



THE WOUND CONTACT LAYER WITH SAFETAC® TECHNOLOGY (DOUBLE SIDED)

- Minimizes pain and trauma at dressing changes^{1,2}
- May remain in place for up to 14 days^{3,4,5} which allows cost-effective^{1,6} and undisturbed wound healing

Safetac® technology layer 🔨

- Reduces pain and trauma during dressing change¹
- Does not adhere to the moist wound bed but to dry skin only
- Seals the wound margins and reduces risk of maceration⁸

Open mesh structure

- Allows transfer of exudate and application of topical treatment
- Transparent



Safetac[®] technology

Safetac technology: Less pain and less trauma.

Safetac is a patented adhesive technology that minimizes pain to patients and trauma to wounds. Safetac technology is available exclusively on Mölnlycke Health Care dressings, including Mepilex[®] wound care dressings, Mepitel[®], Mepiform[®] and Mepitac[®].



Skin stripping occurs with traditional adhesive

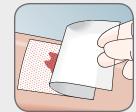


No skin stripping occurs with Safetac technology

How to use Mepitel®



Clean the wound area ensure periwound area is dry. Remove the smaller release film.



Apply Mepitel to the wound. Ensure there is at least 2 cm overlapping the wound. Remove the second release film.



Apply outer absorbent dressing, if needed, and dressing fixation or retention (such as Tubifast[®], Tubigrip[®], etc.)

How Mepitel works

The porous structure of Mepitel allows exudate to pass into an outer absorbent dressing. Mepitel prevents the outer dressing from sticking to the wound, ensures undisturbed wound healing and minimizes trauma and pain associated with dressing changes. As a result, patients experience less discomfort.

Benefits of Mepitel

- Minimizes pain and trauma at dressing changes ٠
- May remain in place for up to 14 days for cost effective ٠ undisturbed wound healing[†]
- Enables less frequent dressing changes
- May be cut to suit various wound shapes and . difficult-to-dress locations
- Minimizes the risk of maceration
- Does not adhere to moist wound beds but to dry tissue only
- Transparent for easy wound inspection during application and during wear
- Conforms well to body contours, promoting patient comfort during wear

Areas of use

- Skin tears
- Surgical incisions
- Blistering

- Skin abrasions
- Diabetic ulcers
- Partial thickness burns • Lacerations
- Venous and arterial ulcers
- Partial and full thickness grafts

Wear time: Up to 14 days

SafetaC



Mepitel Ordering Information Packaged sterile in single packs.

Product Code	Size	Pieces/ box	Pieces/ case	HCPCS
290599	2" x 3" (5 x 7.5 cm)	10	50	A6206
290799	3" x 4" (7.5 x 10 cm)	10	40	A6206
291099	4" x 7" (10 x 18 cm)	10	70	A6207
292005	8" x 12" (20 x 30 cm)	5	30	A6208



Protection





Fixation of meshed grafts

Fixation and protection of skin tear

Note: When Mepitel is used on burns treated with meshed grafts or after facial resurfacing, imprints may occur if the product is not used properly

Precautions: Wounds should be inspected for signs of infection according to clinical practice guidelines. Consult a healthcare professional for the appropriate medical treatment. When Mepitel is used on burns treated with meshed grafts, avoid placing unnecessary pressure upon the dressing. When Mepitel is used after facial resurfacing, avoid placing pressure upon the dressing, lift and reposition the dressing at least every second day. When Mepitel is used for the fixation of skin grafts and protection of blisters it is recommended that the dressing should not be changed before the fifth day post application.

References:

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- Bugmann Ph, 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;24:609-612.
- 3. Eagle M. Use of non-adherent silicone dressing Mepitel to meet client centered needs in chronic non-healing vounds, Clinical Report Mölnlycke Health Care (1998)
- 4. Taylor R. Use of a silicone net dressing in severe mycosis fungoids. JoWC, Vol 8, No 9 (1999), p.429-430.
- 5. Young T. Fungating wounds: their diagnosis and management. Community nurse, 5, No 10 (1999), p. 53-54. 6. Rippon M, Davies P, White R, Bosanquet N. Cost implications of using an atraumatic dressing in the treatment of acute wounds. Jo WC, vol 17, No 5 (2008), p. 224-7.
- 7. Dykes PJ et al. Effects of adhesive dressings on the stratum corneum of the skin. J Wound Care 2001; 10(2):7-10.
- Dykes PJ. The effect of adhesive dressing edges on cutaneous irritancy and skin barrier function. J Wound Care 2007, 16(3):97-100. 8. † Data on file
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