



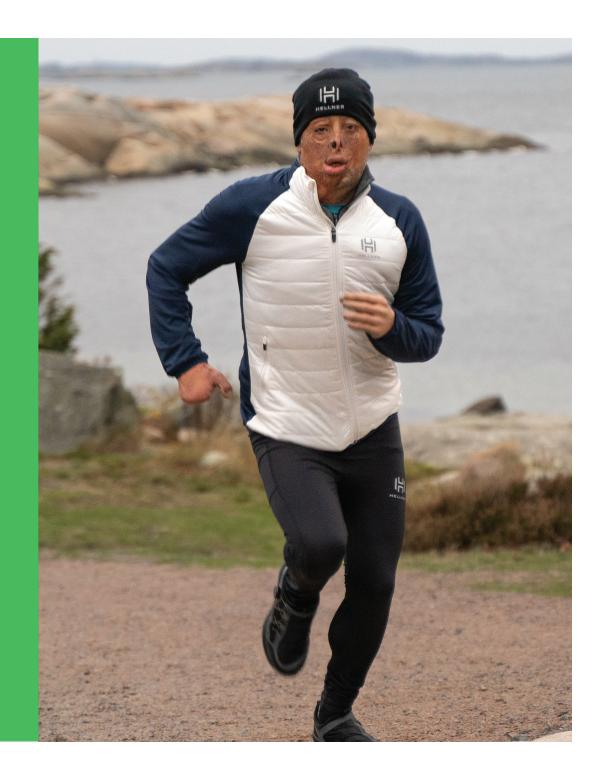


No more trauma

Around the world, burn patients have suffered enough.

Healing is not just about surviving. It's about returning to daily life. Therefore, burn survivors need the best possible treatment that reduces additional trauma in the most gentle way.

Mölnlycke's holistic approach to burn treatment begins on the first day of the injury and continues throughout the healing journey including post-burn scar management.



No more compromises

1

Effective burn healing

Undisturbed wound healing should be promoted. Using dressings that minimise the risk of maceration, provide an antimicrobial barrier and allow for long wear-time is essential. Pain and stress are contributors to delayed wound healing, therefore it is key to select a dressing that minimises additional trauma¹.

2

Patient satisfaction

Experiencing pain and distress is not only a bad foundation for healing, it is also agonising for the patient. Choosing a dressing that minimises pain and anxiety at dressing change will contribute to higher patient satisfaction.

3

Cost-effectiveness

Cost-effectiveness is an important factor in implementing a treatment regimen for burns. Dressings associated with fewer dressings changes, nursing time or analgesics use can reduce total cost of care.

Let ISBI guidelines lead therapy

The ISBI guidelines outline characteristics required for an ideal burn dressing. Make sure the products you use live up to as many of these criteria as possible to lay the best possible foundation for healing.

The Power of Gentle

Burns are painful and often life-changing for the burn victim. By reducing pain, distress and anxiety, we can support an effective healing process and improve outcomes.

Our product portfolio does not make compromises. It provides effective care and reduces additional trauma and suffering – every step of the way. This means undisturbed wound healing, improved cost-effectiveness, and a better patient experience²⁻⁶.

We call this the Power of Gentle.



Minimise trauma from day 1

Effective early treatment has a significant impact on burn healing outcomes. Already from day 1, you do not need to compromise. Treatment can be started by using a dressing providing an antimicrobial barrier, exudate management and pain minimisation which offers a good foundation for healing.

Get a good start to healing

- Provide antimicrobial barrier
- Manage exudate
- Minimise pain

Pain reduction enabled by Safetac® technology^{2–3}:

- ✓ No adherence to the moist wound bed
- **✓** Gentle removal
- ✓ Minimised trauma to the wound bed and surrounding skin
- ✓ Less pain at dressing changes





A gentle healing journey

for partial thickness burns

Mepiform[®]

Mepiform® is a self-adherent silicone sheeting for scar management 12-13 that can be worn 24/7 from the first application*. It conforms well to body contours and is thin, flexible and showerproof 12.

After the burn has healed



*Remove the dressing once per day for inspection and washing of the skin. The dressing can then be reapplied.

Swelling management

Tubigrip[®]

Tubigrip® is a multi-purpose elasticated tubular bandage that adjusts to the contours of the body and distributes pressure evenly over the surface. It can be positioned without pins or tape, and it can be cut to accommodate the exact amount required⁷⁻⁹.

Fixation

Tubifast®/Tubifast® garments

Tubifast® is a 2-way stretch tubular bandage that is designed for dressing retention and skin covering for any part of the body. It provides a light elasticity in both its length and widthways stretch, allowing patients complete freedom of movement¹⁰⁻¹¹.

Exudation barries

Safetae

Mepilex

Mepilex

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Exudate management / Antimicrobial barrier – dressing options

Mepilex® Ag

Mepilex® Ag is an antimicrobial foam dressing for low to medium exuding burns. It absorbs exudate, maintains a moist wound environment². It provides a fast (as from 30 minutes), sustained and broad range antimicrobial action for up to 7 days, as shown in vitro¹6.

Mepilex® Transfer Ag

Mepilex® Transfer Ag is an antimicrobial foam exudate transfer dressing for exuding burns and difficult-to-dress areas¹⁷. It is designed to allow exudate to transfer to a secondary dressing to inactivate wound relevant pathogens (bacteria and fungi) within 30 minutes up to 14 days, as shown *in vitro*¹⁷⁻¹⁸.

Mepitel® Ag

Mepitel® Ag is a gentle wound contact layer for exuding burns and difficult-to-dress areas in combination with a secondary dressing². It has been shown to inactivate wound relevant pathogens (bacteria and fungi) within 4 hours and for up to 8 days, as shown in *vitro*¹⁹.

SafetaC

Disclaimer: Always consult the 'Instructions For Use' provided with the medical device before usage. Assortment and Indications for Use may vary depending on the country.

Mepilex® **Ag** – a proven solution for partial thickness burns

Mepilex® Ag is a versatile and soft antimicrobial foam dressing that absorbs exudate and maintains a moist wound environment – specifically developed to treat burns².

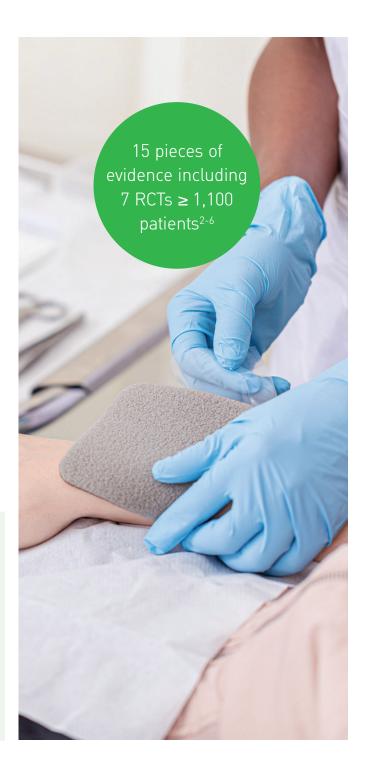
The Safetac® wound contact layer prevents the dressing from adhering to the wound bed, minimising pain and trauma during removal²⁻³.

Mepilex® Ag has been shown to contribute to reduced nursing time during first dressing application and reduced pain at removal in comparison to other dressing options in a paediatric population^{2,4}. Compared to silver sulfadiazine, RCT results show that Mepilex® Ag leads to a shortened length of hospital stay, reduced pain during wear and lower total cost of treatment³

Responding to what burn specialists want in a dressing

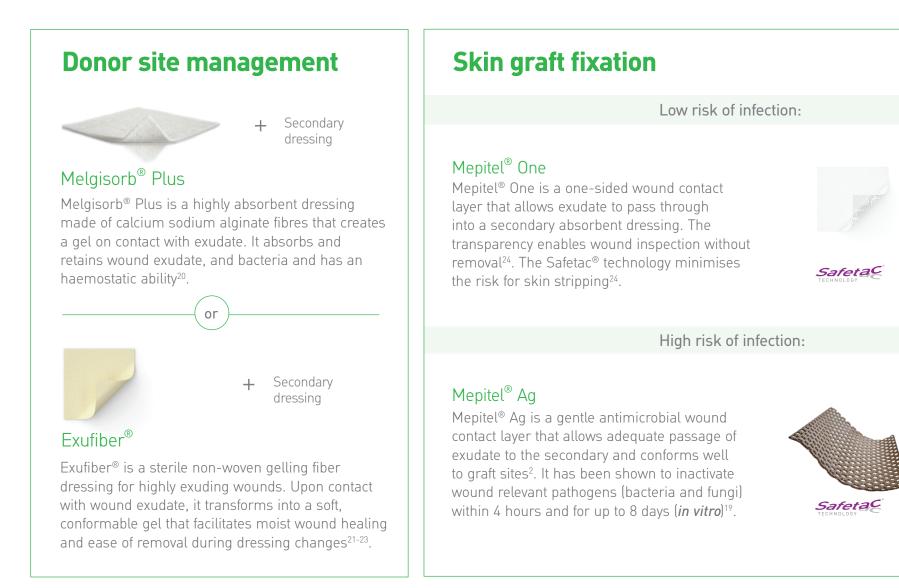
In a 2021 study, **196 experts from 49 countries** were asked to list the most important features of an ideal burn wound dressing²⁶. Mepilex® Ag meets 7 important criteria out of 11.

- ✓ Anti-infective properties
- **✓** Self-adhesiveness
- **✓** Pain reduction
- ✓ Lack of adhesion to wound bed
- ✓ Available in different sizes
- ✓ Requires fewer dressing changes
- **✓** Non-bulkiness



Burns requiring surgical interventions

Skin grafts and donor sites can often be as painful as the burn itself. It's therefore a priority to reduce pain and support undisturbed wound healing on a patient in an already vulnerable condition.



Secondary

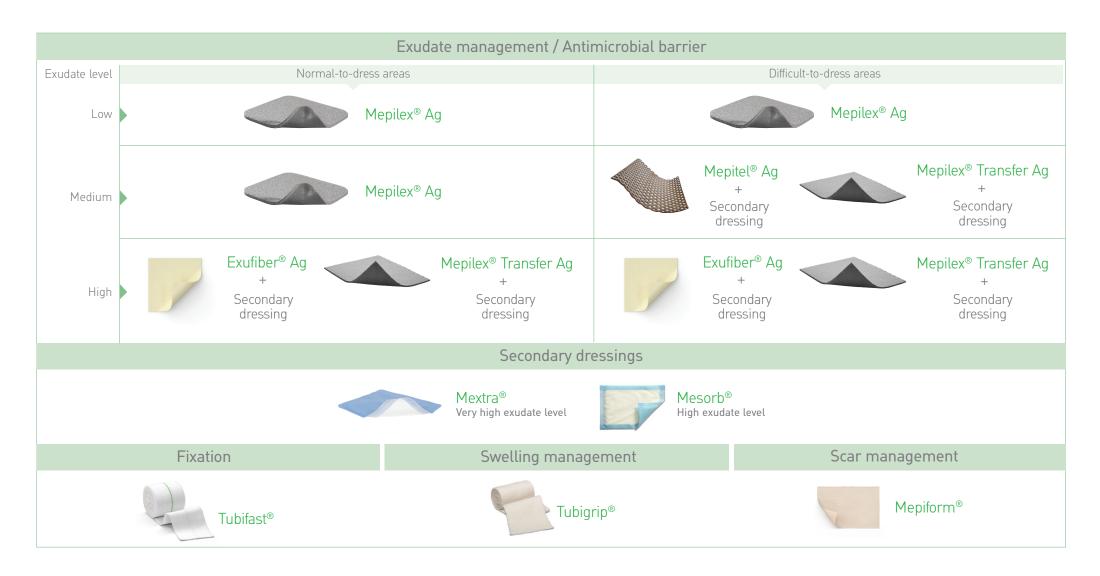
dressing

Secondary

dressing

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Product selection guide for burns



The Power of Gentle

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1. Upton D. Solowiei K. Pain and stress as contributors to delayed wound healing. Wound Practice and Research 2010, Vol. 18(3), 2. Gee Kee EL, Kimble RM, Cuttle L. Khan A. Stockton KA, Randomized controlled trial of three burns dressings for partial thickness burns in children. Burns 2015, 41(5):946-955. 3. Silverstein P, Heimbach D, Meites H et al. An open, parallel, randomized, comparative, multicenter study to evaluate the cost-effectiveness, performance, tolerance, and safety of a silver containing soft silicone foam dressing (intervention) vs silver sulfadiazine cream. J Burn Care Res 2011, 32(6): 617-626. 4. Gee Kee EL, Stockton K, Kimble RM et al. Cost-effectiveness of silver dressings for paediatric partial thickness burns: An economic evaluation from a randomized controlled trial. Burns 2017, 43(4): 724-732. 5. Aggarwala S, Harish V, Roberts S et al. Treatment of partial thickness burns: a prospective, randomised controlled trial comparing Biobrane, Acticoat, Mepilex Ag and Aquacel Ag. J Burn Care Res 2020, 42(5): 934-43. 6. Tang H, Lv G, Fu J et al. An open, parallel, randomized, comparative, multicenter investigation evaluating the efficacy and tolerability of Mepilex Ag versus silver sulfadiazine in the treatment of deep partial-thickness burn injuries. J Trauma Acute Care Surg 2015, 78(5): 1000-1007. 7. Gleeson AP, Stuart MJ, Wilson B, Phillips B. Ultrasound assessment and conservative management of inversion injuries of the ankle in children: Plaster of Paris versus tubigrip. Journal of Bone and Joint Surgery - Series B 1996, 78(3):484-7. 8. Naeem M, Rahimnajjad MK, Rahimnajjad MA, Idrees Z, Shah GA, Abbas G. Assessment of functional treatment versus plaster of Paris in the treatment of grade 1 and 2 lateral ankle sprains. Journal of Orthopaedics and Traumatology 2014, 16[1]:41-6. 9. Mölnlycke Health Care. Data on file. Tubigrip. 10. Eytier C, Gazeau E, Beneteau G, Verfaillie G. Convenience and tolerance of the combination of a soft silicone foam dressing and a two-way stretch tubular bandage in the management of local wounds. Journal des plaies et cicatrisations 2013, 18(88):38-44.11. Mölnlycke Health Care. Data on file. Tubifast. 12. Mölnlycke Health Care. Data on File. Mepiform. 13. Wigger-Albert W, Kuhlmann M, Wilhelm D, Mrowietz U, Eichhorn K, Ortega J, et al. Efficacy of a polyurethane dressing versus a soft silicone sheet on hypertrophic scars. Journal of wound care 2009, 18(5):208, 10-4. 14. Armstrong DG, Bohn G, Glat P, Kavros SJ, Kirsner R, Snyder R et al. Expert recommendations for the use of Hypochlorous solution: science and clinical application. Ostomy Wound Manage 2015, 61 (5 suppl): 4S-18S 15. Consensus on Wound Antisepsis: Update 2018, Skin Pharmacol Physiol 2018;31:28-58. 16. Chadwick P, Taherinejad F, Hamberg K, Waring M. Clinical and scientific data on a silver-containing soft-silicone foam dressing: an overview. Journal of Wound Care 2009, 18[11]:483-491. 17. Mölnlycke Health Care. Data on file. Mepilex Transfer Aq. 18. Schweiger H, Smith D, Cruse CW et al. An open, non-controlled, single-centre, clinical investigation to evaluate efficacy when using a soft silicone wound contact layer containing silver. Poster presentation at the 15th European Burns Association Congress, Vienna, Austria, 2013. 19. Mölnlycke Health Care. Data in file. Mepitel Ag. 20. Mölnlycke Health Care. Data on file. Melgisorb Plus. 21. Chadwick P, McCardle J. Open, non-comparative, multicenter post clinical study of the performance and safety of a gelling fibre wound dressing on diabetic foot ulcers. Journal of Wound Care 2016, 25(4): 290-300. 22. Smet, S., Beele, H., Saine, L., Suys, E., Henrickx, B. Open, non-comparative, multi-centre post market clinical follow-up investigation to evaluate performance and safety on pressure ulcers when using a gelling fibre dressing as intended. Poster Presentation at European Pressure Ulcer Advisory Panel Conference 2015, Ghent, Belgium. 23. Mölnlycke Health Care. Data on file. Exufiber. 24. David F. et al. A randomised, controlled, non-inferiority trial comparing the performance of a soft silicone-coated wound contact layer. [Mepitel One] with a lipidocolloid wound contact layer [UrgoTul] in the treatment of acute wounds. International Wound Journal 2018. 25. Mölnlycke Health Care. Data on file. Avance Solo. 26. Nischwitz SP, Luze H, Popp D, Winter R, Draschl A, Schellnegger M, Kargl L, Rappl T, Giretzlehner M, Kamolz LP. Global burn care and the ideal burn dressing reloaded—A survey of global experts. Burns 2021, 47: 1665-1674.

Find out more at www.molnlycke.ca

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