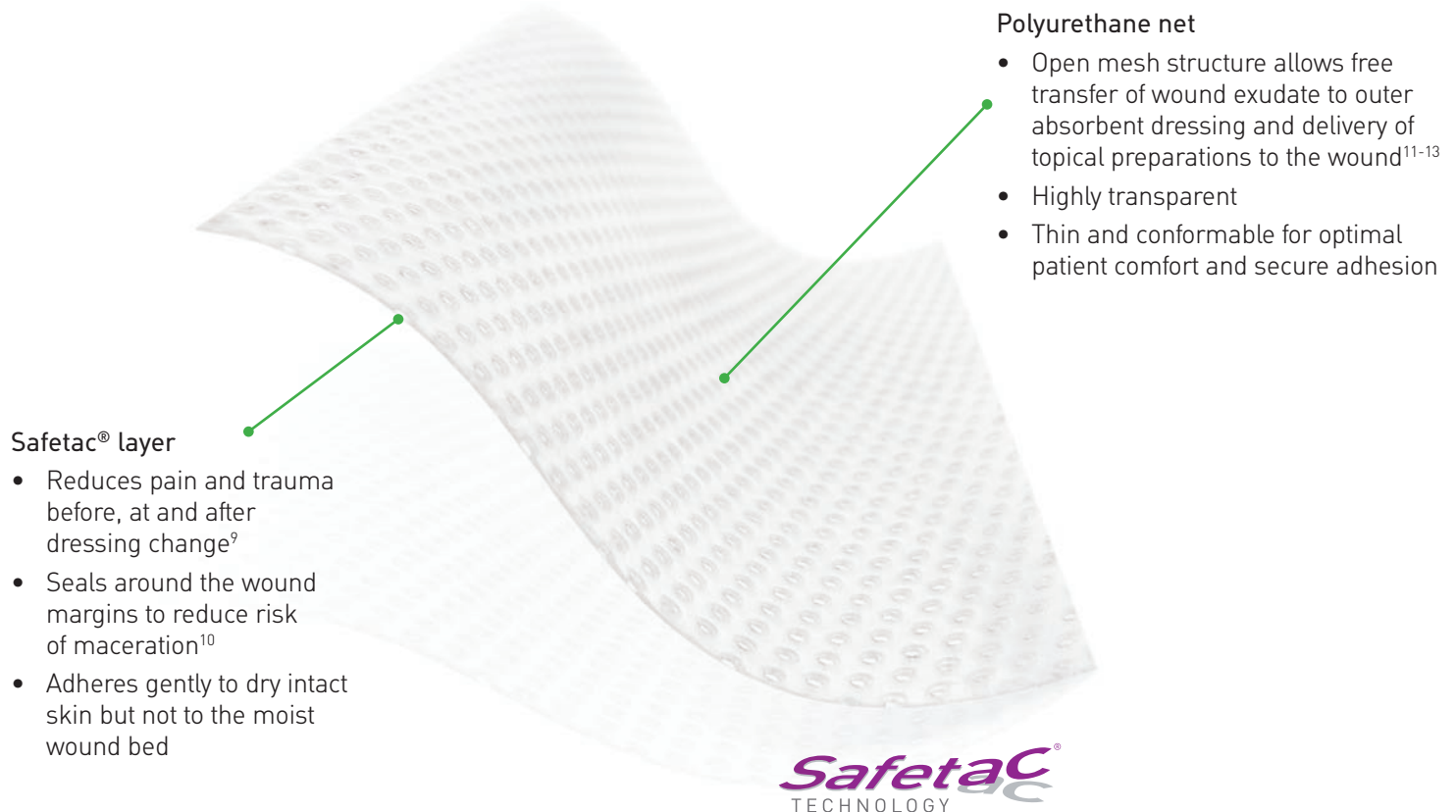


# Mepitel® One

## NEW WOUND CONTACT LAYER WITH SAFETAC® TECHNOLOGY

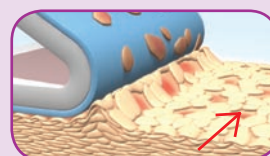
- Minimizes pain and trauma at dressing changes<sup>1,2</sup>
- Can remain in place for up to 14 days<sup>3-7</sup> which allows cost-effective<sup>1,8</sup> and undisturbed wound healing
- Non-adherent outer surface for optimal conformability, flexibility and ease of application



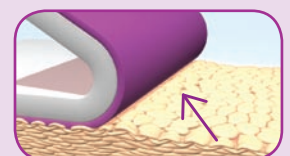
### Safetac® technology

#### Safetac® technology. Less pain and less trauma.

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

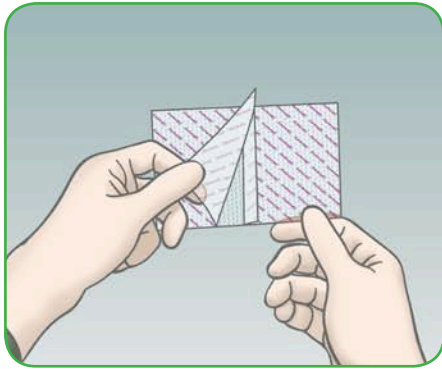


No skin stripping occurs with Safetac technology

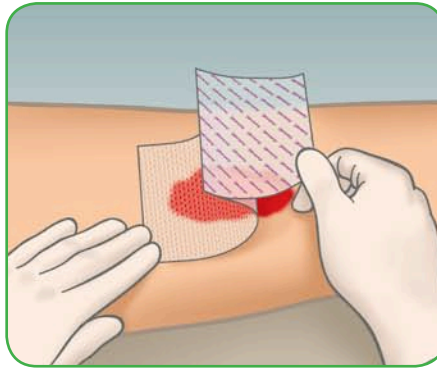
## How Mepitel® One works

Mepitel One can be left in place for up to 14 days<sup>3-7</sup>, 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 conformability, flexibility and ease of use.

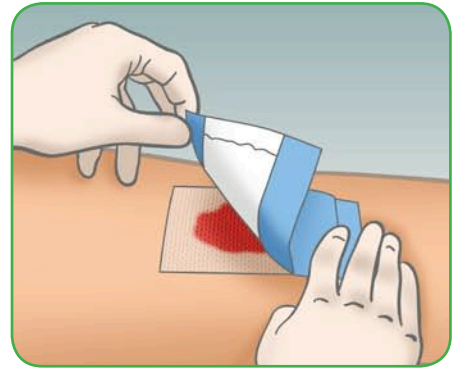
## How to use Mepitel One



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.

## Benefits of Mepitel One

- 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



Mölnlycke Health Care  
www.molnlycke.ca  
1 800 494 5134

The Mölnlycke Health Care name and logo, Safetac® and Mepitel® One are registered trademarks of Mölnlycke Health Care AB. Gamlestadvägen 3C, Göteborg, Sweden

## Indications for use

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

## Precautions

- When used on bleeding wounds or wounds with viscous exudate, Mepitel One should be covered with a moist outer dressing until hemostasis is achieved or the exudate becomes less viscous.
- When Mepitel One is used for the fixation of skin grafts, the dressing should not be changed before the fifth day post application.

## 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.

### Mepitel One Assortment (sterile packed)

Product Code	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



**References:**  
1. Gossball 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 fungoides. *JoWC*, Vol. 8, No 9 (1999), p. 429-430. 5. Young T. Fungaling wounds: their diagnosis and management. *Community nurse*, 5, No 10 (1999), p. 53-54. 6. Marconi R, Lavenda F, Trevisan G. Poster Presentation European Wound Management Association, Helsinki, Finland, 2009. 7. Barraza R, Fraccaloni 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. *JoWC*, vol 17, No 5 (2008), p. 224-7. 9. Dykes PJ et al. Effects of adhesive dressings on the stratum corneum of the skin. *J Wound Care* 2001; 10(2):7-10. 10. Dykes PJ. The effect of adhesive dressing edges on cutaneous irritancy and skin barrier function. *J Wound Care* 2007; 16(3):97-100. 11. Dahlström KK, Scand J Plast Reconstr Surg 1995;29 (4):325-7. 12. Voermans AFPM, Kreis RW, Scandinavian Journal of Plastic and Reconstructive Hand Surgery 1994;28:75-6. 13. Lapioli-Zulett A, Morris EJ. *Journal of Wound, Ostomy and Continence Nursing* 1998;25(6):314-6.