Mepilex[®]Ag

Antimicrobial soft silicone foam dressing

• Breathable outer film • Rapid, sustained for optimal protection release of ionic silver for optimal and fluid handling antimicrobial activity • Soft and Safetac[©] soft silicone conformable layer protects the proprietary foam wound and peri-wound area, reduces the risk technology for effective exudate of maceration and minimizes trauma and management pain at dressing change

TWO ADVANCED TECHNOLOGIES. ONE ANTIMICROBIAL DRESSING.

Only Mepilex[®] Ag combines the best of two superior technologies – the antimicrobial action of ionic silver with the benefits of Safetac[®] soft silicone technology.

- Provides rapid, broad spectrum antimicrobial efficacy and sustained release silver activity
- Reduces the risk of peri-wound maceration and staining
- Advanced fluid handling for optimal exudate management

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.

* A unique proprietary technology exclusive to Mölnlycke Health 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 worldwide⁷⁻⁹.



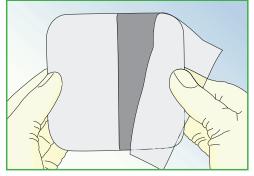




Mepilex[®]Ag



Directions for use



For best results choose a size that will allow Mepilex® Ag to extend at least 2 cm. beyond the wound margins. Cleanse the wound with normal saline or water according to standard clinical protocol. Dry the surrounding skin thoroughly.



Remove the protective backing and apply with the adherent side to the wound. Do not stretch. For lower limb applications position Mepilex[®] Ag slightly off centre so more of the dressing rests below the wound than above.



Secure Mepilex® Ag in place with Mepitac® or other fixation device. Note: Mepilex® Ag may be cut to size if required).

How Mepilex[®] Ag works

Topical Silicone has been shown to have a positive impact on hypertrophic and keloid scars.¹² It may take from 3 to 12 months or longer to improve an old scar, depending on the condition of the scar tissue. For prophylactic treatment, Mepiform® should be used for 2 to 6 months, depending on the condition of the scar tissue.

Benefits of Mepilex[®] Ag

Mepilex® Ag is an antimicrobial soft silicone foam dressing that absorbs exudate and maintains a moist wound environment.

- In dry conditions the silver particles in Mepilex[®] Ag are inactive. When the dressing is exposed to moisture the silver particles release silver ions which disperse through the dressing and into the wound environment
- Inactivates wound related pathogens within 30 minutes¹ of application and maintains sustained release action for up to 7 days.²
- Effective against a wide range of organisms including MRSA, VRE, and Pseudomonas.
- Safetac® soft silicone protects the peri-wound skin, reduces the risk of maceration and minimizes trauma and pain at dressing change.3,4,5
- Mepilex[®] Ag offers all the advantages of Mepilex[®] in conjunction with optimal antimicrobial efficacy and odour control.

Indications*

Mölnlycke

1-800-494-5134 www.molnlycke.ca

Mepilex® Ag is an antimicrobial soft silicone foam dressing that is designed for the management of low to moderately exuding wounds such as leg and foot ulcers, pressure ulcers and partial thickness burns. Mepilex® Ag may be used on infected wounds as part of a treatment regimen under supervision of a qualified health care professional.

Mepilex[®] Ag can be used under compression.

Mepilex[®] Ag Assortment (Sterile packed)

Art. no	Size cm	Pcs/Box	Pcs/Case
287100	10 x 10	5	70
287210	10 x 20	5	45
287310	15 x 15	5	25
287410	20 x 20	5	20
287510	20 x 50	2	12
Mepilex [®] Heel Ag			
388100	13 x 20	5	25
388300	15 x 22	5	30

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

Precautions*

- Mepilex[®] Ag should be used under the supervision of a qualified health care professional.
- Do not use on patients with a known sensitivity to silver.
- Clinicians/Healthcare Professionals should be aware that there are very limited data on prolonged and repeated use of silver containing dressings, particularly in children and neonates.
- Do not use Mepilex[®] Ag during radiation treatment or examinations e.g. X-ray, ultrasound, diathermy or Magnetic Resonance Imaging.
- Avoid contact with electrodes or conductive gels during electronic measurements, e.g. electrocardiograms (ECG) and electroencephalograms (EEG).
- Do not use Mepilex[®] Ag together with oxidizing agents such as hypochlorite solutions or hydrogen peroxide.
- For external use only.
- Mepilex[®] Ag may cause transient discolouration of the wound bed and surrounding • skin
- In the event of clinical infection, Mepilex[®] Ag does not replace the need for systemic therapy or other adequate infection treatment.
- The interaction of Mepilex[®] Ag with other topical treatments has not been demonstrated
- Other than saline solution or water, the interaction of cleansing agents in combination with Mepilex[®] Ag has not been demonstrated.
- If reused, performance of product may deteriorate, cross contamination may occur.
- Sterile. Do not use if inner package is damaged or opened prior to use. Do not re-sterilize
- If the product is used after the expiry date, product properties cannot be ensured.

Mepilex[®]Ag

10 x 10 cm/4 x 4 ir

Mepilex[®] Ag with Triple Action...

- Reduces bacterial burden
- Minimizes trauma and pain
- Excellent fluid handling

References:

1,2. Data on file. 3. Dykes, P.J., Heggie, R., and Hill, S.A Effects of adhesive dressings on the stratum corneum of the skin. Journal of Wound Care, Vol. 10, No. 2, February 2001. 4. Dykes, P. J. and Heggie, R. The link between the peel force of adhesive dressings and subjective discomfort in volunteer subjects. Journal of Wound Care, Vol 12, No 7, July 2003 5. Williams C. British Journal of Nursing. Vol 4, No 1, 1995



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