NEW WOUND CONTACT LAYER WITH SAFETAC® TECHNOLOGY

- Minimizes pain and trauma at dressing changes\textsuperscript{1,2}
- Can remain in place for up to 14 days\textsuperscript{3-7} which allows cost-effective\textsuperscript{1,8} and undisturbed wound healing
- Non-adherent outer surface for optimal conformability, flexibility and ease of application

Polyurethane net
- Open mesh structure allows free transfer of wound exudate to outer absorbent dressing and delivery of topical preparations to the wound\textsuperscript{11-13}
- Highly transparent
- Thin and conformable for optimal patient comfort and secure adhesion

Safetac® layer
- Reduces pain and trauma before, at and after dressing change\textsuperscript{9}
- Seals around the wound margins to reduce risk of maceration\textsuperscript{10}
- Adheres gently to dry intact skin but not to the moist wound bed

Safetac® technology. Less pain and less trauma.
Safetac is a patented soft silicone adhesive technology. Dressings with Safetac technology are atraumatic both during wear and upon removal. These dressings minimize trauma to the wound and the surrounding skin, which minimizes pain to the patient. They also prevent maceration by sealing around the margin of the wound to protect peri-wound skin.
How Mepitel® One works

Mepitel One can be left in place for up to 14 days, depending on the condition of the wound. The porous structure of Mepitel One allows exudate to pass into an outer absorbent dressing. The Safetac wound contact surface protects the wound and peri-wound area and prevents the outer dressing from sticking to the wound. The Safetac layer also seals around the wound edges, preventing leakage of exudate onto the surrounding skin, thus minimizing the risk of maceration. Mepitel One is thin, transparent and has a smooth, non-adherent outer surface for optimal conformability, flexibility and ease of use.

How to use Mepitel One

Gently clean the wound area; dry surrounding skin. Remove the release film. Apply Mepitel One to the wound allowing it to overlap onto the surrounding skin by 2 cm. Apply an outer absorbent dressing such as Mesorb and fixate in place.

Benefits of Mepitel One

- Minimizes pain and trauma at dressing changes.
- Can remain in place for up to 14 days which in turn ensures undisturbed wound healing
- Minimizes the risk of maceration
- Maintains integrity over time; does not dry out and leaves no residue on removal
- Transparent for easy wound inspection during application and during wear
- Conforms well to body contours, promoting patient comfort during wear and secure adhesion

Indications for use

Mepitel One is designed for a wide range of wounds such as skin tears, skin abrasions, surgical incisions, partial thickness burns, traumatic wounds, blistering, lacerations, partial and full thickness grafts, radiation skin reactions, leg and foot ulcers. It can also be used as a protective layer on non-exuding wounds and on areas with fragile skin.

Precautions

- When used on bleeding wounds or wounds with viscous exudate, Mepitel One should be covered with a moist outer dressing until hemostasis is achieved or the exudate becomes less viscous.
- When Mepitel One is used for the fixation of skin grafts, the dressing should not be changed before the fifth day post application.

Warnings

- Mepitel One has a higher adhesion level than Mepitel. When using Mepitel One on Epidermolysis Bullosa patients, use caution and surveillance at dressing changes.
- When Mepitel One is used on burns treated with meshed grafts, avoid placing unnecessary pressure upon the dressing. Imprints can occur if the product is not used properly.
- When Mepitel One is used after facial resurfacing, avoid placing unnecessary pressure upon the dressing and lift and reposition the dressing at least every second day. Imprints can occur if the product is not used properly.

Mepitel One Assortment (sterile packed)

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References:

### Skin Tear Management Guideline

**Skin Tear Definition:** A traumatic wound that often results from external friction and/or shearing forces (such as tape removal) that separate the epidermis from the dermis (partial thickness wound) or separate both the epidermis and dermis from the underlying structure (full thickness wound).

**Payne-Martin Classification System for Skin Tears***

<table>
<thead>
<tr>
<th>Category I</th>
<th>Category II</th>
<th>Category III</th>
<th>Skin At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Tear without Tissue Loss</td>
<td>Skin Tear with Partial Tissue Loss</td>
<td>Skin Tear with Complete Tissue Loss</td>
<td>Intact Skin</td>
</tr>
</tbody>
</table>

- **Linear and flap type skin tears:**
  - Skin flap can be approximated so that no more than one millimeter of dermis is exposed.

- **Skin tears with partial tissue loss:**
  a. Scant tissue loss. Partial thickness in which 25% or less of the epidermal flap is lost and at least 75% or more of the dermis is covered by the flap.
  b. Moderate to large tissue loss. Partial thickness wound in which more than 25% of the epidermal flap is lost and more than 25% of the dermis exposed.

- **Skin tears with complete tissue loss:**
  - Epidermal flap is absent.

**Risk Factors:**

- History of previous skin tears
- Presence of ecchymoses (discoloration of an area of skin caused by leakage of blood into the subcutaneous tissues as a result of trauma to the underlying blood vessels). Clinical appearance: bruising or petechiae (tiny purple or red spots)
- Advanced age
- Immature skin (premature infants)
- Compromised nutrition
- Cognitive impairment/Dementia
- Dependency
- Multiple medications
- Impaired mobility
- Dry skin/dehydration
- Presence of friction, shearing, pressure
- Prolonged use of corticosteroids
- Impaired sensory perception
- Disease processes (renal failure, CHF, CVA)
- Presence of friction, shearing, pressure
- Prolonged use of corticosteroids
- Impaired sensory perception
- Disease processes (renal failure, CHF, CVA)
- Traditional adhesives should be avoided when the skin has been assessed to be at risk.
- Gentle micro-adherent products should be used.
- Apply dressings without tension.
- Remove dressings with extreme caution:
  - Gently lift and remove dressing working in a direction away from the attachment of the skin tear.

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Wound Dressing Selection by Skin Tear Condition

### Management Tips:
- If the skin tear flap is non-viable, treat according to facility policy or consult physician.
- If the skin flap is viable, gently cleanse area and roll the flap back into place utilizing a moistened applicator.
- After securing the flap, manage it as you would a skin graft. The flap should not be disturbed for approximately 5 days to allow for the skin flap to "take".
- Skin sealants and barrier products should not be used with soft silicone dressings.
- Remove dressings away from the attachment and towards the edges of the skin tear. Mark outer dressing with arrow to indicate direction for dressing removal.

### Documentation:
- Classification/ type of skin tear (Payne-Martin)
- Location
- Size (length, width, depth)
- Wound bed condition
  - Exudate
  - % Viable tissue
  - % Non-viable tissue
- Peri-wound skin colour and condition (edema, maceration, induration)
- Approximation and condition (open/closed) of wound edges
- Reassess at each dressing change

### Skin Tear Wound Dressing Options:

#### Mepitel® One
- Recommended for protection, flap fixation, and replacement of adhesive strips.
  1. Choose a size of Mepitel or Mepitel One that will overlap the surrounding skin by at least 2 centimeters.
  2. Cleanse the wound and skin gently; dry the surrounding skin thoroughly.
  3. If a viable skin flap remains, gently re-approximate over the area of the tear (dermis).
  4. Apply Mepitel or Mepitel One to the wound, overlapping intact skin by at least 2 centimeters.
  5. Apply outer absorbent non-adhesive wrap.
  6. Mepitel and Mepitel One may be left in place for up to 14 days. (It must remain in place for at least 5 days to facilitate flap fixation). Wound irrigation and application of topical preparations may be accomplished without removing Mepitel or Mepitel One.
  7. The outer wrap can be changed as required to manage exudate and visualize the treatment area through the Mepitel and/or Mepitel One dressing. **Note:** If consistent with facility protocol, dressings can be left in place during bathing. Replace outer dressing with a clean, dry dressing after bathing. Mepitel and Mepitel One will remain intact.

#### Mepiplex
- Recommended for exuding skin tear injuries (absorption*), and protection of the wound and peri-wound skin.
  1. Gently cleanse the wound and skin; dry the surrounding skin; keep wound bed moist.
  2. If a viable skin flap remains, gently reposition it over the area.
  3. Apply the adherent side of Mepiplex to the wound, overlapping intact skin by at least 2 centimeters. Do not stretch.
  4. Fixate Mepiplex with a non-adhesive wrap or Mepitac® soft silicone tape.
  5. Mepiplex may be left in place for up to 7 days. If a skin tear flap remains, it is suggested that the dressing be left undisturbed for at least 5 days.

  *Choose Mepiplex Lite to manage low exudate, Mepiplex for moderate to heavy exudate.

#### Mepiplex® Lite
- Recommended for exuding skin tear injuries (absorption*), and protection of the wound and peri-wound skin.
  1. Gently cleanse the wound and skin; dry the surrounding skin; keep the wound bed moist.
  2. If a viable skin flap remains, gently replace it over the area.
  3. Apply the adherent side of Mepiplex Lite to the wound overlapping intact skin by at least 2 centimeters. Do not stretch.
  4. Mepiplex Lite may be left in place for up to 7 days. If a skin tear flap remains it is suggested that the dressing be left undisturbed for at least 5 days.
  5. Mark outer surface of dressing with an arrow indicating direction for dressing removal. (i.e. arrow should point away from the attachment, toward the edges of the tear).

  *Choose Mepiplex Border for moderately to heavily exudating skin tear injuries and Mepiplex Border Lite for injuries with little or no exudate.

#### Mepiplex® Border
- Recommended for exuding skin tear injuries (absorption*), and protection of the wound and peri-wound skin.
  1. Gently cleanse the wound and skin; dry the surrounding skin; keep the wound bed moist.
  2. If a viable skin flap remains, gently replace it over the area.
  3. Apply the adherent side of Mepiplex Border to the wound overlapping intact skin by at least 2 centimeters. Do not stretch.
  4. Mepiplex Border may be left in place for up to 7 days. If a skin tear flap remains it is suggested that the dressing be left undisturbed for at least 5 days.
  5. Mark outer surface of dressing with an arrow indicating direction for dressing removal. (i.e. arrow should point away from the attachment, toward the edges of the tear).

  *Choose Mepiplex Border for moderately to heavily exudating skin tear injuries and Mepiplex Border Lite for injuries with little or no exudate.