Mepitel[®]Ag

The unique antimicrobial wound contact layer with Safetac[®] technology

Open structure allowing free passage of exudate to a second layer.



Soft & conformable

Our technologically advanced process fuses silver sulphate with **Safetac**[®] technology's unique base without losing the gentle effectiveness from **Safetac**[®] technology and the antimicrobial properties.

Safetac[®] layer

Safetac technology supporting less painful healing.



- Based on an innovative fusion of Safetac technology and a silver compound to power the dressing benefits.
- Minimal damage to the skin and the wound at dressing changes. Minimal patient pain.¹
- Can be left in place, while a secondary layer is changed more frequently.²
- Inactivates a broad range of wound-related pathogens up to 8 days.³
- Antimicrobial effect even with a secondary layer.⁴

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 worldwide⁷⁻⁹.



* A unique proprietary technology exclusive to Mölnlycke Health Care

Mepitel[®]Ag



Directions for use



1. Cleanse the wound following normal procedures anddry the surrounding skin thoroughly. Choose a size of Mepitel® Ag that covers the wound and the surrounding skin by at least 2 cm, and cut it to fit if needed.



4. Remove the remaining protective film. Smooth out Mepitel® Ag. If more than a piece of Mepitel® Ag is needed, the dressings need to be overlapped in such a manner that the open structures are not blocked.



2. While holding the larger protective film, remove the smaller one. Moisten gloves to avoid adherence to Mepitel® Ag.



5. Apply an appropriate secondary layer over Mepitel[®] Ag such as Mextra[®] Superabsorbent or Mesorb[®]. In contoured areas, ensure there is sufficient padding to keep Mepitel[®] Ag flat against the wound.



3. Apply Mepitel[®] Ag over the wound.



6. Keep the dressings in place by using suitable fixation such as Tubifast^{\oplus}.

Frequency of change

Mepilex[®] Ag may be left in place for up to 8 days depending on the patient, condition of the wound and surrounding skin or as indicated by accepted clinical practice. Duration of treatment is determined by the physician and depends on the wound type and healing conditions.

Indications*

Mepilex[®] Ag is intended for the management of a wide range of exuding wounds such as skin tears, skin abrasions, sutured/surgical wounds, partial thickness burns, partial and full thickness grafts, lacerations, diabetic ulcers, venous ulcers, and arterial ulcers. Silver sulphate is added to the dressing as a preservative to inhibit or reduce microbial growth on the dressing.

Precautions*

- Mepitel Ag should be used under the supervision of a qualified health care professional.
- Do not use on patients with a known sensitivity to silver or any other contents of the dressing.
- 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.
- Mepitel Ag may cause transient discoloration of the wound bed and surrounding skin. Frequent or prolonged use of this product may result in permanent discoloration of the skin.
- The silver sulphate component in Mepitel Ag is intended to act as a preservative for the dressing material. It is not intended to treat infection. In the event of clinical infection Mepitel Ag does not replace the need for systemic therapy or other adequate infection treatment.
- Prior to commencing radiation therapy remove Mepitel Ag if product is present in the treatment area. A new dressing can be applied following treatment.
- If present during conventional X-ray imaging Mepitel Ag will appear as a grid like pattern artifact.
- Avoid contact with electrodes or conductive gels during electronic measurements, e.g. electrocardiograms (ECG) and

electroencephalograms (EEG).

- Other than saline solution or water, the interaction of cleansing agents in combination with Mepitel Ag has not been demonstrated.
- The interaction of Mepitel Ag with topical treatments has not been demonstrated.
- For external use only.
- Do not re-use. 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.
- Do not use after expiry date. If the product is used after the expiry date product properties cannot be ensured.

- Avoid placing pressure upon the dressing when used on partial thickness burns with high risk of rapid granulation or after facial resurfacing.
- When used on bleeding wounds or wounds with high viscosity exudate, Mepitel Ag should be covered with a moist absorbent dressing.
- When Mepitel Ag is used for the fixation of skin grafts, the dressing should not be changed before the fifth day post application.

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

Mepitel[®] Ag Assortment (Packaged sterile in single packs)

	Art. no	Size cm	Pcs/Box	Pcs/Case
	390590	5 x 7.5	10	50
	390790	7.5 x 10	10	40
	390090	10 x 12	10	60
	391090	10 x 18	10	70
	392090	20 x 30	5	30
	392059	20 x 50	2	12



REFERENCES: 1. Rippon M et al; Journal of Wound Care, 2012; 21 (8): 359-368 2. Barrett S; British Journal of Nursing, 2012; 21 (21): 1271-1277 3-4. Data on file. 5. White R. et al. Evidence for atraumatic soft silicone wound dressing use. Wounds UK, 2005 6. Waring P. et al. An evaluation of skin stripping of wound dressing adhesives. Journal of Wound Care, 2011 7. Dykes P.J. et al. Effect of adhesive dressings on the stratum corneum of the skin. Journal of Wound Care, 2004. 8. White R. A multinational survey of the assessment of pain when removing dressings. Wounds UK, 2008. 9. Meaume S. et al. A study for early of the assessment of pain when removing dressings. Wounds UK, 2008. 9. Meaume S. et al. A study for wound care; 2011 7. Dykes P.J. et al. Effect of adhesive dressing with to compare a new self adherent soft silicone dressing with a self adherent polymer dressing in stage II pressure uccers. Ostomy Wound Management, 2003. 10. Feili F. et al. Retention capacity. Poster, EWMA, 2008. 11. Wiberg A.B. et al. Preventing maceration with a soft silicone dressing: in-vitro evaluations. Poster, WUWHS, 2008



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