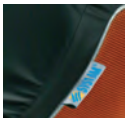
# SYST'AM® P910L / 30° POSITIONING WEDGES

POSITIONING WEDGE MADE OF MEMORY FOAM AND A STABILISATION NUB MADE OF HIGH RESILIENCY FOAM

## MATERIALS


Visco foam


HR foam



Removable POLYMAILLE® integral cover

NF EN ISO 597 - 1 & 2

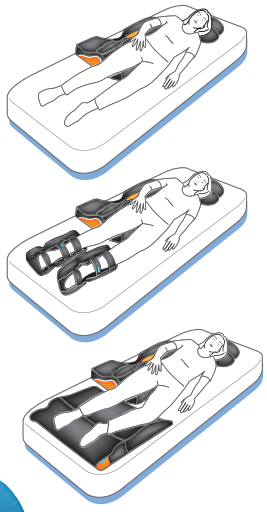
**Foam maintenance:**

*(Do not immerse in water)*

**Cleaning POLYMAILLE® cover:**

## INDICATIONS

- pressure ulcer on the sacrum with unfavourable evolution or rapid evolution.
- pressure ulcer on the sacrum generating pains on dorsal decubitus position.



## AVAILABLE VERSIONS

**SYST'AM® P910L / 30° POSITIONING WEDGE**


**SYST'AM® P910L*D* / HALF 30° POSITIONING WEDGE**


**SYST'AM® P910L*G* / HALF 30° POSITIONING WEDGE**

## FEATURES OF THE COVERS

### FABRIC COATED WITH BI-STRETCH POLYURETHANE

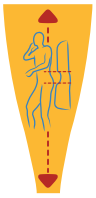
→ Reduces friction and shear effects.
→ Supple and soft to the touch (comfortable).
→ Favours the exchange of gases (steam, sweat):
- fights against maceration.
→ Impermeable material:
- better hygiene,
- longer support system lifespan.
→ Washable at 90°C, can be decontaminated using cold sprays.
→ Treated 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.

### NON-SLIP LOWER FACE

→ Prevents sliding of the support.

### CARRYING HANDLE

→ Placed on the lower face.
→ Facilitates handling and transfer from one room to another.



### MARKER LABEL

→ Enables perfect positioning of the sacrum pressure-release system on the right physical area of the patient: controlled and increased effectiveness of use.
→ Facilitates positioning for care staff.

| DESIGNATION | ITEM CODE | SIZE L x W x H (cm / inches) |
|---|---|---|
| **P910L / 30°- Positioning wedge** | P910L1HW | 99 x 55 x 15 cm / 39 x 21,6 x 6'' |
| **P910L*D* / Half 30°- Positioning wedge** | P910LD1HW | 99 x 28 x 15 cm / 39 x 11,2 x 6'' |
| **P910L*G* / Half 30°- Positioning wedge** | P910LG1HW | 99 x 28 x 15 cm / 39 x 11,2 x 6'' |

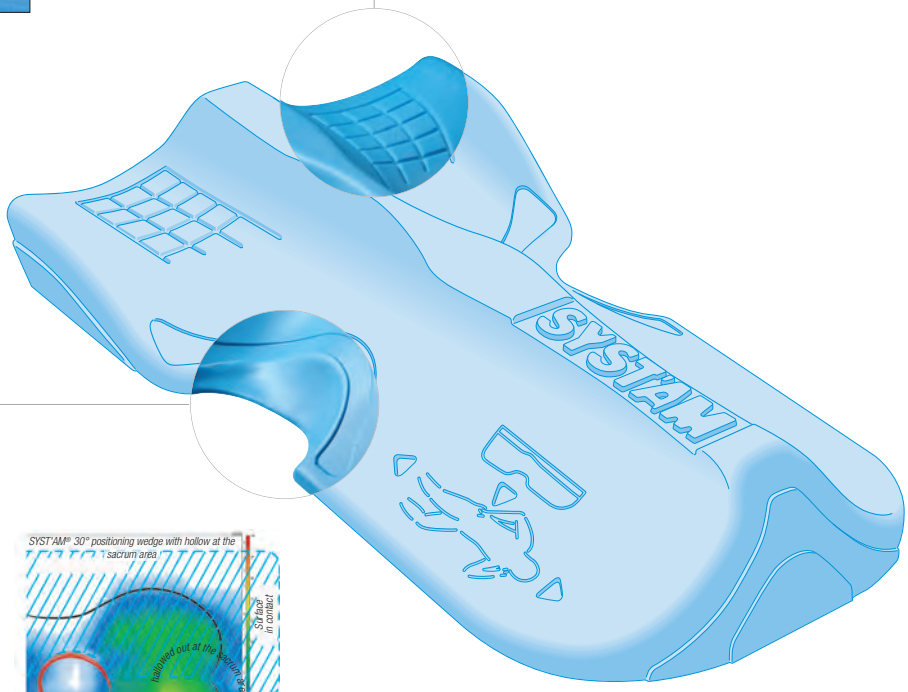
CE WARRANTY 2 YEARS

## MOULDED VISCOELASTIC FOAM WITH MEMORY EFFECT

→ Precise moulding of the body and increase of the body surface in contact with the mattress;
→ Better pressures distribution: reduction of transcutaneous pressures on areas at high risk and facilitated blood circulation;
→ Improved comfort and stability of the patient;
→ Skin effect obtained through the moulding process: protection of the foam against external aggressions (tear, crumbling);
→ With a very high density to prevent deformation and sagging effects.

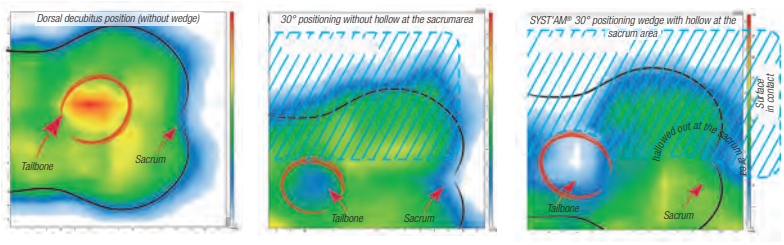
## SUPPORTS THE LOWER LIMB AT THE THIGH LEVEL

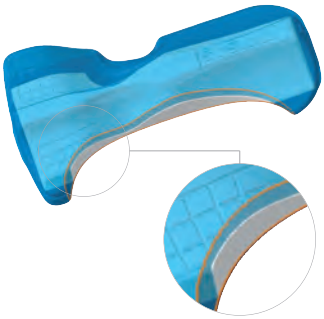
→ Contributes to relieving pressure on the sacrum area by transferring support to a lower risk zone.
→ Enhances patient comfort by avoiding rotation of the vertebral column, contributing to more effective use.
→ Consequently lowers pressure exerted on the pelvic area.
→ Prevents contact between the knees (a painful area posing the risk of pressure ulcer with prolonged contact).




## HOLLOWED OUT AT THE SACRUM AREA

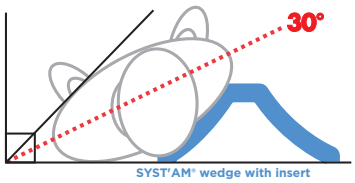
→ Relieves pressure on the risk zone.
→ Contributes to reduce painful contacts.
→ Increases the proven efficiency of the position at 30°.

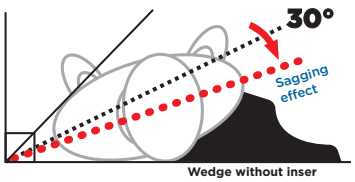


## STABILISATION INSERT

The SYST'AM® 30° wedge has been designed using multi-material stratification combining a central anatomical nub foam moulded to an very soft viscoelastic surface.
→ The nub is a key feature for the effective use of the device, enabling the 30° position to be maintained over time by acting as a support structure.
→ The nub enables to have the upper part made of exceptionally soft viscoelastic foam, ensuring comfort and a consistent reduction in pressure.
→ The ergonomic shape of the insert respects the body curves and fade out accordingly at areas at risk.




## 30° SYMMETRICAL WEDGE

→ Can be used on both the right and left side.
→ Facilitates handling during position reversal.

## 30° ANATOMICAL WEDGE

→ Respects and moulds to bodily curves.
→ Contributes to patient comfort and effective use.

## REDUCED WIDTH OF THE WEDGE

→ Allows the patient to be perfectly centred on the bed.
→ Aims to avoid accidental contact of the patient with the barriers of the bed.
→ Will not become lodged between the barriers of the bed.

# LEARN MORE

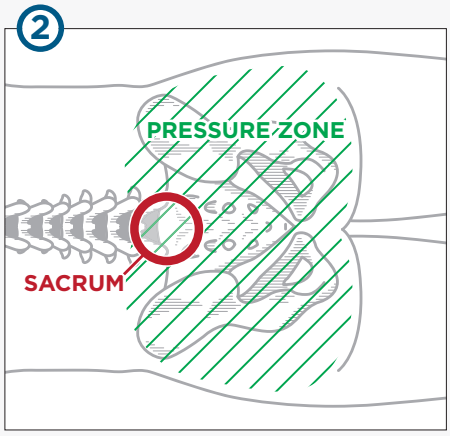
## RELEVANCE OF THE SEMI-LATERAL POSITION AT 30°

→ In general, pressure ulcer prevention and treatment help is fundamentally based on the principle of reducing pressure on tissue, by increasing the area of surface contact or transferring support to low-risk zones.
→ Complementary to this, the majority of medical departments include changes of position as part of their strategy of pressure ulcer prevention for patients at high or very high risk, with a lateralisation of 90° in practice.
→ While this position effectively removes pressure on the sacrum region, it creates significant additional pressure on the greater trochanter area.
→ The use of such a position is often responsible for the development of multiple pressure ulcers, worsening the vital prognosis.
→ Studies show that patients at risk of developing pressure ulcers do not regain full oxygenation of tissue between different phases of postioning.
→ Frequent changes in position are therefore not sufficient in preventing the risk of trochanterian pressure ulcers in the lateral position at 90°.

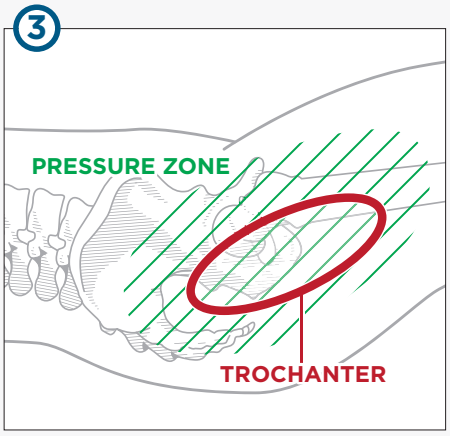
## THE SOLUTION: THE SEMI-LATERAL POSITION AT 30°

→ The semi-lateral position at 30° is widely described and recommended by several authors. The French national agency of accreditation (ANAES) advocates the use of the lateral-oblique decubitus position at 30° to replace the lateral decubitus position at 90°, given the resulting risk of trochanterian pressure ulcers.
→ The principle behind lateral positioning at 30° is the protection of risk zones (essentially the sacrum and trochanters) by shifting pressure to zones at low risk of pressure ulcers, without bony protuberance and well vascularised (the postero-external side of the pelvis).
→ An analysis of the effect of position on distribution of pressure conducted by Delfloor et al. concludes that the semi-lateral decubitus position at 30° shows distinctly lower maximum pressure than otherweise recorded with any other position.
→ Multiple studies, particularly Seiler et al, have been conducted to compare the condition of tissue oxygenation at the sacrum and the trochanters in relation to position. Measurements were recorded in the dorsal decubitus position and in positions of 90° and 30°.
→ The results confirm the appearance of full or severe skin hypoxia at the sacrum in the dorsal decubitus position, and also showed trochanterian skin hypoxia at 90°.
→ In the semi-lateral decubitus position at 30°, sacro-gluteal TcPo2 remains close to the value at rest, regardless of which support is used.
→ The studies also show the preservation of skin oxygenation at the trochanter in the semi-lateral decubitus position at 30°.

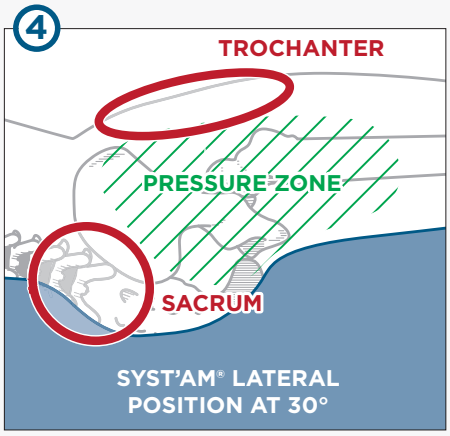
Conclusion:
→ Positioning at 30° consequently enables the protection of body parts which are commonly positioned in the dorsal decubitus position (essentially the sacrum) from the risk of pressure ulcers, by avoiding the transfer of this risk to the trochanters (positioned at 90°).
→ At the same time, the studies show that the benefits of positioning at 30° are clearly not dependent on the nature of pressure ulcer prevention mattress used.



*Hyper-pressure at sacrum*

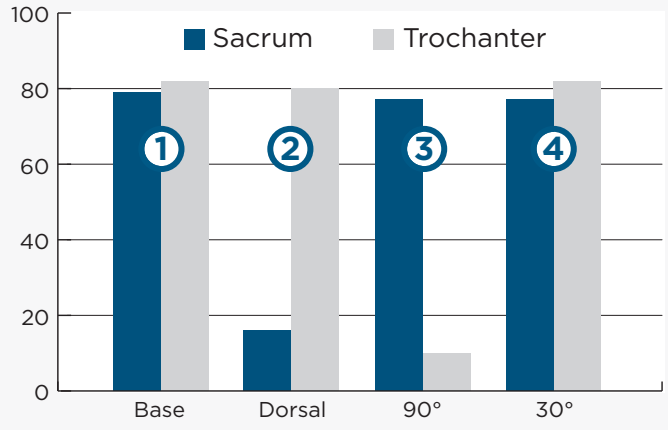


*Hyper-pressure at trochanter*



*NO pressure at the Sacrum or Trochanter*

*Comparative measurement of TcPO2 (transcutaneous oxygen pressure) in relation to position (fig. 1)*




1 **BASE:** position at rest without pressure

2 **DORSAL DECUBITUS POSITION**
→ Reduced flow in SACRUM zone
→ Full flow at the TROCHANTER

3 **LATERAL 90° POSITION**
→ Reduced flow in TROCHANTER
→ Full flow at the SACRUM

4 **SEMI-LATERAL 30° POSITION**
→ Full flow at the SACRUM zone
→ Full flow at the TROCHANTER

### PREVENTITIVE EFFICIENCY OF POSITIONING AT 30° ALSO REQUIRES COMPETENT IMPLEMENTATION

→ Lateral positioning at 30° is difficult to sustain. Seiler describes the semi-lateral position as the maintenance of a position with the back angled at 30°, with the leg of the raised side semi-flexed at the hip and the knee (an essential condition for the sacrum to be completely relieved of pressure).
→ In practice, this position is difficult to achieve, especially when the patient is awake and has limited mobility.
→ A number of bed supports are currently used to perform patient lateralisation (cushions, pillows, bolsters, blankets, foam shapes etc...). However, such supports are often shaped without anatomical curves and consistency is rarely satisfactory, therefore they consequently do not enable the 30° position to be correctly controlled over time.
→ As a result, ineffective use and a decline in the angle were observed with these types of support over time.
→ In addition, the lack of support on the raised side of the thigh led to the rotation of the vertebral column, causing great discomfort to the patient and consequently exerting great pressure on the pelvic area.

### IMPACT ON THE HEEL AREA

→ A literature review of the impact of the semi-lateral position at 30° on heel pressure showed in all cases, that this area suffered less pressure than in the decubitus dorsal position.
→ Despite the support of the thigh limiting pressure exerted on the heel on the raised side in the semilateral decubitus position, the addition of a heel support can prove complimentary as a strategy to facilitate high levels of prevention.

## KEY POINTS FOR CORRECT LATERAL POSITIONING AT 30° AND APPROPRIATE USE:

→ Specially designed for lateral positioning at 30° (in contrast to pillows, bolsters, foam blocks etc...).

→ Anatomical shape in the form of physical curves (in contrast to pillows, bolsters, foam blocks etc...).

→ Designed to facilitate total relief of pressure on the sacrum
- by supporting the thigh of the raised side (patient comfort, reduction in pressure on the pelvic area)
- by a hollowed out area of the device located at the sacrum (sacrum completely relieved of pressure).

→ Ability to maintain the 30° position over time, coupled with a comfortable surface and high capacity for pressure reduction (the benefit of an insert contributing to stabilisation and a surface made of viscoelastic memory foam).