

Key steps for DFU treatment

1. Cleanse and debride

Select a gentle skin cleanser with a pH close to that of the skin. Debride the wound if required. Remove slough and devitalized tissue including dry skin. Follow your local policy.

2. Oxygenate

Healing is strongly dependent on adequate blood flow and oxygenation. If the wound is not healing in 4 weeks, consider topical oxygen therapy for non-healing hypoxic wounds.

3. Dress the wound

Choose a highly conformable dressing with a silicone interface to protect the wound and the surrounding skin, while effectively managing exudate.

Dressing selection factors:

I. Infection

II. Exudate level

III. Wound depth

^a Follow guidelines for wound infection protocols¹. Topical antimicrobial agents, e.g. in cleansers or dressings, may be used in combination with systemic antibiotics depending on the severity of infection. Active spreading infection must be referred as a matter of urgency to a multidisciplinary team or a medical practitioner.

^b Available also in oval and heel sizes.

Superficial

Cavity

Need of antimicrobial?^a

No



Yes



High

Low

High

Low



Mepilex® Border Flex®

or

Mepilex® Up

Mepilex® Border Flex Lite

or

Mepilex® Lite



Mepilex® Border Ag®

or

Mepilex® Ag®

Combine with Exufiber®



Mepilex® Border Flex®

or

Mepilex® Up

Combine with Exufiber® Ag+



Mepilex® Border Flex®

or

Mepilex® Up

4. Offloading

Offloading is essential in DFU treatment. Encourage patients to use pressure-relieving footwear as appropriate.

Engage with your patient

Encourage patients to stay active and mobile, and offer advice on nutrition and healthy life style.



Safetac®
TECHNOLOGY

Safetac® technology. Less damage. Less pain. Dressings with Safetac® technology are clinically demonstrated to minimise damage to the wound and skin at removal¹⁻⁸. Pain at dressing change is minimised^{1-6,9}.

^a<https://www.magonlinelibrary.com/doi/full/10.12968/jowc.2023.32.5.264>

1. 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. 2. 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. 3. Gee Kee E.L. et al. Randomized controlled trial of three burns dressings for partial thickness burns in children. Burns, 2014. 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. 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. 6. Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopedic Surgery. Deutsche Arzteblatt International, 2018. 7. 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. 8. 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. 9. Gotschall C.S. et al. Prospective, randomized study of the efficacy of Mepitel on children with partial-thickness scalds. Journal of Burn Care & Rehabilitation, 1998.

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