Mepitel®

Gentle two-sided wound contact layer

Safetac® Technology interface

- Minimises pain during dressing changes[1]
- Minimises the risk of adherence[2,3]
- Minimises the risk of maceration[1]

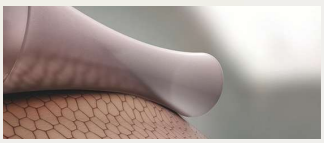
Polyamide net

- Open mesh structure allows a good drainage of exudate and an application of gels or ointments[4]

Safetac® Technology. Less pain and less trauma

Dressings with Safetac Technology are clinically demonstrated to minimise damage to the wound and skin at removal[6-12]. By sealing the wound margins, they help prevent maceration[6,10]. With less damage to the wound and skin, pain a dressing change is minimised[5-10]. Therefore, several randomised trials associate dressings using Safetac Technology with faster healing[3,5,7,8] and lower total treatment cost[5,7,10].

Without Safetac



With Safetac

- Minimises pain and trauma at dressing changes[1,3,5]
- Can remain in place for up to 14 days[13] which allows cost-effective[5] and undisturbed wound healing[2,13-16]

Mepitel®

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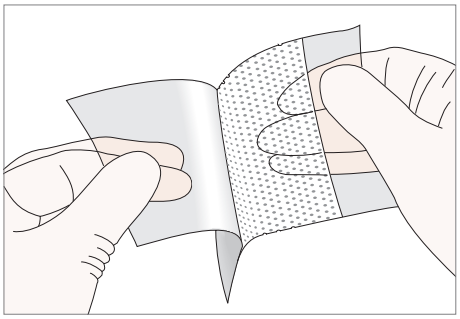
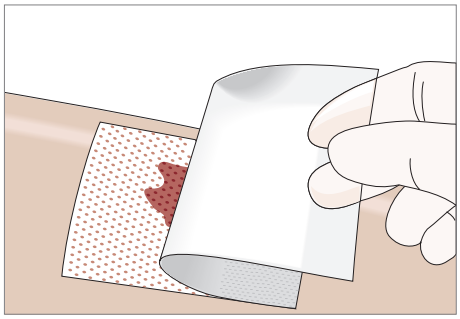
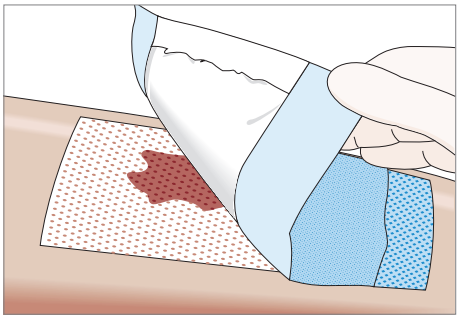
How to use Mepitel®



1. Clean the wound area and dry the surrounding skin. Remove one of the release films and use the other to handle the product to avoid the product sticking to gloved fingers.



2. Apply Mepitel to the wound and remove the second release film when in position.



3. Apply the outer absorbent secondary dressing (such as Mesorb®) and fixate with Tubifast®.

How Mepitel works

Mepitel is a transparent perforated and non-absorbent dressing. The open mesh structure allows exudate to pass into a secondary absorbent dressing. This allows for frequent outer dressing changes with minimised disturbance to the wound. Safetac® Technology minimises pain for the patient and trauma to the wound and the surrounding skin during the dressing removal[1-3,5].

Benefits of Mepitel

- Minimises pain and trauma at dressing changes[2-3,5]
- Can remain in place for up to 14 days which in turn ensures undisturbed wound healing[12]
- Maintains structural integrity and leaves no residues in the wound or on the surrounding skin[4]
- Conforms well to difficult-to-dress areas[3]
- Non-sensitising/ Non-irritating[4]

Areas of use

Mepitel is designed for a wide range of exuding wounds, such as skin tears, skin abrasions, sutured wounds, partial thickness burns, lacerations, partial and full thickness grafts, diabetic foot ulcers, venous and arterial leg ulcers.
Mepitel can also be used as a protective layer on non-exuding wounds, blisters.

Precautions

- If you see signs of infection, e.g. fever or the wound or the surrounding skin becoming red, warm or swollen, consult a healthcare professional for appropriate treatment.
- When used on partial thickness burns with a high risk of rapid granulation or after facial resurfacing, avoid placing pressure upon the dressing, lift and reposition the dressing at least every second day.
- When used on bleeding wounds or wounds with high viscosity exudate, Mepitel should be covered with a moist absorbent dressing pad.
- When Mepitel is used 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 on a patient and/or user with known hypersensitivity to silicone.
- Do not reuse. If reused, performance of the product may deteriorate and cross-contamination may occur.
- Sterile. Do not use if inner package is damaged or opened prior to use. Do not re-sterilise.

Warning

When Mepitel is used in conjunction with NPWT systems, always document the number or cut pieces of Mepitel used in the patient's record, to ensure that no Mepitel is left in the wound when the dressing is changed.

Mepitel assortment (Sterile packed)

Product code	Size cm	Pcs/Box
290510	5 x 7.5	10
290710	7.5 x 10	10
291010	10 x 18	10
292005	20 x 30	5

References: 1. Dahlstrom K.K. A new silicone rubber dressing used as a temporary dressing before delayed split skin grafting: A prospective randomised study. Scandinavian Journal of Plastic and Reconstructive Surgery and Hand Surgery, 1995. **2.** Bugmann P. 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. **3.** Gee Kee EL, et al. Randomized controlled trial of three burns dressings for partial thickness burns in children. Burns, 2015. **4.** Adamietz, I.A et al. Effect of self-adhesive, silicone-coated polyamide net dressing on irradiated human skin. Radiatherapy Oncolology Investigations, 1995. **5.** Gotschall CS et al. Prospective, randomized study of the efficacy of Mepitel on children with partial-thickness scalds. Journal of Burn Care Rehabilitation, 1998. **6.** 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. **7.** 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. **8.** 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. **9.** 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. **10.** Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopedic Surgery. Deutsche Arzteblatt International, 2018. **11.** 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. **12.** 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. **13.** Brölmann F, et al. Randomized clinical trial of donor-site wound dressings after split-skin grafting. British Journal of Surgery, 2013. **14.** Terrill P.J. A comparison of three primary non-adherent dressings applied to hand surgery wounds. J Wound Care, 2000. **15.** O'Donovan DA et al. The role of Mepitel silicone net dressings in the management of fingertip injuries in children. Journal of Hand Surg,1999. **16.** Platt AJ et al. A comparative study of silicone net dressing and paraffin gauze dressing in skin-grafted sites. Burns, 1996. **17.** Eid R. et al. SIMP 01 - A prospective, open, non-controlled proof-of-concept investigation to evaluate the function of a new silicone cover film and an on-top suction device to be used in a NPWT system in the treatment of acute and chronic wounds. Mölnlycke Ctlinical Investigation Report, 2011.

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