

RANGE OF POSTURAL AIDS FOR BED

SYST'AM® P911L / ABDUCTION WEDGE

CUSHION MADE OF HIGH RESILIENCY FOAM

MATERIALS

40
kg/m³



HR foam



Removable
Polymaille®
integral cover



NF EN ISO 597 - 1 & 2

Foam maintenance :



(Do not immerse in water)

Cleaning cover :



(UP TO 90°C)

INDICATIONS

- Prevention of the risk of postoperative dislocation after a hip prosthesis implant and helps stabilizing the legs in a position.

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.
- ↳ Totally impermeable to liquids :
 - 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.

P911L
(without cover)

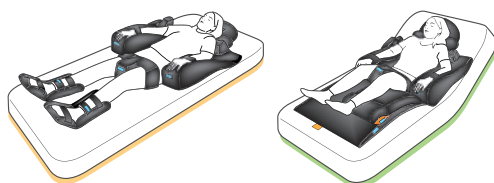


P911L
(with cover)



COVER WITH ATTACHMENT SYSTEM

- ↳ Comfortable : Unlike most abduction systems using belts and Velcro fasteners, which are uncomfortable and cause irritation.
- ↳ Easy to adjust : is easy to install for caring staff.
- ↳ Offers sustainable support maintaining the legs in the right position.
- ↳ Unlike most systems attached to lower limbs using belts and Velcro fasteners, which are uncomfortable and cause irritation, the SYST'AM® P911L 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.



Item Code	Designation	Sizes cm (L x W x H)	Sizes inches (L x W x H)
P911L1HW	P911L - Abduction wedge	24 x 16 x 18	9,4 x 6,3 x 7

WARRANTY

2
YEARS



SYST'AM® P911L / ABDUCTION WEDGE

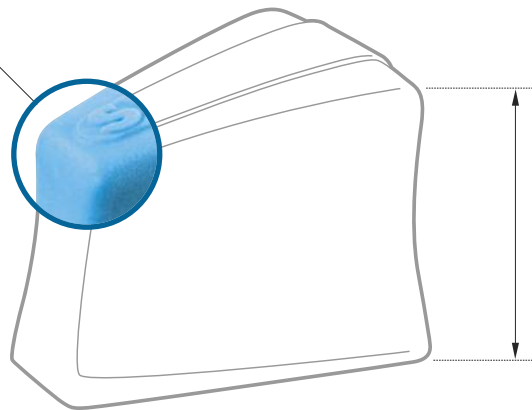
PRODUCT «ADVANTAGES»

HIGH RESILIENCY FOAM

- ↳ No sharp edges, thus reducing the zones subject to shear effects and the resulting discomfort.
- ↳ High-resiliency foam for optimal comfort in pressure areas.

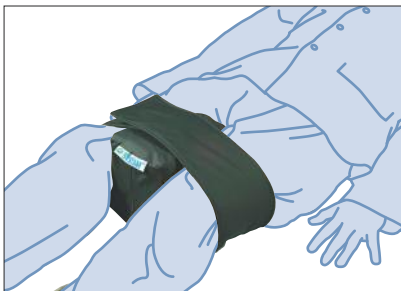
ANATOMICALLY SHAPED ABDUCTION WEDGE

- ↳ Pre-shaped sides respecting the morphology of the thighs.
- ↳ The shape fits the natural angle between the lower members (distal part finer than the proximal part) thus ensuring optimal distribution of the pressure zones.
- ↳ Fine curved tip to help carers to position the wedge effortlessly.

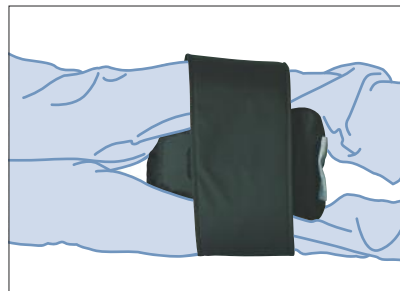


WEDGE HEIGHT CAREFULLY STUDIED

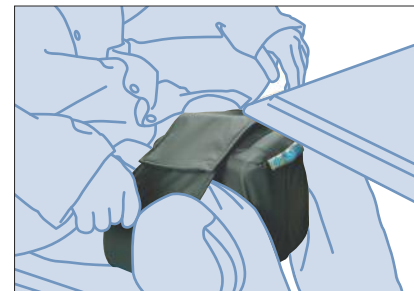
- ↳ Compatible with use in a chair, low enough to fit under a table.



IN THE SUPINE POSITION



LATERAL POSITION
DURING TREATMENT



IN A CHAIR

LEARN MORE

THE HIP ABDUCTION WEDGE, A MUST

The fitting of a replacement hip is a very widespread form of surgery (over 100,000 cases per year). Total hip replacement is currently one of the commonest non-urgent operations on the locomotor system.

The indications in which the replacement of the hip joint is necessary are advanced arthritis or a fracture of the neck of the femur. The abduction wedge is prescribed by the surgeon in order to prevent the risk of dislocation after the hip replacement operation. Dislocation is when the head of the femur comes out of its socket (acetabulum). During the operation, the periarticular structures are stretched and therefore no longer fulfil their usual role in stabilising the joint. The risk of dislocation is therefore particularly high during the first few weeks after the operation and certain movements must be avoided :

- ↳ Crossing the legs, or adduction
- ↳ Rotation of the operated leg inwards
- ↳ Excessive flexion of the operated hip

With the abduction wedge, the legs can be stabilised and kept apart, thus avoiding the crossing movements that are responsible for dislocation.

This position with the legs apart also allows the gradual retraction of the periarticular tissues as they heal, thus making the joint more stable.

The abduction wedge is placed between the legs above the knees. It can also be kept in place when the patient is not in bed to ensure the legs are kept the right distance apart.

Its use in a wheelchair can also be envisaged.

During treatments requiring the patient to roll onto their side (to replace dressings), the abduction wedge can also be placed below knee level.

Given the current trend towards re-educating patients in centres for as short a time as possible, the system can also be used at home.