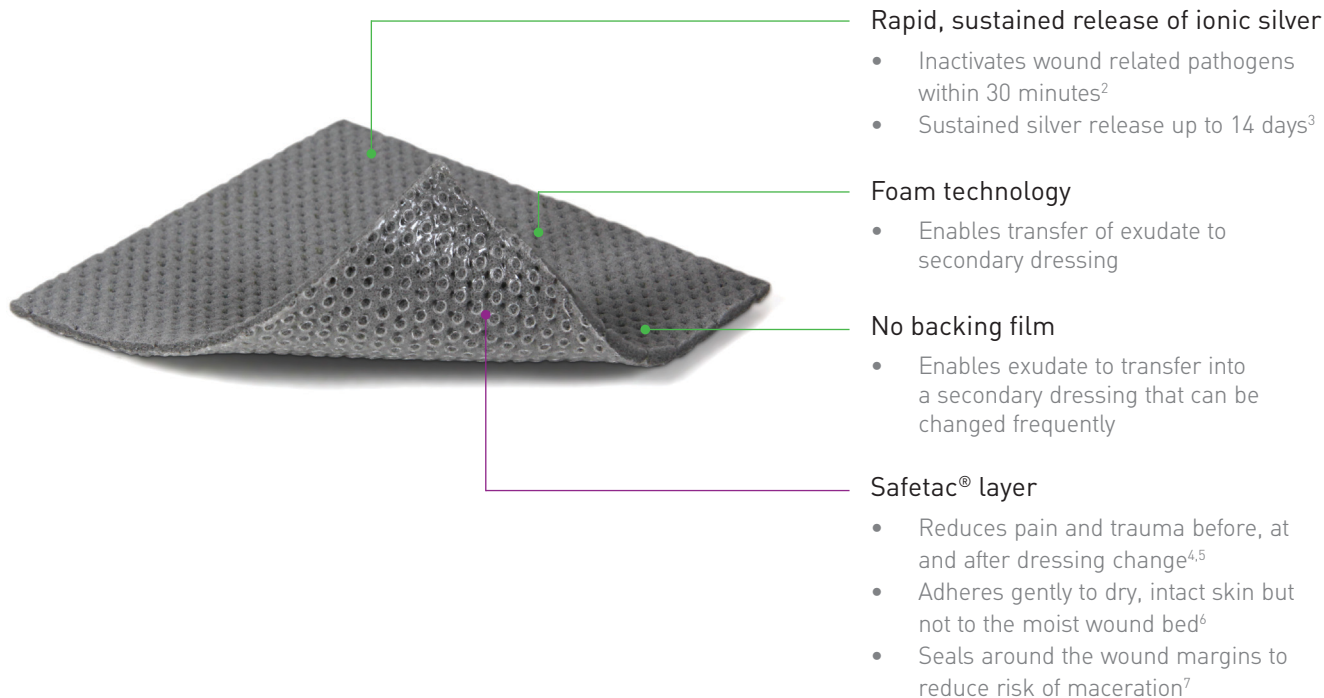


## Antimicrobial wound contact layer with Safetac® technology

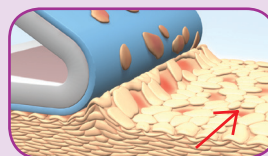
- Transfers exudate away from the wound into a secondary dressing
- Thin and highly conformable for difficult-to-dress wounds
- Provides rapid, broad spectrum antimicrobial efficacy and sustained silver activity<sup>1,2,3</sup>
- Minimizes pain and trauma associated with dressing change



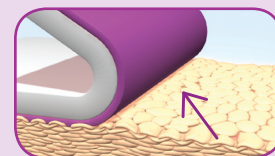
### Safetac® technology

#### Safetac® technology. Less trauma. Less pain.™

Safetac® is a patented soft silicone adhesive technology. Dressings with Safetac® technology are atraumatic both during wear and upon removal. These dressings minimize trauma to the wound and the surrounding skin, which minimizes pain to the patient. They also prevent maceration by sealing around the margin of the wound to protect peri-wound skin.

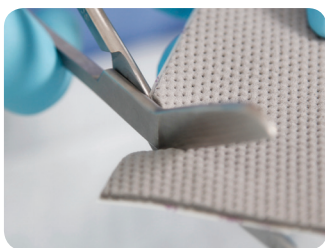


Skin stripping occurs with traditional adhesive



No skin stripping occurs with Safetac®

## Directions for use



### 1. Preparation

Cleanse the wound and dry the surrounding skin thoroughly. If needed, cut Mepilex® Transfer Ag to appropriate size or shape.



### 2. Apply Mepilex® Transfer Ag

Remove the release film, and apply the adherent side to the wound allowing at least 2-5 cm overlap on dry skin. Do not stretch. Smooth.



### 3. Apply secondary layer

Apply a secondary layer that is appropriate for the exudate level (e.g. Mextra® Superabsorbent or Mesorb®). Overlap the edges of Mepilex® Transfer Ag.



### 4. Apply fixation

Use an appropriate fixation to hold the dressings in place, (e.g. Tubifast™).

## How Mepilex® Transfer Ag works

Mepilex® Transfer Ag is an antimicrobial wound contact layer with Safetac® technology which has been designed for undisturbed healing. By combining it with a secondary layer appropriate for a specific wound type it allows you to create an optimal dressing combination. Mepilex® Transfer Ag may remain in place while only the secondary dressing is changed when needed. It effectively absorbs and transfers exudate to a secondary layer, while minimizing trauma to the wound and the surrounding skin, and pain to the patient at dressing removal.

## Benefits of Mepilex® Transfer Ag

- The world's first antimicrobial wound contact layer with Safetac® technology for minimal tissue trauma and patient pain at dressing changes
- Effective exudate transfer to a secondary layer
- Inactivates a wide range of microorganisms<sup>1</sup>
- Rapid antimicrobial effect within 30 minutes<sup>2</sup>
- Sustained silver release and antimicrobial effect for up to 14 days<sup>3</sup>
- Antimicrobial effect also with a secondary layer<sup>8</sup>

## Frequency of change

Mepilex® Transfer Ag may be left in place for up to 14 days<sup>8</sup> depending on the patient, condition of the wound and surrounding skin, or as indicated by accepted clinical practice. It is intended for short-term use up to 4 weeks. For continued use, a re-assessment by a physician is recommended.

### Mepilex® Transfer Ag assortment (sterile packed)

Art. no	Size cm	Pcs/box	Pcs/case
394000	7.5 x 8.5	10	70
394100	10 x 12.5	5	50
394700	12.5 x 12.5	5	50
394800	15 x 20	10	50
394500	20 x 50	2	12

## Indications for use

Mepilex® Transfer Ag is indicated for low to high exuding wounds including difficult-to-dress areas where an antimicrobial effect is needed: traumatic wounds, partial thickness burns, donor sites (surgical wounds), foot and leg ulcers, pressure ulcers and malignant wounds. If needed, Mepilex® Transfer Ag can easily be cut.

## Precautions

- In case of signs of clinical infection, consult a health care professional for adequate infection treatment.
- Do not use on patients with known sensitivity to the dressing or its components.



REFERENCES: 1. Data on file 2.-3. External lab report, NAMSA. 4. White R. A multinational survey of the assessment of pain when removing dressings. Wounds UK, 2008. 5. Upton D. et al. Pain and stress as contributors to delayed wound healing. Wound Practice and Research, 2010. 6. Dykes PJ. The effect of adhesive dressing edges on cutaneous irritancy and skin barrier function. J Wound Care 2007, 16(3):97-100. 7. 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. 8. Data on file.

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