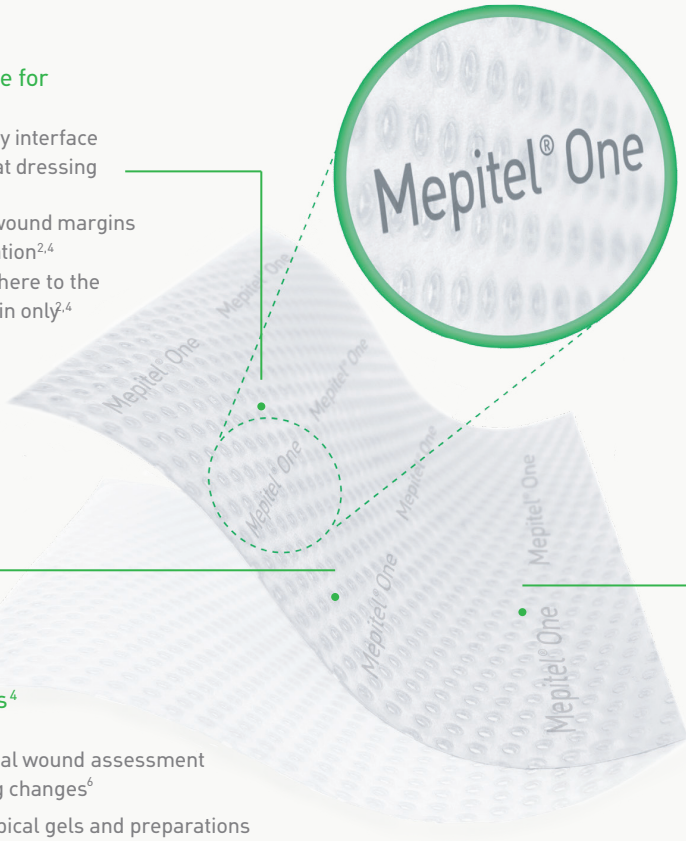
Mepitel® One

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

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

- One-sided Safetac® Technology interface minimises patient discomfort at dressing removal[4]
- Safetac Technology seals the wound margins and reduces the risk of maceration[2,4]
- Safetac Technology will not adhere to the moist wound bed, but to dry skin only[2,4]

Safetac® TECHNOLOGY



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

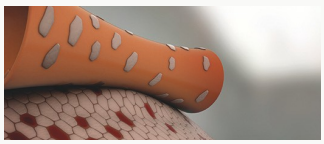
- Advanced dressing maintaining product properties over time - leaves no residue[3] and does not dry out
- Safetac Technology provides optimal fixation and can remain in place for up to 14 days[5]

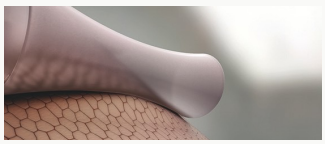
Easy to use
Supports the healing progress[4] and the healthtcare provider

- Transparent net enables optimal wound assessment avoiding unnecessary dressing changes[6]
- Perforated structure allows topical gels and preparations to pass through to treat wounds effectively, if required[1,8]

Safetac® Technology. Less pain and less trauma

Dressings with Safetac Technology are clinically demonstrated to minimise damage to the wound and skin at removal[11-17]. By sealing the wound margins, they help prevent maceration[11,15]. With less damage to the wound and skin, pain a dressing change is minimised[10-15]. Therefore, several randomised trials associate dressings using Safetac Technology with faster healing[9,10,12,13] and lower total treatment cost[10,12,15].





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® Technology layer prevents the outer dressing from sticking to the wound and ensures atraumatic dressing changes. The Safetac Technology layer seals around the wound edges, preventing exudate from leaking onto the surrounding skin, minimising the risk of maceration.

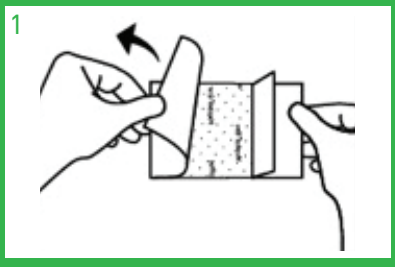
Areas of use

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.

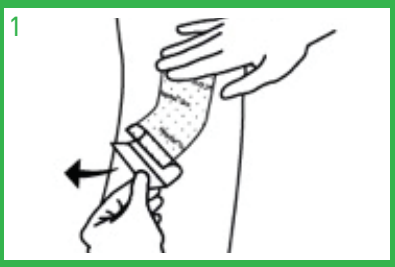
Precautions

- 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

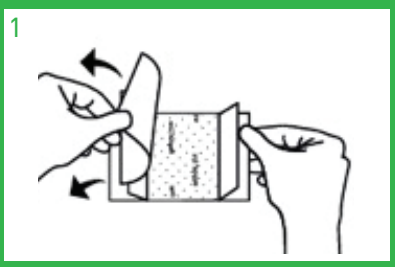
How to use Mepitel One



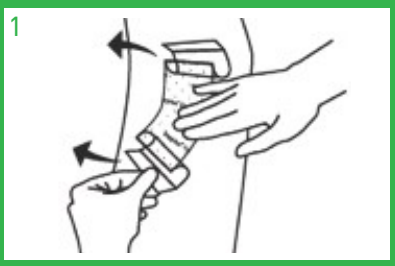
1. Cleanse the wound in accordance with local clinical practice and dry the surrounding skin thoroughly.



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 release film layers and apply Mepitel One with the sticky side to the wound. The dressing is applied in the 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, such as Mesorb® and fixate with a gentle retention bandage e.g. Tubifast®.

Mepitel One assortment (sterile packed)

Product Code	Size (cm)	Pcs/Box
289100	5 x 7.5	10
289300	7.5 x1 0	10
289500	10 x 18	10
289670	24 x 27.5	5
289700	17 x 25	5

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 Oncolog 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. Vol 22, No 20. BJON. 2013. **8.** Campanella SD, et al. A randomised controlled pilot study comparing Mepitel and SurfaSoft on paediatric donor sites treated with Recell .37(8): 1334-42. Burns 2011. **9.** Gee Kee EL, et al. Randomized controlled trial of three burns dressings for partial thickness burns in children. Burns, 2015. **10.** Gotschall CS et al. Prospective, randomized study of the efficacy of Mepitel on children with partial-thickness scalds. Journal of Burn Care Rehabilitation, 1998. **11.** 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. **12.** 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. **13.** 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. **14.** 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. **15.** Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopedic Surgery. Deutsche Arzteblatt International, 2018. **16.** 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. **17.** 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.

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

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