

Mölnlycke® Pressure Injury Management Dressings

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Pressure injuries (PIs) – a global problem

The hospital environment is a major contributor to the problem.

At any given time, **1 in every 8 adult patients** suffer from largely preventable hospital-acquired pressure injuries¹.

Every year, pressure injuries affect millions of patients. They are painful, distressing, and costly, yet the majority are preventable with the right strategies.



12.8%

of all adult hospital patients develop a pressure injury¹



8.4%

of all hospital patients acquire a pressure injury during their stay¹

150,000

Approximately 150,000 people experience a pressure injury in Australia each year, according to the Australian Commission on Safety and Quality in Healthcare². In New Zealand the number is as high as 55,000³.



Devastating consequences of pressure injuries



“That pressure injury cost me one and a half years of my life. You cannot say it was impossible to prevent. It is possible to prevent.”

José,
Hospital-acquired
pressure injury patient



Scan to watch
Jose's story



Hospital days

An average
increase of 5-8 days
in hospital stay^{4,5}.



People's lives

PIs increase mortality
by 4.5× and can lead to
serious complications
like sepsis and
osteomyelitis^{4,5}.



Financial drain

The cost of pressure
injury to Australian
public hospitals was
\$9.11 billion in 2020 and
around **\$700 Million** in
New Zealand in 2015⁶.



Human toll

PIs spell intense pain,
emotional trauma, and
loss of independence
for patients.
For healthcare
professionals (HCPs),
they contribute to
distress, increased
workloads, and
burnout⁷.



Identifying the patients most at risk

Early identification of patients most at risk of PIs is critical to enabling timely, targeted prevention strategies that reduce harm, improve outcomes, and optimise the use of healthcare resources.

Structured risk assessment tools should be used to identify individuals at risk of PIs as early as possible, so that preventive interventions can be implemented promptly and appropriately⁸.

Typically, they include:



Older adults



Fractured hip patients



Acutely ill and those in critical care



Diabetes mellitus patients



Trauma and/or prolonged surgery patients



Long-term care home or community care residents

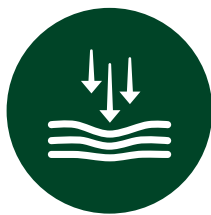


Spinal cord injuries and chronic neurological conditions

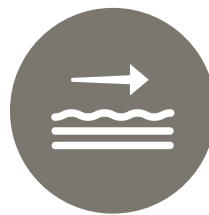
How pressure injuries happen

Pressure injuries involve more than just skin breakdown. They are caused by intense and sustained mechanical forces that lead to deep tissue deformation, restricting blood flow and resulting in rapid cell death⁹.

There are four extrinsic factors that lead to the primary mechanism of injury⁹:



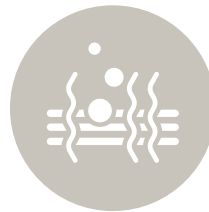
Pressure



Friction[#]



Shear



Microclimate

[#]Friction does not directly cause pressure injuries, but contributes to skin damage and acts in combination with pressure and shear forces to increase the risk of pressure injury development.

What prevention looks like

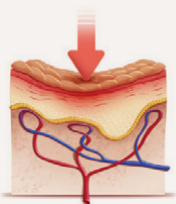
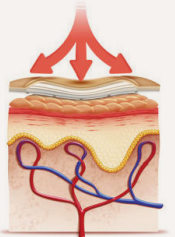
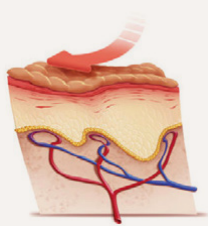
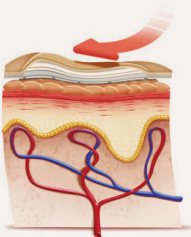
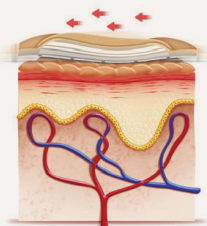
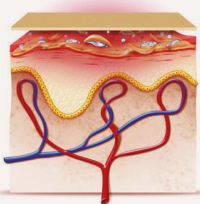
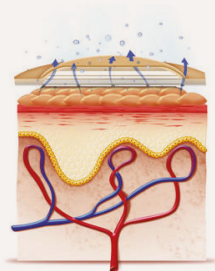


The international guidelines and The Australian College of Perioperative Nurses (ACORN) promote a comprehensive, multi-intervention approach to pressure injury prevention, recommending the use of prophylactic dressings for high-risk patients^{10,11}.



The Mechanisms of Action (MOA) of prophylactic dressings

Prophylactic dressings help prevent pressure injuries by addressing four extrinsic factors:

Functional property	Without dressing	With Mepilex® Border foam dressings
Pressure redistribution: Dressings redistribute pressure away from bony prominences and vulnerable areas to surrounding tissues. Multi-layer foam dressings with a structured design reduce tissue deformation and the concentration of stress on a single point.		
Shear force absorption: Prophylactic dressings absorb and redistribute shear forces that occur when a person is repositioned or sliding down in bed. The layered design and material properties will dictate the ability to mitigate shear stresses.		
Friction reduction: The outermost layer of dressings, designed to be smooth and low-friction, minimises resistance between the skin and surfaces (e.g., bedding, clothing). Low friction will minimise the drag, shear forces, in the skin.		
Microclimate management: Dressings manage microclimate by controlling and removing moisture from the skin-dressing interface. Layers absorb and wick away excess moisture (from sweat or incontinence) to avoid an increase in humidity.		

Dressing choice matters

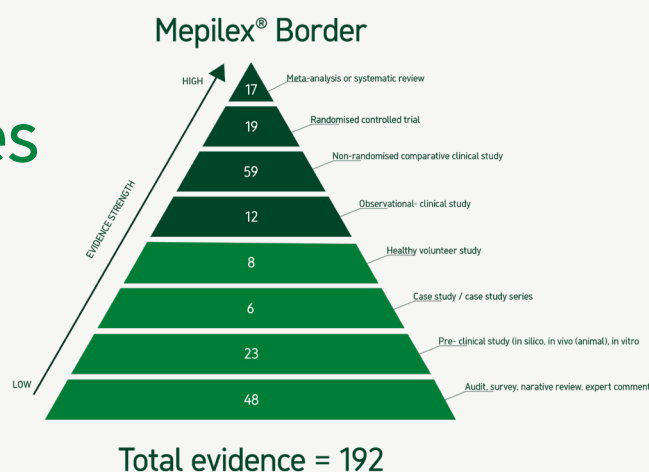
Not all foam dressings are created equally

Mepilex® Border Sacrum & Mepilex Border Heel:

Designed to protect, proven at every layer

Mepilex® Border range: supported by 192 pieces of clinical evidence

Since 2010, Mölnlycke® has been the industry leader in generating evidence for the prophylactic use of dressings with the Mepilex Border range:



Mepilex® Border foam dressings have the **highest level of proof** in PI prevention.

17

Randomised Controlled Trials (RCTs).

13

Meta-analyses or systematic reviews.



This commitment to high-quality research means that Mepilex® Border dressings have more high-level evidence demonstrating their effectiveness in preventing pressure injuries^{12*}.

*Competitor dressings: Allevyn® Life (Smith+Nephew), Aquacel® Foam (Convatec), Optifoam® Gentle (Medline), Biatain® Silicone (Coloplast).

Mepilex® Border Sacrum & Mepilex Border Heel:

Designed to protect, proven at every layer



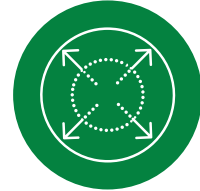
Deep Defense®
Technology



Unique structural
integrity

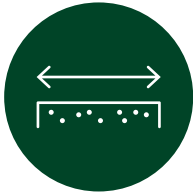


Superior
conformability^{13,14}



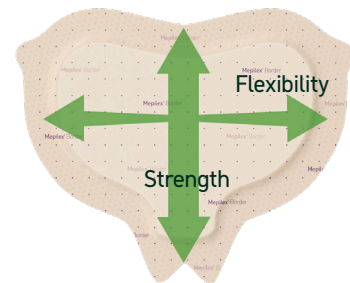
Wider surface
area of protection

1. The proprietary Deep Defense® Technology



Unique biomechanical protection

This **patent** proprietary technology provides strength in the patient's sliding direction and flexibility in the lateral direction. This offers protection against shear without compromising conformability¹⁵.



Mepilex® Border Sacrum

Some dressings are stiff in all directions¹⁵

May lead to lack of conformability and over-constraining soft tissues



Allevyn® Life Sacrum



Optifoam® Gentle Sacrum

Some dressing are flexible in all directions¹⁵

May not protect against tissue deformation



Convafoam® Sacrum

2. Unique structural integrity



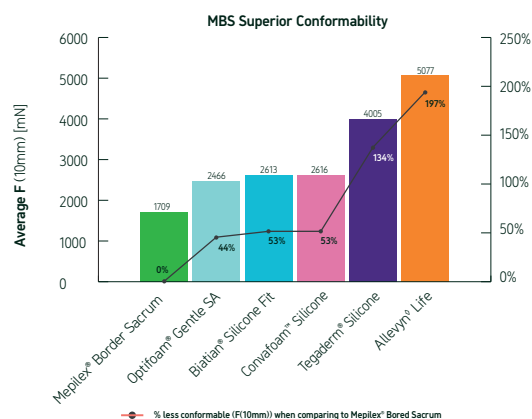
While other dressings degrade over time, Mepilex® Border Sacrum maintains its integrity. It offers the highest strength at application and, after **7 days of simulated wear**, has been shown to be as strong as the nearest competitor's dressing on Day 1^{16*}.

3. Superior conformability

197%



Mepilex® Border Sacrum & Mepilex Border Heel is up to 197% more conformable than other bordered foams**, maintaining consistent contact with skin and supporting patient comfort^{13,14}.



4. Wider surface area of protection

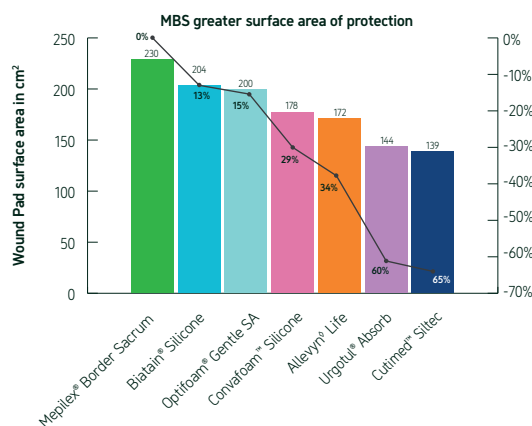


Mepilex Border Sacrum provides up to

65%

more wound pad coverage

than competing sacral dressings***. This larger surface area is designed to maximise both the area of protection against pressure injuries and the capacity for exudate absorption during treatment¹⁷.



*Compared to: Optifoam Gentle SA (Medline), Allevyn® Life (Smith+Nephew), Aquacel Foam Pro (Convatec). **Comparison is focused solely on the large size for Mepilex® Border Sacrum and the equivalent large sacrum dressings from competition.***Other dressings tested and compared with were Allevyn® Life Sacrum (Smith+Nephew), Optifoam® Gentle SA Sacrum (Medline), Urgotul® Absorb Sacrum (Urgo), Convafoam® Silicone Sacrum (Convatec), Cutimed® Siltec Sacrum (Essity), and Biatain® Silicone Sacral (Coloplast)

Evidence highlights less dressing deficiencies and adverse effects

Mepilex® Border Sacrum & Mepilex Border Heel

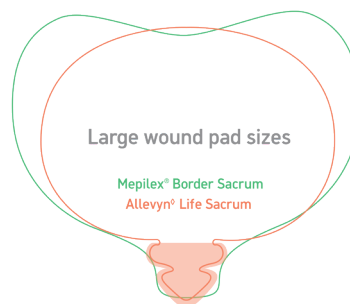
In a large multicentre randomised controlled trial conducted by the Belgian Health Care Knowledge Centre (KCE), Mepilex® Border dressings demonstrated:



Over 50%
fewer device deficiencies¹⁸



Nearly half
the rate of adverse device effects
compared to Allevyn® Life dressings¹⁸



Issues like rolling edges, poor adhesion, and layer separation were significantly more frequent with Allevyn® Life highlighting the superior reliability and patient safety offered by Mepilex Border



The first principle of healing is to prevent further injury. An effective treatment dressing must therefore be a superior protective dressing¹⁹.

Healing starts with preventing further injury

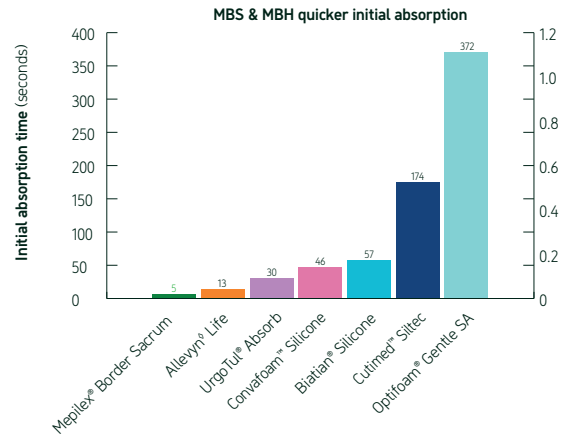
Mepilex® Border Sacrum and Mepilex Border Heel.



Optimised moisture management for effective recovery.

up to **74x faster**

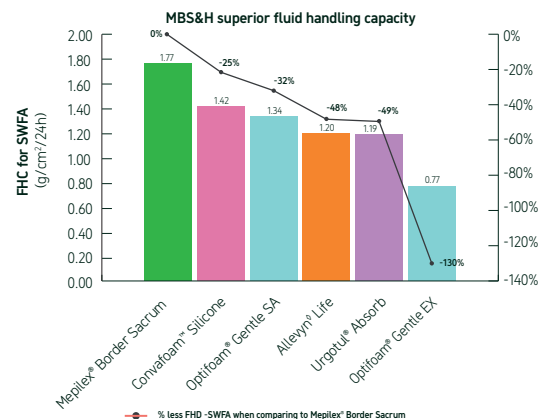
initial absorption than other bordered foams, reducing the risk of maceration and exudate pooling^{20**}.



Advanced exudate handling. Undisturbed healing.

up to **130% higher fluid*** handling capacity

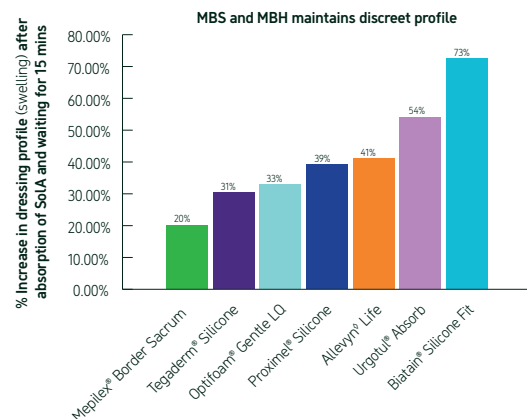
than other leading foam dressings, supporting a potential longer wear time^{20***}.



Confidence in coverage. Confidence in care.

up to **3.6x lower**

swelling after absorption compared to other bordered foams, reducing the risk of early detachment^{20****}.



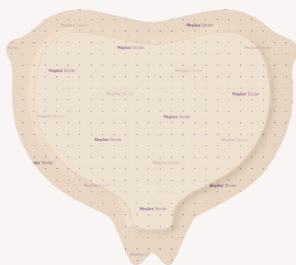
* Tested using a simulated fluid that mimics chronic wound exudate (SWF A). Data on file. ** Compared to: Optifoam® Gentle LQ, Optifoam Gentle SA (Medline), Biatain® Silicone, Biatain® Silicone Fit (Coloplast), Allevyn® Gentle Border, Allevyn® Life (Smith+Nephew), Aquacel® Foam Pro (Convatec). *** Other dressings tested were: Allevyn® Gentle Border and Allevyn® Life (Smit+Nephew), Optifoam® Gentle LQ, Optifoam® Gentle EX and Optifoam® Gentle SA (Medline), Aquacel® Foam Pro (Convatec). **** Compared to: Optifoam® Gentle LQ, Optifoam® Gentle EX, Optifoam® Gentle SA (Medline), Biatain® Silicone, Biatain® Silicone Fit (Coloplast), Allevyn® Life (Smith & Nephew), Aquacel® Foam Pro (Convatec).

Exudate Progress Monitor

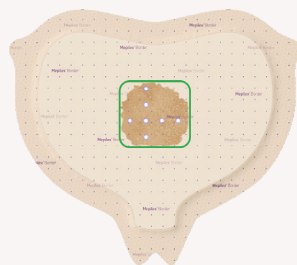


Tracks exudate without dressing removal – the Exudate Progress Monitor enables objective assessment of exudate spread without disturbing the wound^{21,22}.

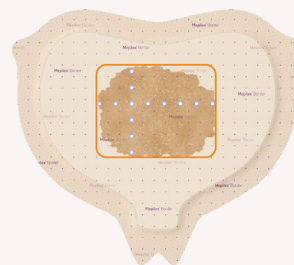
How the Exudate Progress Monitor works:



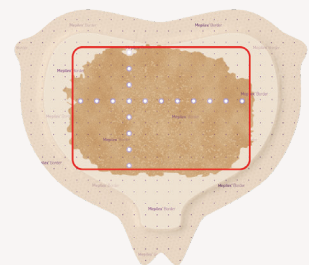
The Exudate Progress Monitor is a grid of equidistant dots spaced 1cm apart



As the exudate spreads you can record a dot count that reflects exudate volume in the dressing



You can then refer to the recorded dot count to help monitor exudate trends



Consider dressing change when exudate is approaching the borders of the dressing*



When used for treatment of deep tissue injuries,

90.6%²³

of suspected deep tissue injuries (sDTIs) were prevented from deterioration



* Wound inspection and dressing change frequencies are driven by clinical decision and should be at the discretion of the treating clinician.

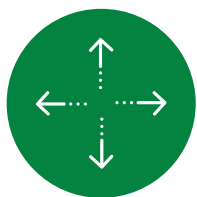
Mepilex® Border Flex:

The solution for all other at-risk areas

This dressing is designed to manage multidirectional forces and is powered by Flex Technology an essential solution for other anatomical sites.



How it works



It features unique **Y-shaped cuts** in the retention and spreading layers, allowing the dressing to stretch and conform in every direction – just like skin.



360-degree flexibility allows **Mepilex® Border Flex** to move with the patient, minimising skin stress, boosting comfort and keeping it securely in place on the most challenging parts of the body.

Evidence

Mepilex Border Flex:

Resulted in a

63.2%

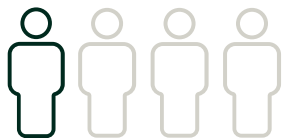
reduction in pressure injuries on the forehead and chin²⁴

Can reduce high stress by up to

80%

in soft tissue over the iliac crest during prone positioning (a common, high-risk surgical position)²⁵

Mepilex® Lite



Medical device-related pressure injuries (MDRPIs) are the third most common type of pressure injury affecting up to **1 in every 4 ICU patients**²⁶



reddot winner 2022
innovative product*

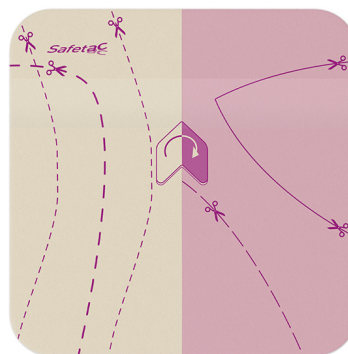
*Statement of jury: Mepilex® Lite is a resource-saving and intuitive-to-use solution for providing tailored protective dressings in everyday hospital and nursing care settings.

The **2025 International Guideline** recommends the use of prophylactic dressings beneath a medical device to reduce the risk of medical device-related pressure injuries¹⁰.



When introducing a MDRPI prophylactic dressing, the guideline advises selecting a dressing that:

- ✓ Is thin and conformable
- ✓ Can be cut to size to fit the area without adding excessive bulk
- ✓ Permits adequate heat and moisture release to prevent skin maceration and irritation
- ✓ Is appropriate for neonates to reduce the risk of medical adhesive-related skin injury (MARSII)¹⁰



Mepilex Lite 12.5 x 12.5cm dressing with cutting guide



The outcome



In one US level 2 trauma hospital, using Mölnlycke® pressure injury prevention bundles as part of a hospital-wide quality improvement program, hospital-acquired pressure injury (HAPI) rates were shown to decrease by

90%²⁷

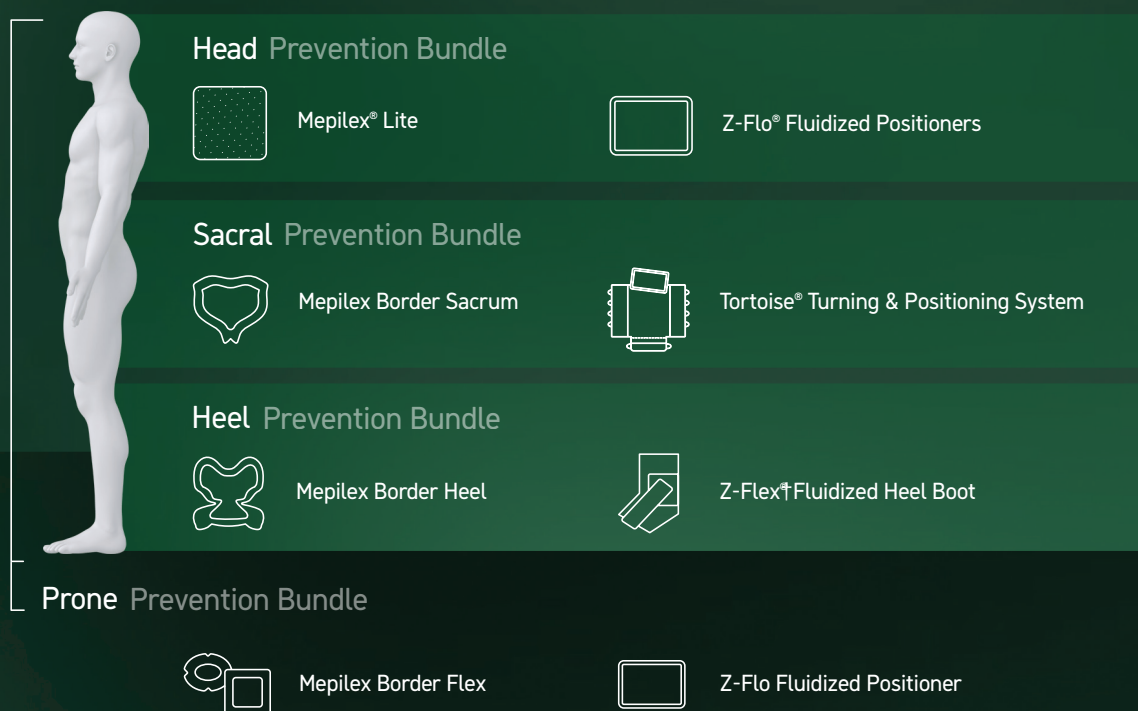


The results from using the Mölnlycke pressure injury prevention bundle saw an incidence of 206 HAPIs in 2018 reduce by 61.2% to 26 in 2020.

Over two years, this resulted in a total cost saving of

US\$3.09m²⁷

Total Protection: Head-to-Heel



Partner with Mölnlycke® for an Evidence-Based Prevention Strategy



Choose the portfolio with more high-level prevention evidence than all key competitors combined



Implement the solutions recommended by international authorities



Deliver proven clinical and financial outcomes



“Let’s build your customised pressure injury prevention program”



Total Protection
by Mölnlycke®

Mepilex® Border Sacrum Dressing

Product code	Size (cm)	Pcs/Box
282050	16 x 20	5
282450	22 x 25	5

Mepilex Border Heel Dressing

Product code	Size (cm)	Pcs/Box
282750	22 x 23	6

Mepilex Border Flex and Oval*

Product code	Size (cm)	Pcs/Box
595311	10 x 10 (square)	10
595411	15 x 15 (square)	10
583500	7.8 x 10 (oval)	5
583300	13 x 16 (oval)	5

*Other sizes available

Mepilex Lite**

Product code	Size (cm)	Pcs/Box
284123	12.5 x 12.5	5

**Other sizes available without a cutting guide

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Find out more at www.molnlycke.com.au | www.molnlycke.co.nz

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