Mepiform®, your ally in scar prevention

Would your patients care for scar prevention? Mepiform with Safetac® Technology is designed as a prophylactic therapy on closed wounds for prevention of hypertrophic or keloid scarring[12,13].

Safetac® TECHNOLOGY

- **Easy to use and gentle to the skin[14-16]**
- **Can be worn 24/7 from the first application*[14,16-18]**
- **Comfortable for the patient[14,16]**
  - Skin tone
  - Thin ≈ 0.44mm[14]
  - Can be cut to shape[18-20]
  - Shower-proof[14]
  - Protection from sun and ultraviolet ray[14]

*Remove the dressing once per day for inspection and washing of the skin. The dressing can then be reapplied.

Small changes can have big effects

We know what a huge problem medical waste can be. It's bad for the environment and bad for budgets. The amount of waste generated by a dressing change may not seem like much, but over the lifetime of a wound, it all adds up. With Mepilex® Border Post-Op it is different.

Mepilex Border Post-Op offers up to 14 days' wear time[5].
For a majority of patients, no dressing change at all will be needed, meaning **zero medical waste** related to dressing changes.

In contrast, conventional dressings are often changed every few days or even daily. Patients treated with fabric island dressings need plastic bags and tape to cover the dressing should they wish to take a shower.

The environmental advantages of Mepilex Border Post-Op are compelling.

Mepilex Border Post-Op ordering information

Product code	Size (cm)	Pad size (cm)	Pcs/Box
496100	6 × 8	3 x 5	10
496200	9 × 10	5 x 6	10
496300	10 × 15	5 x 10	10
496400	10 × 20	5 x 15	10
496450	10 × 25	5 x 20	10
496600	10 × 30	5 x 25	10
496650	10 × 35	5 x 30	5

Mepiform® ordering information, sterile packed

Product code	Size (cm)	Pcs/Box
293100	4 x 30	5
293200	5 x 7.5	5
293400	10 x 18	5

References:
1. Incision care and dressing selection in surgical wounds: Findings from a series of international meetings. Sandy-Hodgetts K., et al. Wounds International, 2022. **2.** Beele H. et al. A prospective randomized controlled clinical investigation comparing two post-operative wound dressings used after elective hip and knee replacement; Mepilex® Border Post-Op versus Aquacel® Surgical. International Journal of Orthopaedic and Trauma Nursing, 2020. **3.** Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopaedic Surgery. Deutsche Arzteblatt International, 2018. **4.** Zarghooni K. et al. Is the use of modern versus conventional wound dressings warranted after primary knee and hip arthroplasty? Acta Orthopaedica Belgica, 2015. **5.** Van Overschelde P. et al. Undisturbed wound healing: a single centre retrospective study investigating patient reported outcomes and clinical validity of extended dressing wear time for incisional healing following orthopaedic surgery, the ARCTIS study. Journal of Wound Care, 2024. **6.** Southern K et al. Compliance with the ISWCAP checklist in a THR ERAS pathway – A snapshot audit. Clinical Nutrition, 2023. **7.** Peghetti A. Prevention of post-operative surgical site complications: A quality improvement project. Poster presentation at the EWMA congress, Krakow, 2018. **8.** Dobbelaere A, et al. Comparative study of innovative postoperative wound dressings after total knee arthroplasty. Acta orthopaedica Belgica, 2015. **9.** Mölnlycke Health Care, Data on File internal report 20190215-001. **10.** External test at Nelson Laboratories (viral penetration test), Study Report 1064846-S01. **11.** Statement towards ASTM F 1671 (viral penetration test), PD-404335. **12.** Sakuraba M. et al. Use of silicone gel sheets for prevention of keloid scars after median sternotomy. Surgery today, 2011. **13.** Gold MH et al. Prevention of hypertrophic scars and keloids by the prophylactic use of topical silicone gel sheets following a surgical procedure in an office setting. Dermatologic surgery, 2001. **14.** Mölnlycke Health Care; Data on File. Document ID: PD-604879 Rev :01 (2021-02-11). **15.** Momeni M et al. Effects of silicone gel on burn scars. Burns: journal of the International Society for Burn Injuries, 2009. **16.** Middelkoop E. et al. An open, single-centre uncontrolled study to register handling, application and reactions of Mepiform in the treatment of hypertrophic scars. MHC Clinical Investigation, 2000. **17.** Wigger-Albert W, Kuhlmann M, Wilhelm D, Mrowietz U, Eichhorn K, Ortega J, et al. Efficacy of a polyurethane dressing versus a soft silicone sheet on hypertrophic scars. Journal of wound care. 2009;18(5):208, 10-4. **18.** Harte D, Gordon J, Shaw M, Stinson M, Porter-Armstrong A. The use of pressure and silicone in hypertrophic scar management, in burns patients: a pilot randomized controlled trial. Journal of burn care & research: official publication of the American Burn Association. 2009;30(4):632-42. **19.** So K et al. Effects of enhanced patient education on compliance with silicone gel sheeting and burn scar outcome: a randomized prospective study. The Journal of burn care & rehabilitation. 2003. **20.** Tan E, Chua SH, Lim JTE. Topical silicone gel sheet versus intralesional injections of triamcinolone acetonide in the treatment of keloids – a patient-controlled comparative clinical trial, 1999.

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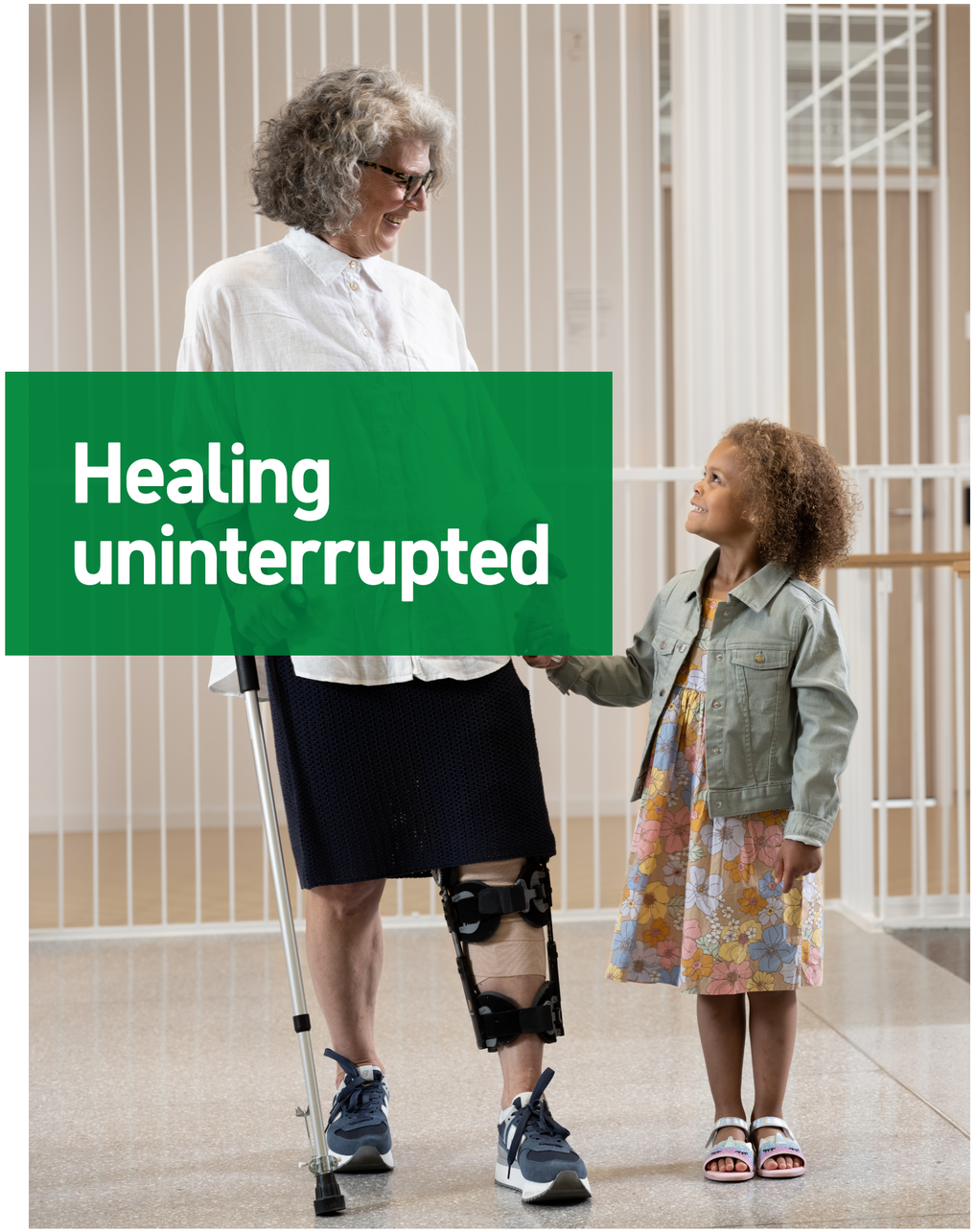
You will be required to input the following code 1FtYrV or your AHPRA registration number to access our websites.

Mölnlycke®



Healing uninterrupted

Mepilex® Border Post-Op

Mölnlycke®

Three clinical challenges

1 Reducing surgical site infections (SSIs)

These seriously affect both patient and budget outcomes.

2 Getting the patient mobilised quickly

Early patient mobilisation is key to reducing the risk of complications, e.g. DVT.

3 More patients and less budgets

More patients need to be treated, while budgets are always being cut.

Three clinical truths

1 If the barrier function of the skin is breached, there is an increased risk of a superficial SSI.

2 Every dressing change brings the risk of exposing the wound to contamination.

3 Dressing changes drive significant wound care cost as a lot of other consumables are needed.

A dressing that offers longer wear time is also recommended by leading surgeons for clinical reasons.

The surgeons' consensus[1] on dressing change protocol is to leave the dressing in place for as long as possible to:

✓ Minimise contamination ✓ Reduce cost and time ✓ Optimise healing

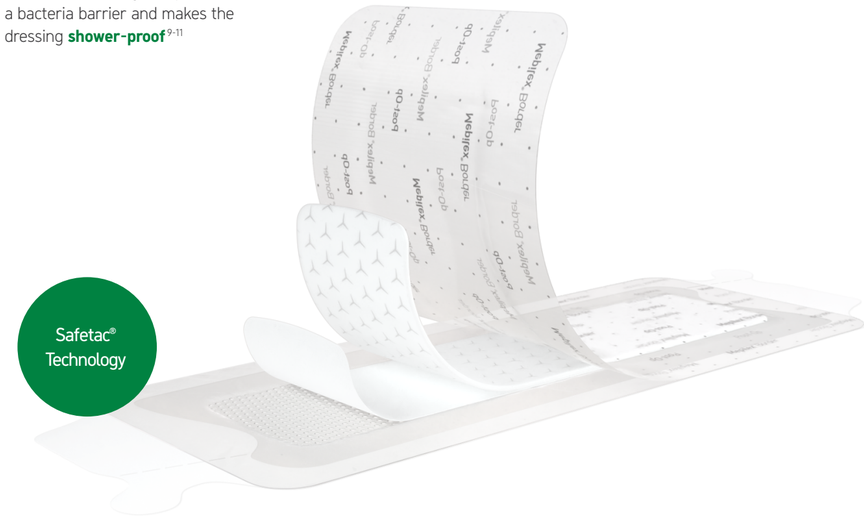
One single solution – Mepilex® Border Post-Op

Mepilex Border Post-Op can be the answer to the clinical challenges and **the expert recommendations** for post-surgical incision wounds:

✓ The 2-layer pad with **Flex Technology** is flexible and conformable[2-4,8]. It effectively absorbs and retains fluid to reduce the number of dressing changes and the risk of maceration[2-4,8]

✓ Safetac® wound contact layer across the entire dressing allows minimal **dead space** between the wound and dressing. The dressing **adheres well** and **protects the skin** to minimise damage, wound adherence and pain at removal[2-4,8]

✓ Breathable backing film provides a bacteria barrier and makes the dressing **shower-proof**[9-11]



Helps reduce the risk of SSIs[2-4,8-11]

By minimising skin damage and the number of dressing changes

Supports early patient mobility[2-4,8]

By being conformable, flexible and minimising the risk of painful skin damage

Reduces dressing-related costs[3,4]

By minimising the number of dressing changes

Mepilex® Border Post-Op meets the six most important dressing properties:

- ✓ Flexible and comfortable[2-4]
- ✓ Stays on well[5]
- ✓ Absorbs and retains fluid very well[1,3]
- ✓ Shower-proof[6]
- ✓ Adhesive across the entire dressing interface to eliminate dead space
- ✓ Minimises skin and wound damage[1-7]

Evidence

2024
Van Overschelde et al.[5]
Retrospective study, Open orthopaedics
554 Patients

Effective use of Mepilex® Border Post-Op for **up to 14 days**

2020
Beele H et al.[2]
RCT, Open Orthopaedics
103 Patients

Mepilex Border Post-Op was **comparable or superior to the advanced comparator** on all parameters investigated.

2018
Peghetti[7]
QIP, Open Orthopaedics
322 Patients

The introduction of Mepilex Border Post-Op led to a **significant reduction of wound complications**, incl. superficial SSIs*, **from 13% to 1.5%**.

* Surgical Site Infection

2017
Bredow et al.[3]
RCT, Open Orthopaedics
208 Patients

71% of patients needed no dressing change the first week, while 94% of those treated with the cheaper comparator needed at least one.