows access for a drip to be put in place.

## SYMMETRICAL EQUIPMENT

- Can be used on both the right and left side.



## LEARN MORE

### POSITIONING OF UPPER LIMBS IN THE DECUBITUS DORSAL POSITION

Positioning upper limbs in an inclined position is currently practiced to reduce or prevent the development of oedema.

Oedema in body limbs has several causes (can occur following surgery, burns, strokes, comas, lymph oedema).

Prolonged oedema facilitates the development of pain and stiffness, and limits the functional prognosis of the hand.

In practice, the use of pillows and shaped foam does not guarantee the maintenance of a position over time and does not enable satisfactory decontamination.

#### 1. INTENSIVE CARE UNITS:

The raising of the hands is widely used as a position to help combat oedema linked to vasomotor problems, and improve perfusion diffusion. Vasomotor problems are fundamentally linked to a state of shock, leading to insufficient circulation and hemodynamic abnormalities. The flow of fluid passes from the vascular area to the interstitial area, causing the development of extensive oedema. Raising the hands in line with the arms facilitates the drainage of oedema fluid.

Placing the hands in a pronation position allows access to the veins in the back of the hand in order to put a drip in place.

Extending the upper elbow to 90° avoids restricting vein perfusion in the forearm.

During the final stages of sedation, reflex movements of the upper members can cause removal of a nasal probe or drip by a patient. The forearm stabilisation strap prevents inappropriate movements of the upper members.

#### 2. STROKES:

On average, 22% of patients who are paralysed on one side develop complex regional pain syndrome in an upper limb. Positioning the upper limb on a bed

in a tilted position is currently used as a means of prevention and care. The ANAES\* (experts committee) recommends systematic positioning where "the upper limb is laid on a cushion with the arm in neutral rotation position, abducted at an angle of 60°, with antepulsion at 30° and the elbow flexed at 40°". The devices used to obtain this position are numerous and varied, for example, pillows and shaped foam.

A comparative study showed that complex regional pain syndrome occurred less frequently in patients paralysed on one side who had benefited from being positioned in a bed by an occupational therapist. The devices used in positioning are generally covered in jersey fabric and do not allow quality decontamination.

#### 3. ORTHOPAEDIC SURGERY ON UPPER LIMBS:

Traumatic lesions in upper limbs often lead to the development of oedema. This condition contributes to the occurrence of articular stiffness complications, restricting passive mobilisation in rehabilitation. The current practice of raising an upper limb after trauma or following surgery is one of the basic principles of patient care.

#### 4. BURNS LOCATED ON UPPER LIMBS:

The initial phase is characterised by considerable oedema at the hand or the forearm which can lead to mechanical pressure ischemia. Combating oedema is a priority in caring for burnt hands, with the positioning of upper limbs in inclined positions widely described as one of the strategies for achieving this.

\*Agence Nationale d'Acréditation des Etablissements de Santé