



DFU Solution

Step forward

in diabetic foot ulcer care

Today's challenges

It's hard to overstate the impact of diabetic foot ulcers (DFUs), both on individual patients' lives and on healthcare systems around the world. The International Diabetes Federation estimates that 589 million people globally are living with diabetes¹. This is expected to increase to around 850 million people by 2050¹. Meanwhile, the direct cost of care for DFU complications is now comparable to cancer⁵.



Almost

600M

600M people live with diabetes where of 1/3 will be affected by DFU

30s

Every 30 seconds a lower limb or part of a lower limb is lost to amputation

40%

of patients have an ulcer recurrence within a year

\$4.5b

If 50% of the ulcers can be prevented with proper preventative care, society (in US only) would save \$4.5b

Reducing the risk of delayed healing and amputation

Early detection and management of infection and ischaemia are essential to prevent complications and improve outcomes for patients with diabetic foot ulcers⁵. Taking effective steps to address the risk of delayed healing and amputation can also help significantly reduce the burden on healthcare providers.

Healing made smarter – Mölnlycke's portfolio helps reduce complications and improve outcomes

- reducing bacterial burden
- oxygenating hypoxic wounds
- optimising care at every stage to improve patient outcomes.

Up to

85%

of amputations can be avoided when an effective care plan is adopted⁸



Solutions for today and tomorrow

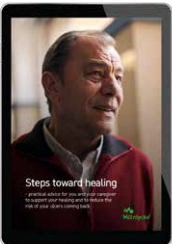
Wound care for all™

Our highly effective products are complemented with a range of learning and information resources.

Wound care for all™ provides the resources to support clinicians, patients, family members and non-medical caregivers to confidently manage wounds at home or in any clinic or community setting.

Patient resources

Designed to promote self-care and increase awareness of strategies to prevent and manage DFUs.



Clinical Learning Hub

A wide range of resources on our Clinical Learning Hub for professional development and access to the Clinical Support Team to help guide treatment choices.



Key steps for DFU treatment

A simplified algorithm for healthcare professionals working with diabetic foot ulcer patients in hospital or community settings.



The product solution

We're here to support you with products that are easy to use and effective in the management of diabetic foot ulcers.



Cleanse Granudacyn®

A ready-to-use solution for cleansing and moisturising diabetic-related foot ulcers.



Debride Mepi™ Debripad

An easy-to-use microfibre pad for safe, fast and low-pain mechanical debridement in any care setting.



Oxygenate Granulox®

A unique and easy-to-use topical haemoglobin spray that delivers oxygen to the wound bed supporting accelerated wound healing.





Manage infection

Exufiber AG+®

A silver-containing antimicrobial gelling fibre dressing with high absorption and retention capacity.



Dress the wound

Mepilex® Up

An innovative foam dressing designed to minimise the risk of leakage. With its low profile it is highly conformable to difficult-to-dress-areas and despite its slimness, the dimpled foam improves the capillary action, allowing fluids to spread in all directions, even against gravity^{10, 11}.



Offloading

Relieving the pressure on the affected foot is crucial for healing.

Key steps for DFU treatment*

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}.

*Harding K, et al. Simplifying venous leg ulcer management. Consensus recommendations. Wounds International 2015.

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.



Granudacyn®



Mepi™ Debridpad

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.



Granulox®

3. Dress the wound

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

Dressing selection factors:

I. Infection

II. Exudate level

III. Wound depth

Superficial

Cavity

Need of antimicrobial?^a

No



High

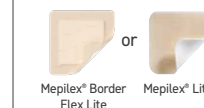
Low



Mepilex® Border Flex®



Mepilex® Up

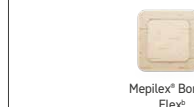


Mepilex® Border Flex Lite



Mepilex® Lite

Combine with Exufiber®



Mepilex® Border Flex®



Mepilex® Up

Yes



High

Low



Mepilex® Border Ag®



Mepilex® Ag

Combine with Exufiber® Ag+



Mepilex® Border Flex®



Mepilex® Up

4. Offloading

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

Step forward in diabetic foot ulcer care



References:

1. The International Diabetes Federation (IDF) Facts and Figures, <https://idf.org/about-diabetes/diabetes-facts-figures/> (accessed 15 July 2025). 2. Armstrong, D.G., Boulton, A.J.M., Bus, S.A. Diabetic foot ulcers and their recurrence. *New Engl J Med* 2017; 376:2367-75. 3. Boulton, A.J.M. The pathway to foot ulceration in diabetes. *Med Clin N Am* 2013;97:775-90. 4. Rodrigues, B.T., Vangaveti, V.N., Malabu, U.H. Prevalence and risk factors for diabetic lower limb amputation: a clinic-based case control study. *J Diabetes Res* 2016: 5941957. Available at: <http://dx.doi.org/10.1155/2016/5941957> (accessed 15 July 2025). 5. Armstrong, D.G., Swerdlow, M.A., Armstrong, A.A. et al. Five year mortality and direct costs of care for people with diabetic foot complications are comparable to cancer. *J Foot Ankle Res* 13, 16 (2020). Available at <https://doi.org/10.1186/s13047-020-00383-2> (accessed 15 July 2025). 6. Armstrong DG, Tan TW, Boulton AJM, et al. Diabetic Foot Ulcers: A review. *JAMA*, 2023; 330(1): 62-75. 7. Goyal M, Reeves N, Rajbhandari S, Ahmad N, Wang C, Yap MH. Recognition of ischaemia and infection in diabetic foot ulcers: Dataset and techniques. *Computers in Biology and Medicine* 2020; 117:103616. 8. Pecoraro, R.E., Reiber, G.E., Burgess, E.M. Pathways to diabetic limb amputation. Basis for prevention. *Diabetes Care* 1990; 13(5): 513-21. 9. Mölnlycke Health Care. Data on file. 2024.

Find out more at www.molnlycke.com

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