

Up to 14 days undisturbed healing¹⁻⁶ and less pain at dressing changes





Unique double sided Safetac® adhesive

in place during application

Highly-transparent design allows

assessment of the healing progress

without removing the contact layer¹²

keeps outer absorbent dressing securely

The original primary dressing that ensures fewer interruptions to healing^{1, 2, 3}

Mepitel is a unique, atraumatic self-adherent, wound contact layer that allows for undisturbed healing and is less painful to the patient on removal. The combination of these exceptional benefits make Mepitel the superior dressing option for a variety of wound applications:

Impressively conformable, ensuring an excellent fit even in difficult to dress areas. It's also much more comfortable for the patient^{5, 6}

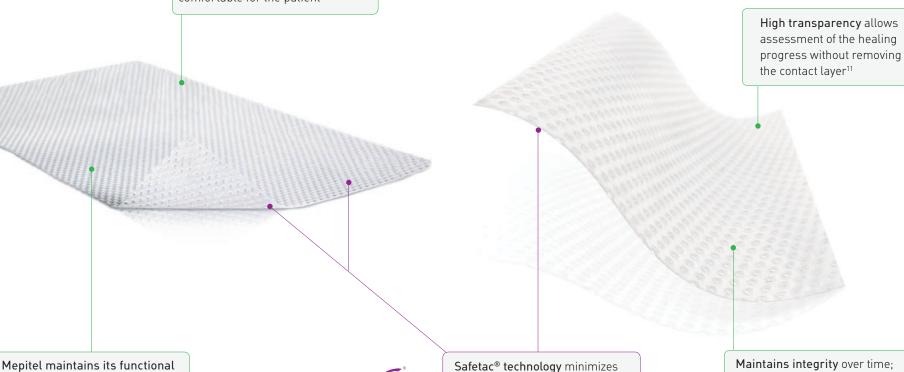




An innovative new development that minimizes interruptions to wound healing

Transparent Mepitel One is an innovative self-adhering wound contact layer that allows ample time for the healing process and minimizes pain for the patient on removal.

Avoiding the need for dressing removal can help minimize patient pain and unnecessary disturbance to the healing process¹⁻³. Mepitel One improves your ability to make critical assessments of the wound without removing the dressing.



Safeta



Impressively conformable, ensuring an excellent fit and maximum patient comfort^{7,8}



Effective open mesh design enables free transfer of exudate to outer absorbent dressing and delivery of topical preparations to the wound bed¹²⁻¹⁴

Which Mepitel dressing should you choose?







Safetac layer on both sides —

properties longer than other

dressings and does not leave

residue on the wound^{1, 2, 3, 4}

- Double sided Safetac technology for extra fixation of outer absorbent dressings
- Excellent transparency for ongoing wound assessment
- Gentle Safetac technology for the most sensitive skin
- Conformable design ensures effective application and patient comfort
- May remain in place for up to 14 days for undisturbed healing

pain at dressing changes and the

maceration and delays healing9-11

spread of exudate that causes

Mepitel® One

Safetac layer on wound contact side only —

• One sided Safetac technology offers easier application and sole use options

does not dry out and leaves

no residue on removal¹⁻⁶

- Full transparency allows for critical wound assessments without the need to disturb the dressing
- Stronger Safetac adhesion for extra security
- Highly conformable for excellent fit in difficult to dress areas
- May remain in place for up to 14 days for undisturbed wound healing



Skin Tears | Skin Abrasion | Surgical Incisions | Second Degree Burns | Blistering | Lacerations | Diabetic Ulcers | Venous and Arterial Ulcers | Partial and Full Thickness Grafts



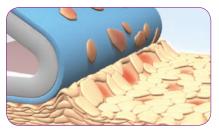




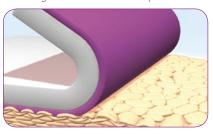
Safetac® technology is less painful

Safetac is a patented adhesive technology that is less painful for the patient at dressing removal and less traumatic to the wound. Safetac technology hurts less because it:

- Adheres gently to dry tissue, but not to moist wound surfaces¹⁵
- 2 Conforms to the skin's uneven surfaces, covering more skin surface and spreading peel forces on removal to prevent skin stripping¹⁶
- 3 Seals the wound margins, ensures exudate does not spread to the surrounding skin and minimizes maceration¹⁵



Removal of a dressing with traditional adhesive. Epidermal cells are stripped, causing wound trauma and pain.



Removal of a dressing with Safetac technology. No skin-stripping.



Mepitel[®]

Ordering Information Packaged sterile in single packs.					
Product Code	Size	Pieces/box	Pieces/case		
290510	5 x 7.5 cm	10	50		
290710	7.5 x 10 cm	10	40		
291010	10 x 18 cm	10	70		
292005	20 x 30 cm	5	30		

Mepitel®One

Ordering Information Packaged sterile in single packs.				
Product Code	Size	Pieces/box	Pieces/case	
289100	5 x 7.5 cm	10	70	
289300	7.5 x 10 cm	10	40	
289500	10 x 18 cm	10	70	
289700	17 x 25 cm	5	40	

References:

- 1. Eagle M. Clinical report, Mölnlycke Health Care 1998
- 2. Taylor R. Journal of Wound Care 1999;8(9):429-30
- 3. Young T. Community Nurse 1999;5(10):53-4
- 4. Edwards J. Journal of Community Nursing 1998;12(10):22-6
- 5. Marconi R, Laverda F, Trevisan G. Poster Presentation European Wound Management Association, Helsinki, Finland, 2009
- 6. Barraziol R, Fraccalenta E, Schiavon M. Poster Presentation European Wound Management Association, Helsinki, Finland, 2009
- 7. Burton F. Journal of Wound Care 2004;13(9):371-73
- 8. Hall S. Journal of Wound Care 2004;13(10):405-6
- 9. Bugmann P et al. Burns 1998;24(7):609-12
- 10. Young MJ. The Diabetic Foot 2002;5(3 Suppl):1-7

- 11. White R, Morris C. Poster presented at the European Wound Management Association, Glasgow, United Kingdom and the Sixth Asia Pacific Burns Congress, Seoul, Korea, 2007
- 12. Dahlstrom KK. Scand J Plast Reconstr Surg Hand Surg 1995;29 (4):325-7
- 13. Vloemans AFPM, Kreis RW. Scandinavian Journal of Plastic and Reconstructive Hand Surgery 1994;28:75-6
- 14. Lapioli-Zufelt A, Morris EJ. Journal of Wound, Ostomy and Continence Nursing 1998;25(6):314-6
- 15. White R. Wounds UK 2005;1:(3):104-9
- 16. Meaume S et al. Ostomy Wound Management 2003;49(9):44-51
- 17. Gotschall CS et al. J Burn Care Rehabil 1998;19(4):279-83
- 18. White R, Morris C. Br J Nurs 2009;18(1):58-64

For more information, please contact your Mölnlycke Health Care representative at 1-800-494-5134 or visit our website at www.molnlycke.ca

