Mepitel®

Gentle two-sided wound contact layer

Safetac® interface

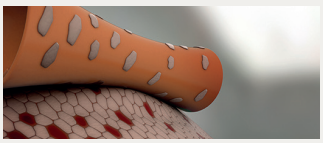
- Minimises pain during dressing change[2]
- Minimises risk of wound adherence[1,3]
- Minimises risk of maceration[2]

Polyamide net

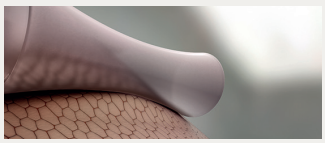
- Open mesh structure allows a good drain of exudate and application of gels or oitments[17]

Safetac® technology. Less pain and less trauma

Dressings with Safetac® are clinically demonstrated to minimise damage to the wound and skin at removal [5-11]. By sealing the wound margins, they help prevent maceration[5,9]. With less damage to the wound and skin, pain at dressing change is minimised[4-9]. Therefore, several randomised trails associate dressings with Safetac with faster healing[3,4,6,7] and lower total treatment cost[4,6,9].



Without Safetac



With Safetac

- Minimises pain and trauma at dressing changes[1,3,4]
- Can remain in place for up to 14 days[12] which allows cost-effective[4] and undisturbed wound healing[2,12-16]

Mepitel®

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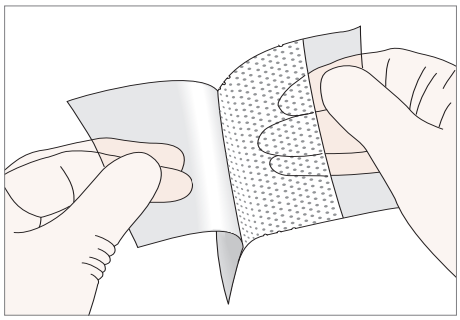
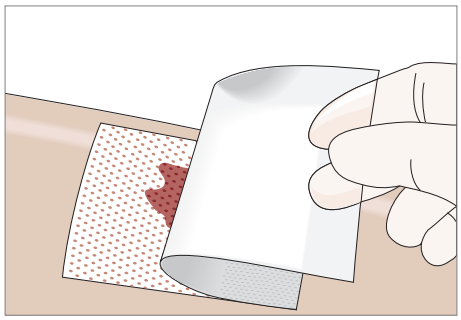
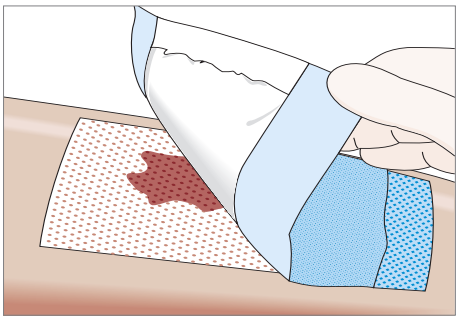
How to use Mepitel®



1. Clean the wound area. Remove the release film.



2. Apply Mepitel® to the wound.



3. Apply outer absorbent dressing.

How Mepitel works

Mepitel is a transparent perforated and non-absorbent dressing. The open mesh structure allows exudate to pass into an secondary absorbent dressing. This can reduce frequent dressing changes closest to the wound and allows for changing the secondary dressing with minimized disturbance of the wound. The dressing has a Safetac® wound contact layer that is a unique adhesive technology. It minimises pain to patient and trauma to wounds and the surrounding skin at dressing removal[1-4].

Benefits of Mepitel

- Minimises pain and trauma at dressing changes[1,3,4]
- Can remain in place for up to 14 days which in turn ensures undisturbed wound healing[12]
- Maintains structural integrity and leaves no residues in the wound or on the surrounding skin[17]
- Conforms well to difficult-to-dress areas[3]
- Non sensitizing/ Non irritating[17]

Mepitel® assortment (Sterile packed)

Art. No.	Size cm	Size inch	Pcs/shelf cont	Pcs/transp. cont
290510	5 x 7.5	2 x 3	10	50
290710	7.5 x 103 x 4	10	40	12
291010	10 x 18	4 x 7	10	70
292005	20 x 30	8 x 12	5	30

Areas of use

Mepitel is designed for a wide range of exuding wounds such as skin tears, skin abrasions, sutured wounds, partial thickness burns, lacerations, partial and full thickness grafts, diabetic foot ulcers, venous and arterial leg ulcers.
Mepitel can also be used as a protective layer on non-exuding wounds, blisters, fragile skin and exposed fragile tissues.

Precautions

- If you see signs of infection e.g. fever or the wound or surrounding skin becoming red, warm or swollen, consult a health care professional for appropriate treatment.
- When used on partial thickness burns with high risk of rapid granulation or after facial resurfacing: avoid placing pressure upon the dressing, lift and reposition the dressing at least every second day.
- When used on bleeding wounds or wounds with high viscosity exudate, Mepitel should be covered with a moist absorbent dressing pad.
- When Mepitel is used for the fixation of skin grafts and protection of blisters, the dressing should not be changed before the fifth day post application.
- Do not use Mepitel on patient and/or user with known hypersensitivity to the ingoing materials/components of the product.
- Do not reuse. If reused performance of the product may deteriorate, cross contamination may occur.
- Sterile. Do not use if inner package is damaged or opened prior to use. Do not re-sterilise.

Warning

When Mepitel is used in conjunction with NPWT systems, always document the numbers or cut pieces of Mepitel used in the patient's record to ensure that no Mepitel is left in the wound when the dressing is changed.

References: **1**. Bugmann P. et al. A silicone-coated nylon dressing reduces healing time in burned paediatric patients in comparison with standard sulfadiazine treatment: a prospective randomized trial. Burns, 1998. **2**. Dahlstrom K.K. A new silicone rubber dressing used as a temporary dressing before delayed split skin grafting: A prospective randomised study. Scandinavian Journal of Plastic and Reconstructive Surgery and Hand Surgery, 1995. **3**. Gee Kee EL, et al. Randomized controlled trial of three burns dressings for partial thickness burns in children. Burns, 2015. **4**. Gotschall CS et al. Prospective, randomized study of the efficacy of Mepitel on children with partial-thickness scalds. Journal of Burn Care Rehabilitation, 1998. 5. Van Overschelde, P. et al. A randomised controlled trial comparing two wound dressings used after elective hip and knee arthroplasty. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. 6. 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. Journal of Burn Care and Research, 2011. **7.** 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 (UrgoTul) in the treatment of acute wounds. International Wound Journal, 2017. **8.** Patton M.L. et al.. An open, prospective, randomized pilot investigation evaluating pain with the use of a soft silicone wound contact layer vs bridal veil and staples on split thickness skin grafts as a primary dressing. Journal of burn care & research, 2013. **9.** Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopedic Surgery. Deutsche Arzteblatt International, 2018. **10.** Meaume S. et al. A study to compare a new self-adherent soft silicone dressing with a self-adherent polymer dressing in stage II pressure ulcers. Ostomy Wound Management, 2003. **11.** Herst P. et al. Prophylactic use of Mepitel Film prevents radiation-induced moist desquamation in an intra-patient randomised controlled clinical trial of 78 breast cancer patients. Radiotherapy and Oncology, 2014. **12**. Brölmann F , et al. Randomized clinical trial of donor-site wound dressings after split-skin grafting. British Journal of Surgery, 2013. **13**. Terrill P.J. A comparison of three primary non-adherent dressings applied to hand surgery wounds. J Wound Care, 2000. **14**. O'Donovan DA et al. The role of Mepitel silicone net dressings in the management of fingertip injuries in children. Journal of Hand Surg,1999. **15**. Platt AJ et al. A comparative study of silicone net dressing and paraffin gauze dressing in skin-grafted sites. Burns, 1996. **16**. Eid R. et al. SIMP 01 - A prospective, open, non-controlled proof-of-concept investigation to evaluate the function of a new silicone cover film and an on-top suction device to be used in a NPWT system in the treatment of acute and chronic wounds. Mölnlycke Clinical Investigation Report, 2011. **17**. Adamietz, I.A et al. Effect of self-adhesive, silicone-coated polyamide net dressing on irradiated human skin. Radiatherapy Oncolology Investigations, 1995.

Find out more at www.molnlycke.com

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