

Mepilex[®] Ag

THE EFFECTIVE ANTIMICROBIAL ABSORBENT FOAM DRESSING

- Minimises pain and trauma at dressing changes^{1,2}
- Rapid and sustained antimicrobial activity³
- Gentle adherence with better stay-on-ability and comfort
- Does not slip under dressing retention and can be cut to size*

Safetac[®] layer

- Reduces pain and trauma before, at and after dressing change¹
- Does not adhere to the moist wound bed but to dry skin only
- Seals the wound margins and reduces risk of maceration⁴

Polyurethane foam pad

- Absorbs exudate
- Works well under compression
- Highly conformable



Polyurethane backing film

- Breathable
- Shower proof, bacteria and viral barrier*
*microbes larger than 25nm

- Antimicrobial activity within 30 minutes and for up to 7 days³

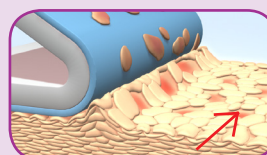
Safetac[®] technology

*Mepilex Ag does not need to be cut to the size of the wound when compression is used

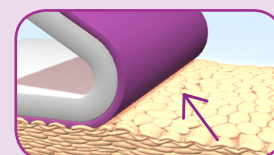
Safetac[®] technology. Less pain and less trauma.

Safetac is a patented adhesive technology that minimises pain to patients and trauma to wounds. Safetac technology is available exclusively on Mölnlycke Health Care dressings, including Mepilex[®] wound care dressings, Mepitel[®], Mepiform[®] and Mepitac[®].

For more information visit www.safetac.com

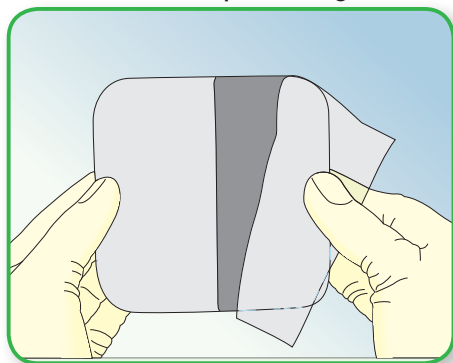


Skin stripping occurs with traditional adhesive

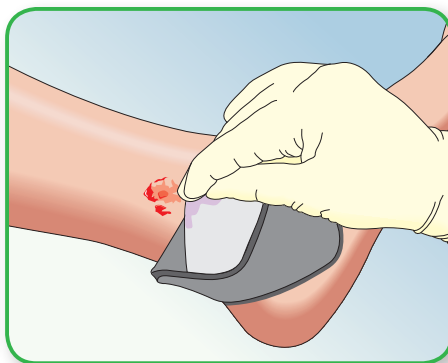


No skin stripping occurs with Safetac technology

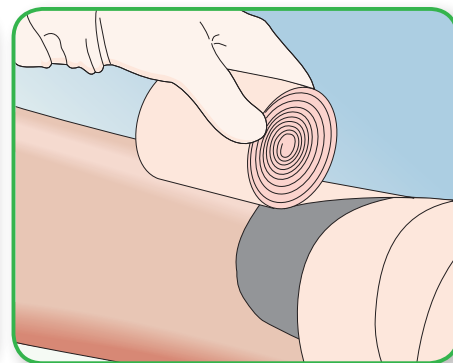
How to use Mepilex® Ag



Clean the wound area.
Remove the release film.



Mepilex Ag should overlap the wound bed by at least 2 cm onto the surrounding skin. Apply the adherent side to the wound. Do not stretch.



When necessary, secure Mepilex Ag with a bandage or other fixation.

How Mepilex Ag works

Mepilex Ag is a soft and highly conformable anti microbial foam dressing that absorbs exudate and maintains a moist wound environment. The Safetac® layer seals the wound edges, preventing the exudate from leaking onto the surrounding skin, thus minimising the risk for maceration. The Safetac layer ensures that the dressing can be changed without damaging the wound or surrounding skin or exposing the patient to additional pain.

Mepilex Ag inactivates wound related pathogens within 30 minutes with sustained effect for up to 7 days. By reducing the number of microorganisms, Mepilex Ag may also reduce odour.

Benefits of Mepilex Ag

- Minimises pain and trauma at dressing changes
- Stays in place allowing for "hands-free" to facilitate application of compression or retention bandages
- Well suited to be used under compression bandages
- Can be cut to suit various wound shapes and difficult-to-dress locations
- Promotes patient comfort during wear
- Can remain in place for several days depending on the condition of the wound
- Can be lifted and adjusted without losing its adherent properties
- Low potential for skin irritation and allergy



Areas of use

Mepilex Ag 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 can be used under compression bandaging.

Precautions

- Do not use on patients with a known sensitivity to silver.
- Do not use Mepilex Ag during radiation treatment or examinations e.g. X-ray, ultrasound, diathermy or Magnetic Resonance Imaging.
- Do not use Mepilex Ag together with oxidising agents such as hypochlorite solutions or hydrogen peroxide.



MEPILEX AG ASSORTMENT (sterile packed)

Art. no	Size cm	Pcs/shelf cont.	Pcs/transp. cont.
287110	10 x 10	5	70
287210	10 x 20	5	45
287310	15 x 15	5	35
287410	20 x 20	2	25
287510	20 x 50	2	10

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References:
1. White R, A Multinational survey of the assessment of pain when removing dressings. Wounds UK 2008; Vol 4, No 1, 2. Dykes PJ et al. Effects of adhesive dressings on the stratum corneum of the skin. J Wound Care 2001; 10(2):7-10. 3. Taherinejad and Hamberg. Antimicrobial effect of a silver-containing foam dressing on a broad range of common wound pathogens. Poster publication; WUWH 2008. 4. Dykes PJ. The effect of adhesive dressing edges on cutaneous irritancy and skin barrier function. J Wound Care 2007, 16(3):97-100.