

Skin tears: Easy to treat with Mepitel® One

Mepitel One has been redesigned to facilitate undisturbed wound healing¹⁻⁵ and provide a direction of removal for skin tears where the flap is fully or partially intact.

Gentle

Reduces pain and skin damage for patients^{2,3,6}

- One sided Safetac® interface minimises patient discomfort during dressing removal³
- Safetac technology seals the wound margins and reduces risk of maceration^{2,3}
- Safetac technology will not adhere to the moist wound bed, only dry skin^{2,3}

Durable

Supports optimal undisturbed healing¹⁻⁵

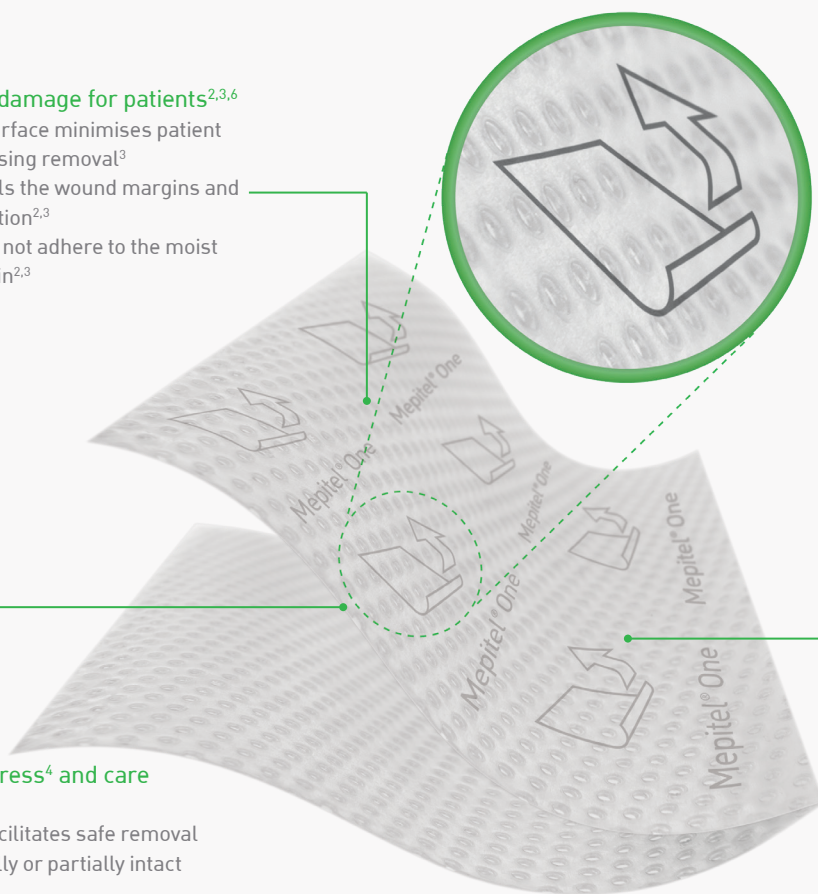
- Advanced dressing maintains product properties over time - leaves no residue⁷ and will not dry out
- Safetac adhesive technology provides optimal fixation³ - can remain in place for up to 14 days⁴

Easy

Supports healing progress⁴ and care providers

- Pre-printed symbol facilitates safe removal on skin tears with a fully or partially intact flap*
- Transparent net enables optimal wound assessment avoiding unnecessary dressing changes⁵
- Perforated structure allows topical preparations to pass through to wounds effectively^{1,8}

* Available in three sizes 6x7cm, 9x10cm and 13x15cm



Mepitel® One


Mölnlycke®

How Mepitel® One works

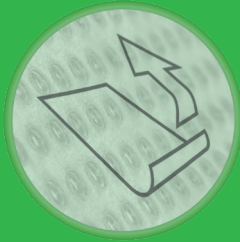
Mepitel One can be left in place for up to 14 days⁴ depending on the condition of the wound. This reduces the necessity for frequent primary dressing changes. The open, perforated structure of Mepitel One allows exudate to pass into an outer absorbent dressing. The Safetac® layer prevents the outer dressing from sticking to the wound and protects it during the healing phase. The Safetac layer seals around the wound edges preventing exudate from leaking onto the surrounding skin minimising the risk of maceration.

Areas of use

Mepitel One is a wound contact layer designed for the management of a wide range of exuding wounds such as: skin tears, skin abrasions, surgical incisions, partial thickness burns, traumatic wounds, partial and full thickness grafts, radiated skin, leg and foot ulcers. It can also be used as a protective layer on non-exuding wounds, blisters and on areas with fragile skin.

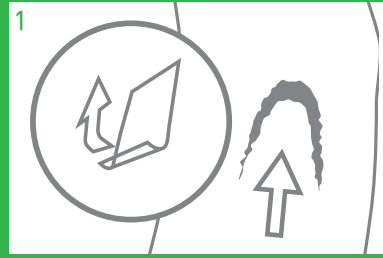
Precautions

- If you see signs of infection e.g. fever, the wound or surrounding skin becoming red, warm or swollen, consult a health care professional for appropriate treatment
- Always consult a health care professional before using Mepitel One on Epidermolysis Bullosa patients
- Do not use Mepitel One on patients with known sensitivity to silicone or polyurethane
- Sterile. Do not use if inner package is damaged or opened prior to use. Do not re-sterilise
- Do not reuse. If reused performance of the product may deteriorate and cross contamination can occur



Mepitel One with this symbol can help you apply and remove the dressing on skin tears. For these wounds, there is a risk of re-opening the flap when removing the dressing.

How to use Mepitel® One

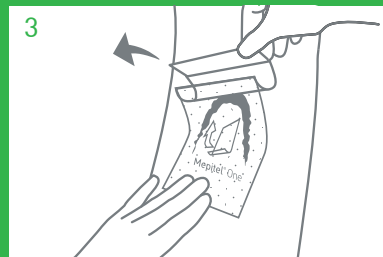


1. Cleanse the wound in accordance with clinical practice and dry the surrounding skin thoroughly. Choose a size of Mepitel One that covers the wound and the surrounding skin by at least 2cm. If needed, the dressing can be cut.



2. Apply the dressing with the arrow pointing in the same direction as the flap. When removing the dressing, begin removal in the direction the arrow is pointing, from the back of the skin flap.

Place the **back of the arrow to the back of the flap.**



3. Apply Mepitel One with the sticky side to the wound. The dressing is applied in a correct way when you can read the text printed on the dressing. Smooth the dressing in place onto the surrounding skin to ensure a good seal.



4. Apply an outer absorbent dressing, such as Mesorb® over the top of Mepitel One and fixate with a gentle retention bandage such as Tubifast®

Ordering information (sterile packaged)

Art No.	Size (cm)	Pcs/Shelf cont.
289170	6 x 7	5
289270	9 x 10	5
289470	13 x 15	5



References: 1. Bugmann P.H. 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. Patton P. 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 and Research, 2013. 3. 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. 4. Collin O. Use of Mepitel One dressing following hand surgery: a case study series. Poster presentation at Wounds UK Conference, United Kingdom, 2009. 5. Mölnlycke lab report 20081210-003. Data on file. 6. Edwards J, et al. Hand burn management: minimizing pain and trauma at dressing change. BJON. 2013; Vol 22, No 20. 7. Adamietz, J. A. et al. Effect of Self-Adhesive, Silicone-Coated Polyamide Net Dressing on Irradiated Human Skin. Radiation Oncology Investigations, 1995. 8. Campanella SD, et al. A randomised controlled pilot study comparing Mepitel and SurfaSoft on paediatric donor sites treated with Recell. Burns. 2011;37(8):1334-42.

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