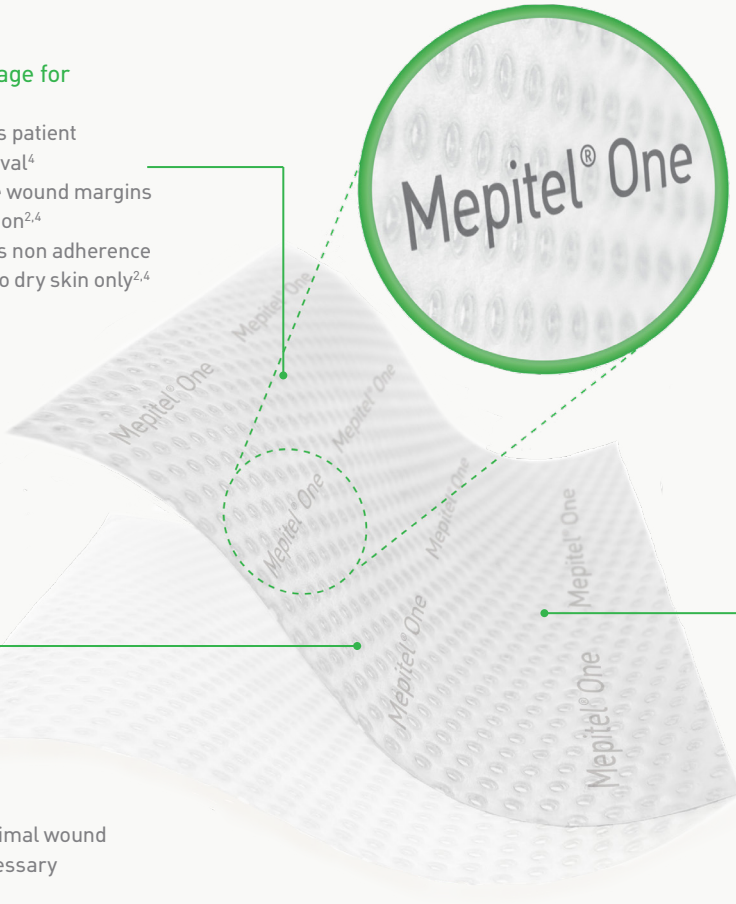
Mepitel® One

Mepitel® One is designed to facilitate safe and undisturbed healing[1,2,4-6].

Gentle
Reduces pain and skin damage for the patients[2,4,7]

- Safetac® interface minimises patient discomfort at dressing removal[4]
- Safetac technology seals the wound margins and reduces risk of maceration[2,4]
- Safetac technology promotes non adherence to the moist wound bed but to dry skin only[2,4]



Durable
Supports undisturbed healing[1,2,4-6]

- Advanced dressing maintaining product properties over time - leaves no residues[3] and does not dry out
- Can remain in place for up to 14 days[5]

Safe to use
Supports healing progress[4] and care provider

- Transparent net enables optimal wound assessment avoiding unnecessary dressing changes[6]
- Perforated structure can be used with gels to pass through to wound effectively[1,8]

Mepitel® One

Mölnlycke®

How Mepitel® One works

Mepitel® One can be left in place for up to 14 days, depending on the condition of the wound, which 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 ensures atraumatic dressing changes. The Safetac layer seals around the wound edges, preventing the exudate to leak onto the surrounding skin, thus minimises the risk of maceration.

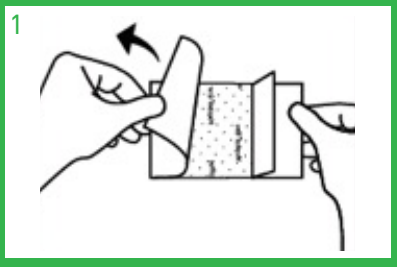
Areas of use

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.

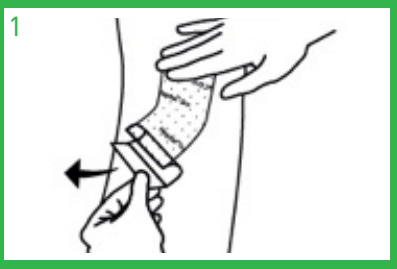
Precautions

- If you see signs of infection e.g. fever or 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
- When using Mepitel One on partial thickness burns with high risk of rapid granulation or after facial resurfacing, avoid placing pressure on the dressing. Lift and reposition the dressing at least every second day
- When using Mepitel One 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 One on patients with known sensitivity to silicone or polyurethane
- 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

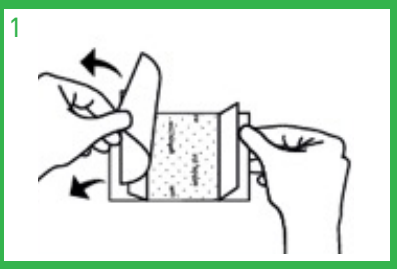
How to use Mepitel® One



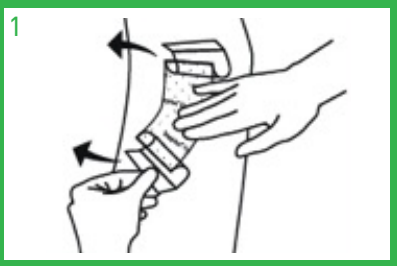
1. Cleanse the wound in accordance with clinical practice and dry the surrounding skin thoroughly.



2. Choose a size of Mepitel One that covers the wound and the surrounding skin by at least 2 cm. If needed, the dressing can be cut. For larger wounds, more overlap is required.



3. Remove the protective plastic layers and 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 get a good seal. If more than one piece of Mepitel One is used, overlap the dressings. Make sure that the holes are not blocked.



4. Apply an outer absorbent dressing, on top of Mepitel One and fixate.

Ordering information

Order number	Size (cm)	Size (inch)	Dressings per pack
289000	5x7	na	5
289100	5x7.5	2 x 3	10
289200	8x10	na	5
289300	7,5x10	3 x 4	10
289400	12x15	na	5
289500	10x18	4 x 7.2	10
289670	24x27,5	9.5x10.8	5
289700	17x25	6.8 x 10	5
289750	27,5x50	10.8 x 20	2

Note: Not all order numbers are available in every country. Please contact your local Mölnlycke representative for information about order numbers available in your country.

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.** Adamietz, I. A. et.al. Effect of Self-Adhesive, Silicone-Coated Polyamide Net Dressing on Irradiated Human Skin. Radiation Oncology Investigations, 1995. **4.** 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. **5.** Collin O. Use of Mepitel One dressing following hand surgery: a case study series. Poster presentation at Wounds UK Conference, United Kingdom, 2009. **6.** Mölnlycke Health Care. Design Verification Report, Mepitel One, PD-557646. Data on file. **7.** Edwards J, et al. Hand burn management: minimizing pain and trauma at dressing change. BJON. 2013; Vol 22, No 20. **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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