Mepitel® One

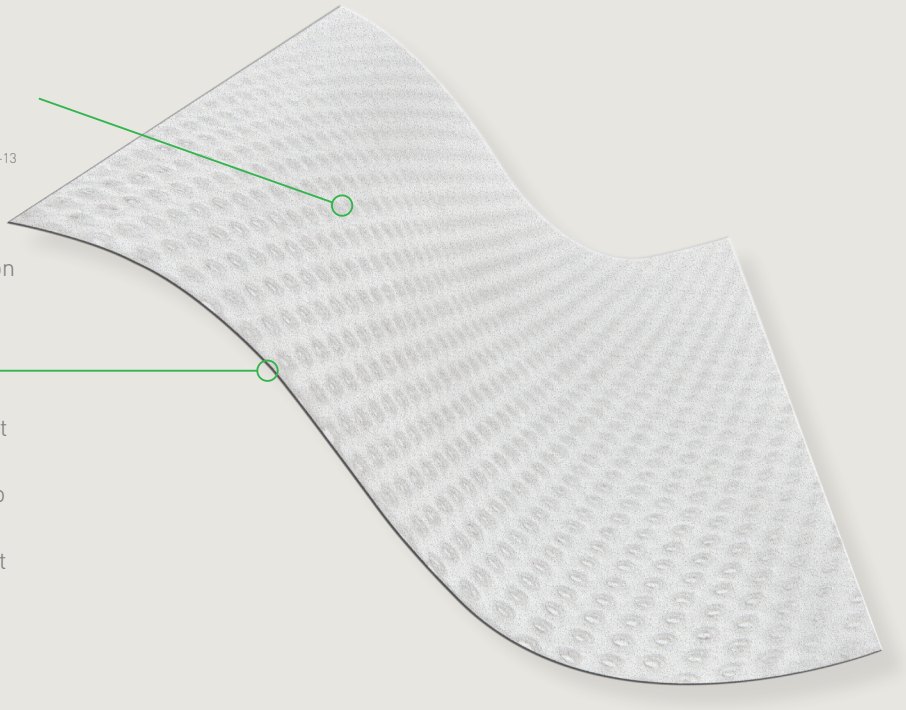
New wound contact layer with Safetac® technology

Polyurethane net

- Open mesh structure allows free transfer of wound exudate to outer absorbent dressing and delivery of topical preparations to the wound[11-13]
- Highly transparent
- Thin and conformable for optimal patient comfort and secure adhesion

Safetac® layer (soft silicone)

- Reduces pain and trauma before, at and after dressing change[9]
- Seals around the wound margins to reduce risk of maceration[10]
- Adheres gently to dry intact skin but not to the moist wound bed



Safetac® TECHNOLOGY

- Minimizes pain and trauma at dressing changes[1,2]
- Can remain in place for up to 14 days[3-7] which allows cost-effective[1,8] and undisturbed wound healing
- Non-adherent outer surface for optimal comformability, flexibility and ease of application

Proven choice for a better outcome

Safetac*, pioneered by Mölnlycke, delivers above and beyond the ordinary. Proven to help optimize the wound healing journey and even prevent wounds, dressings with Safetac are the safe choice for patients and a champion for higher standards in wound care.

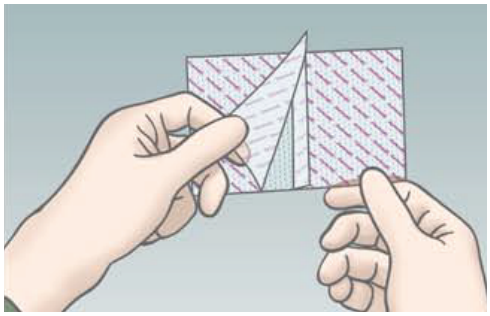
In fact, we have a wealth of evidence that supports the clinical and economic benefits of dressings with Safetac, including Mepilex®, Mepitel®, Mepiform® and Mepitac®. To date, these dressings have helped millions of patients worldwide[7-9].

Safetac® TECHNOLOGY

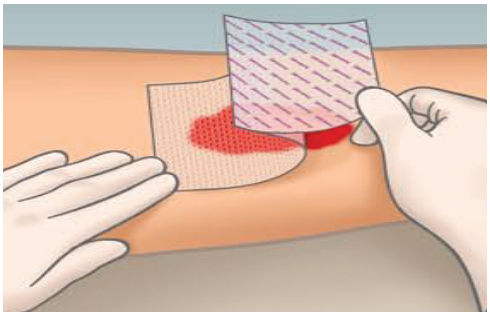
* A unique proprietary technology exclusive to Mölnlycke Health Care

Mölnlycke®

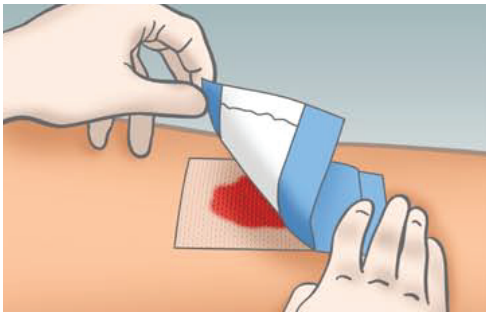
Directions for use



Gently clean the wound area; dry surrounding skin. Remove the release film.



Apply Mepitel One to the wound allowing it to overlap onto the surrounding skin by 2 cm.



Apply an outer absorbent dressing such as Mesorb and fixate in place.

How Mepitel One works

Mepitel® One can be left in place for up to 14 days[3-7], depending on the condition of the wound. The porous structure of Mepitel® One allows exudate to pass into an outer absorbent dressing. The Safetac® wound contact surface protects the wound and peri-wound area and prevents the outer dressing from sticking to the wound. The Safetac® layer also seals around the wound edges, preventing leakage of exudate onto the surrounding skin, thus minimizing the risk of maceration. Mepitel® One is thin, transparent and has a smooth, non-adherent outer surface for optimal comformability, flexibility and ease of use.

Benefits of Mepitel

- Minimizes pain and trauma at dressing changes.
- Can remain in place for up to 14 days which in turn ensures undisturbed wound healing
- Minimizes the risk of maceration
- Maintains integrity over time; does not dry out and leaves no residue on removal
- Transparent for easy wound inspection during application and during wear
- Conforms well to body contours, promoting patient comfort during wear and secure adhesion

Indications*

Mepitel® One is a wound contact layer designed for the management of a wide range of exuding wounds such as painful wounds, skin tears, skin abrasions, surgical incisions, partial thickness burns, traumatic wounds, blistering, lacerations, partial and full thickness grafts, radiated skin, leg and foot ulcers. It can also be used as a protective layer on non-exuding wounds and on areas with fragile skin.

Mepitel® One Assortment (Sterile packed)

Art. no	Size cm	Pcs/Box	Pcs/Case
289100	5 × 7.5	10	70
289300	7.5 × 10	10	40
289500	10 × 18	10	70
289700	17 × 25	5	40
289750	27.5 x 50	2	14

*Notice: For Mölnlycke licensed product details including indications and precautions, please refer to www.molnlycke.ca

Precautions*

- The wound should be inspected for signs of infection according to clinical practice. Consult a healthcare professional for the appropriate medical treatment.
- Mepitel® One may be used on Epidermolysis Bullosa patients after consulting a qualified health care professional.
- When used on partial thickness burns with 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® One should be covered with a moist absorbent dressing pad.
- When Mepitel® One is used for the fixation of skin grafts, the dressing should not be changed before the fifth day post application.
- 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.

Warnings

- Mepitel® One has a higher adhesion level than Mepitel®. When using Mepitel ®One on Epidermolysis Bullosa patients, use caution and surveillance at dressing changes.
- When Mepitel® One is used on burns treated with meshed grafts, avoid placing unnecessary pressure upon the dressing. Imprints can occur if the product is not used properly.
- When Mepitel® One is used after facial resurfacing, avoid placing unnecessary pressure upon the dressing and lift and reposition the dressing at least every second day. Imprints can occur if the product is not used properly.

References:
1. Gotschall CS, et al. Prospective, randomized study of the efficacy of Mepitel on children with partial-thickness scalds. Journal of Burn Care & Rehabilitation 1998;19(4):279-283. **2.** Bugmann Ph, 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;24:609-612. **3.** Eagle M. Use of non-adherent silicone dressing Mepitel to meet client centered needs in chronic non-healing wounds. Clinical Report Mölnlycke Health Care (1998). **4.** Taylor R. Use of a silicone net dressing in severe mycosis fungoids. JoWC, Vol 8, No 9 (1999), p.429-430. **5.** Young T. Fungating wounds: their diagnosis and management. Community nurse, 5, No 10 (1999), p. 53-54. **6.** Marconi R, Laverda F, Trevisan G. Poster Presentation European Wound Management Association, Helsinki, Finland, 2009. **7.** Barraziol R, Fraccalenta E, Schiavon M. Poster Presentation European Wound Management Association, Helsinki, Finland, 2009 **8.** Rippon M, Davies P, White R, Bosanquet N. Cost implications of using an atraumatic dressing in the treatment of acute wounds. Jo WC, vol 17, No 5 (2008), p. 224-7. **9.** Dykes P.J et al. Effects of adhesive dressings on the stratum corneum of the skin. J Wound Care 2001; 10(2):7-10. **10.** Dykes P.J. The effect of adhesive dressing edges on cutaneous irritancy and skin barrier function. J Wound Care 2007, 16(3):97-100. **11.** Dahlstrom KK. Scand J Plast Reconstr Surg Hand Surg 1995;29 (4):325-7. **12.** Vloemans AFPM, Kreis RW. Scandinavian Journal of Plastic and Reconstructive Hand Surgery 1994;28:75-6. **13.** Lapioli-Zufelt A, Morris E.J. Journal of Wound, Ostomy and Continence Nursing 1998;25(6):314-6.

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