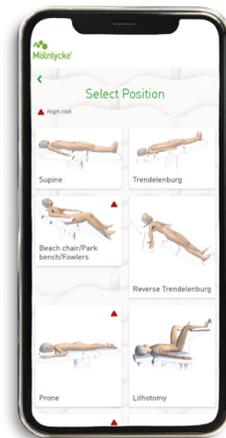
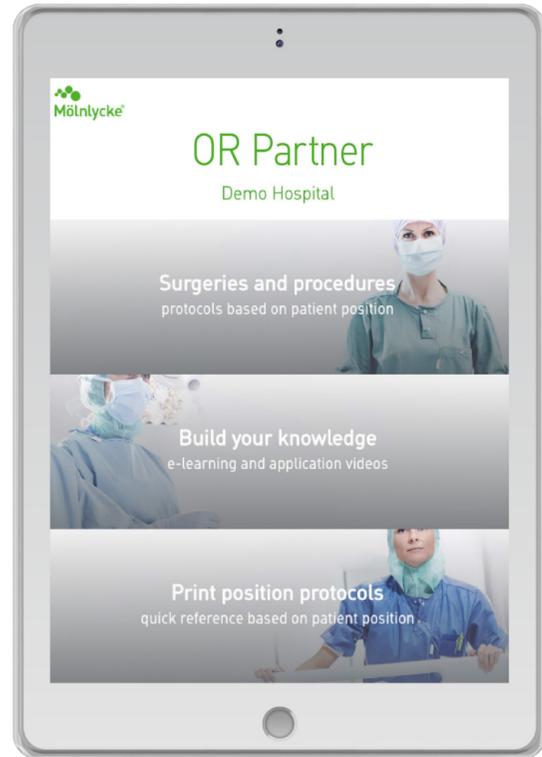


Professional consulting through the OR Partner app.

Talk to us or visit molnlycke.com/PUP-in-the-OR to find out how a pressure ulcer prevention strategy in the OR can make a difference to your patients, teams and budgets.



- Risk assessment guide to identify high-risk patients based on surgery type and risk areas
- Assist you through a pressure ulcer prevention protocol
- Guide you to which products can protect patients and how to use them
- Practical e-learning modules with clinical experts

Innovative products that reduce costs, backed by clinical evidence

Our continuing journey to zero perioperative pressure injuries²²

Clinical poster

Authors: Diane Kimsey RN, MSN, MHA, CNOR

Background

Historically, communication about surgery related pressure injury incidents did not always reach operating room staff. Consequently, prevention initiatives were not prevalent in perioperative environments.

Preventive integrations:

- 1 Care in positioning program
- 2 Skin safety bundle
- 3 Integrated preventive processes



See poster for full prevention intervention details.

Results

14.041
Patient Outcomes
2015–2017

75%
Decrease in incidence of surgery related pressure injuries since implementation

34%
Reduced unreimbursed treatment in projected costs

Conclusion

Sustained compliance with this Nurse-driven preventive protocol, as indicated by lower pressure injury incidence and documentation audits, is an excellent indication of a hospital culture that prioritizes patient safety.

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Find out more at www.molnlycke.com

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Don't let pressure ulcers compromise your success



OR acquired pressure ulcers are a pain.
Here's relief.



As a result of surgery, pressure ulcer development may be:

As high as **66%**¹ | Cost per patient, up to **USD 40,000**¹

Pressure injuries often start in the OR but only appear later when surgery is over. The good news is that many such injuries can be avoided if prevention is on clinicians' minds throughout the perioperative period.

Mölnlycke's proven solutions help protect patients from head to heel.

WHO IS AT RISK?

Individuals in the operating room have specific care needs arising from their immobility during the operative period. The Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline recommends distributing pressure over a larger surface area and offloading bony prominences.

Factors that increase the risk of perioperative pressure ulcers include:

Incidence by type of procedure ^{2,3,4,5,6,7,8,9}	Surgery duration	Patient health status
<ul style="list-style-type: none"> Cardiac 17-29.5% Vascular 9.8-17% Spinal/Abdominal 36% Orthopedic 15-20.6% Elderly Orthopedic 66% General/Thoracic 27.7% 	<ul style="list-style-type: none"> Procedures longer than 3 hours substantially increase skin damage and underlying tissue¹⁰. Shorter procedures create as much damage with high pressure to bony prominences (heel, sacrum) as low pressure for longer periods¹¹. 	Intrinsic patient health indicators may increase risk of pressure ulcer formation ¹² : <ul style="list-style-type: none"> Advanced age Very high or very low BMI Comorbidities Higher ASA classifications

Mölnlycke offers comprehensive head-to-heel solutions to help prevent pressure ulcers across the continuum of care

Protecting

Mepilex® Border Sacrum



Designed to protect the sacrum area.

Mepilex® Border Heel



Designed to protect the heel.

Mepilex® Border Flex



Can be used on a variety of other body locations such as the iliac crest¹³.

Offloading

Mölnlycke® Z-flex™ Heel boot



Offloads the heel and maintain anatomically neutral foot position.

Mölnlycke® Z Flo™ Fluidized positioners



Redistributes pressure over a greater surface area to offload bony prominences such as the occiput or heels.

Dressings for prevention

The distinct material properties in the five-layer construction that is found in Mepilex® Border Sacrum, Mepilex® Border Heel and Mepilex® Border Flex, means that the dressing layers interact to reduce pressure and shear being transferred to soft tissues beneath¹⁴⁻¹⁶. Research has identified that different anatomical locations are subjected to different directional forces^{14, 15}.

Mepilex® Border Sacrum and Mepilex® Border Heel

Sacral and heel pressure injuries originate due to increased forces that are largely one directional. Mepilex® Border Sacrum and Mepilex® Border Heel with proprietary Deep Defense™ technology are effective in protecting against these specific injuries.

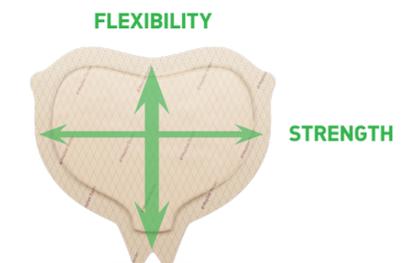
UP TO 88% Reduction in sacral pressure ulcer incidence in a published RCT¹⁷ using Mepilex Border Sacrum.

Mepilex® Border Flex

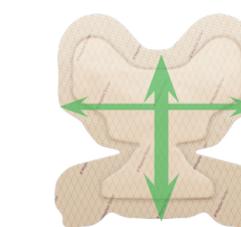
In other anatomic areas at risk of pressure injuries, the extrinsic forces acting on soft tissues are multidirectional and dependent on patient positioning. In such anatomic areas Mepilex® Border Flex with proprietary Flex Technology can be used to protect the tissues from deformations¹³.

UP TO 80%* Reduction in high stresses in soft tissue over the iliac crest¹⁶.

Optimal balance of strength and flexibility



Mepilex® Border Sacrum



Mepilex® Border Heel

Designed to conform and stay on

Thanks to Flex Technology, the unique conformability of Mepilex® Border Flex allows it to adapt to the shape and movement of the patient¹². Reducing pressure on the skin and pull on the borders increases comfort and minimises the risk of detachment¹⁹⁻²¹.



* Recent computer modelling by experts in FE analysis has shown Mepilex Border Flex can reduce high stresses in soft tissue over the iliac crest by up to 80%.

In summary, Mepilex® Border Sacrum, Mepilex® Border Heel and Mepilex® Border Flex all absorb and re-distribute extrinsic forces to help protect against pressure injuries.