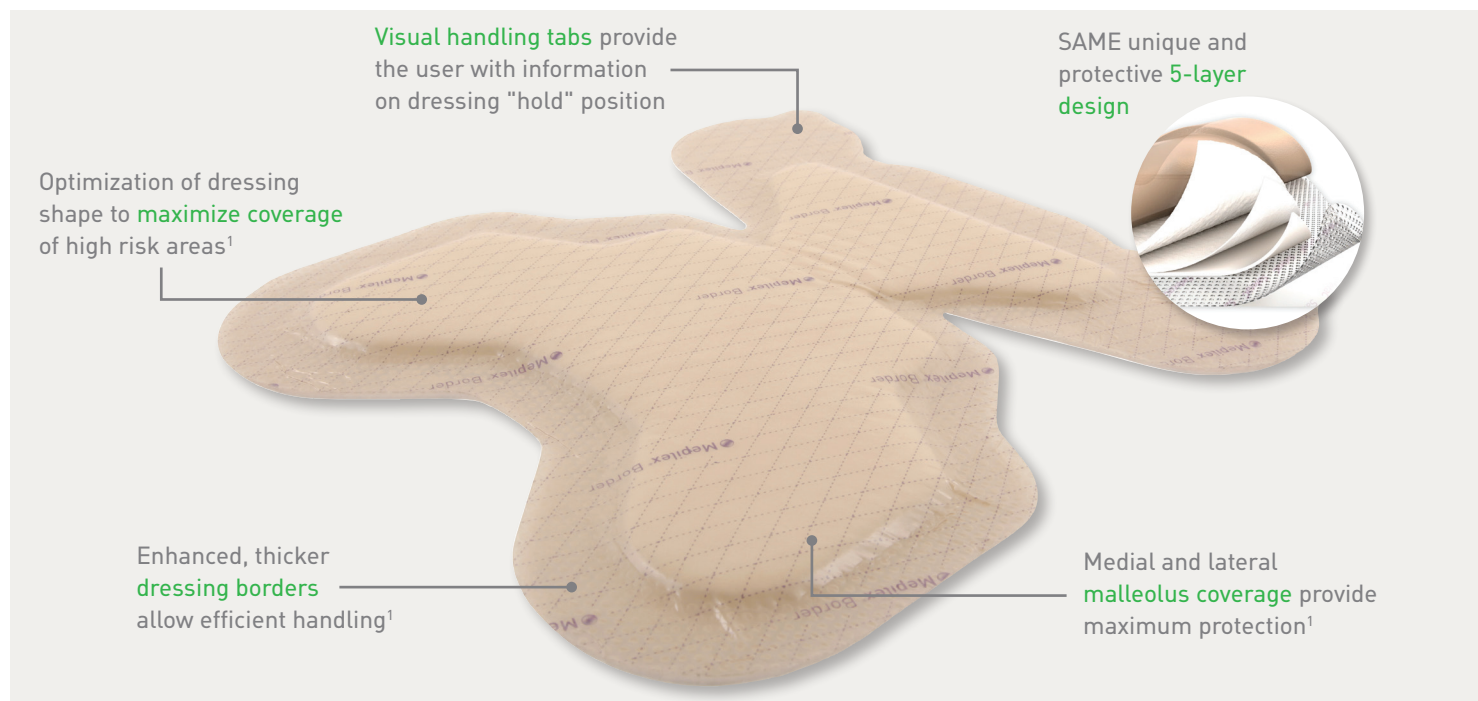


How Mepilex® Border Heel works



Prevention

Mepilex® Border Heel is an all-in-one foam dressing shaped to fit the heel and protect the areas around the heel, Achilles and bilateral malleoli. When used for **prevention*** it will aid in protecting the skin from damage caused by pressure, shear and friction². The **Safetac®** technology layer protects the skin by maintaining optimal positioning and by limiting friction and shear at the patient-dressing interface². The **Safetac®** technology layer allows for repositioning of the dressing after skin inspection.

Benefits

- ✓ Handling tabs for easier skin checks
- ✓ Slightly thicker border for better handling and stay-on-ability
- ✓ Self-adherent – no secondary fixation needed
- ✓ Shaped to fit heels – no need to cut or adapt
- ✓ Minimizes pain and trauma at dressing changes^{5,6,7}
- ✓ Medial and lateral malleolus coverage to provide maximum protection
- ✓ Can remain in place for several days
- ✓ Can be adjusted without losing its adherent properties

Mepilex® Border Heel ordering information†

Product code	Size (cm)	Pcs/box
282790	22 x 23	10

† Packaged sterile in single packs

* When used as a part of an overall prevention protocol

References: 1. Davies P. User evaluation of interface dressings for pressure ulcer prevention. Mölnlycke Health Care (GMC5-2017-058) 2017 2. Black J. et al. Consensus statement: Global evidence based practice recommendations for the use of wound dressings to augment pressure ulcer prevention protocols - August 2012 3. White R. et al. Evidence for atraumatic soft silicone wound dressing use. Wounds UK, 2005 4. Wiberg A.B. et al. Preventing maceration with a soft silicone dressing: in-vitro evaluations. Poster presented at the 3rd Congress of the WUWHS, Toronto, Canada, 2008 5. White R. et al. Evidence for atraumatic soft silicone wound dressing use. Wounds UK, 2005 6. White R. A multinational survey of the assessment of pain when removing dressings. Wounds UK 2008, Vol 4, No 1. 7. Dykes et al. Effects of adhesive dressings on the stratum corneum of the skin. Journal of Wound Care February, Vol 10, No 2. 2001

Treatment

Mepilex® Border Heel, when used for **treatment**, effectively absorbs and retains exudate³ and maintains a moist wound environment. The **Safetac®** technology layer seals the wound edges, prevents exudate leakage onto the surrounding skin, thus minimizing the risk of maceration⁴. The **Safetac®** technology layer allows the dressing to be changed without damaging the wound or surrounding skin⁵, or exposing the patient to additional pain⁶.

Areas of use

Mepilex® Border Heel is designed to be part of a prophylactic therapy to prevent skin damage, e.g. pressure injuries and to reduce postoperative blistering. Mepilex Border Heel is also designed for a wide range of exuding wounds such as pressure injuries, leg ulcers, foot ulcers, traumatic wounds (e.g. skin tears) and: surgical wounds. Mepilex Border Heel can also be used on dry/necrotic wounds in combination with gels.

Precautions*

- Do not use on patients with known sensitivity to the dressing or its components.
- In the case of signs of clinical infection, consult a health care professional for adequate infection treatment.
- Do not use Mepilex Border together with oxidising agents such as hypochlorite solutions or hydrogen peroxide.
- The use of dressings as part of a prophylactic therapy does not preclude the need to continue to develop and follow a comprehensive pressure ulcer prevention protocol. i.e. support surfaces, positioning, nutrition, hydration, skin care and mobility.

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

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

Mölnlycke Health Care Canada. 2010 Winston Park Drive, Suite 100 Oakville, ON L6H 5R7. Phone: 905-829-1502
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Mölnlycke®

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Mepilex[®] Border Heel

Product application guide



Mepilex[®] Border Heel


Mölnlycke[®]

Product application guide

Note

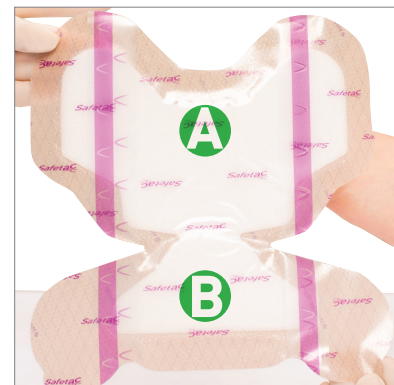
In case of clinical signs of infection, the use of Mepilex® Border Heel may be continued if proper treatment for infection is initiated. Do not use dressing with dry, intact eschar.

Prepare the area:

Cleanse intact skin. Dry the surrounding skin thoroughly.

Ensure that skin is free of dimethicone, skin sealants and emollients.

Use of skin barrier under dressing is not necessary.



1. After the skin/wound is prepared, dry the area thoroughly. Then remove the central backing and slide the dressing under the heel to the desired location.



2. Apply the adherent part of the dressing marked 'A' (see illustration above) to the posterior heel/Achilles tendon areas, positioning the narrowest part of the dressing at the base of the heel. Do not stretch.



3. Remove the backing from one of the area 'A' flaps (ankle flaps). Apply and smooth. Repeat with the other side. Do not stretch.



4. Gently apply the adherent part of the dressing marked 'B' (see illustration above) under the plantar surface of the foot. Do not stretch.



5. Remove the backing from one of the area 'B' flaps (flaps with tabs). Apply and smooth border. Repeat with the other side. Do not stretch.



6. Press and smooth the dressing to ensure the entire dressing is in contact with the skin.

Tips and Tricks

- **Think 'A'** for 'Achilles' to remember how to apply the dressing correctly
- Apply the dressing to clean, dry skin
- Do not stretch the dressing during application
- Apply a non-skid sock if patient is ambulatory--this will also improve stay-on-ability
- Consider the use of **Tubifast®** or other tubular bandages as extra support for very agitated patients or for those where the dressing comes off prematurely: the dressing is designed with the intention of being gentle to the skin

Pressure injury prevention re-application guide



1. Gently pull handling tabs to release dressing from skin.



2. Continue to release the dressing from the skin using the handling tabs until the skin is exposed for skin check.



3. While maintaining the dressing position at the proximal edge of 'A' (see picture), perform assessment of the skin.



4. Re-apply the foam and border of the dressing. Make sure the flaps with the tabs are placed over the ankle flaps.



5. Confirm dressing is replaced to its original position, making sure the border is intact and flat.



6. Press and smooth the dressing to ensure the entire dressing is in contact with the skin.

7. Re-apply non-skid sock if using, especially for ambulatory patients.