



TRANSPARENT WOUND DRESSINGS:
DEMONSTRATING THE VALUE OF **MEPITEL® ONE**

23 NOVEMBER
2021

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LUNCHTIME
13:00 - 13:45



Comment on the video to send us your questions

Session objectives

- Understand the impact of using adhesives
- Revisit Safetac[®] technology and Mepitel[®] One
- The role of clinical evidence
- Correct dressing application
- Importance of undisturbed wound healing.

Impact of adhesives



- Medical adhesive related skin injury is an avoidable harm
- Damage to skin layers
- Skin stripping, blistering & tears
- Education (Fumarola et al, 2020).

Safetac[®] Technology



- 30+ years of proven efficacy
- Soft silicone
- Safetac[®] interface minimises patient discomfort at dressing removal (David et al, 2018)
- Safetac technology seals the wound margins and reduces risk of maceration (Patton et al, 2013; David et al, 2018).

Mepitel® One

Gentle

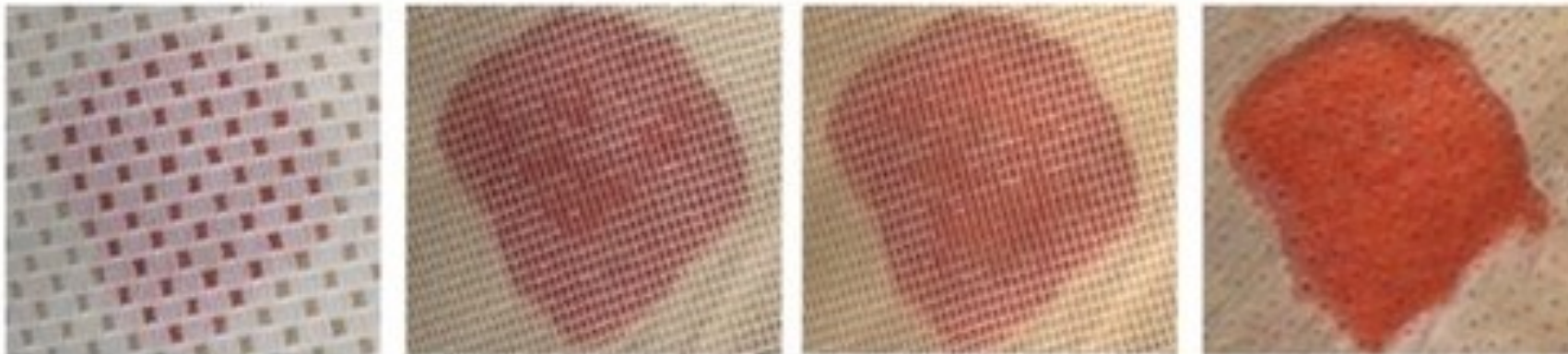


Durable

Safe to use

Importance of transparency

A visual comparison of different wound contact layers on a wound model.



Dressing 1

Dressing 2

Dressing 3

Mepitel® One

Wounds

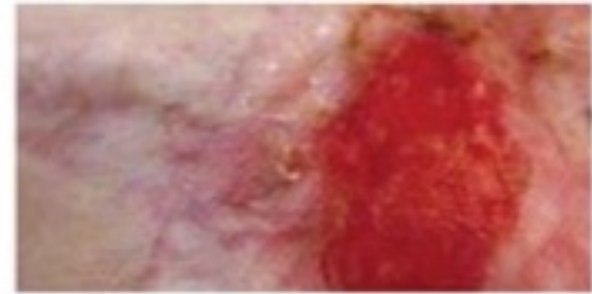
Diabetic foot ulcers



Venous leg ulcers



Pressure ulcers



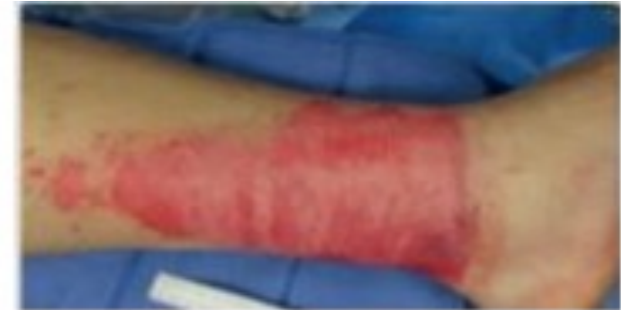
Skin tears



Traumatic wounds



Burns and grafts



Why evidence is important

BEST PRACTICE DOCUMENT 2018

ISTAP BEST PRACTICE RECOMMENDATIONS

**BEST PRACTICE RECOMMENDATIONS FOR
THE PREVENTION AND MANAGEMENT
OF SKIN TEARS IN AGED SKIN**



Recommendations from an expert working group



International Skin Tear Advisory Panel.

Improve patient outcomes for the assessment, prevention and management of skin tears (LeBlanc et al, 2018).

Skin tear: dressing recommendations



- Flexible and mould to contours
- Secure, no aggressive retention
- Extended wear time
- Optimise quality of life and cosmetic factors
- Non-toxic
- Cost effective (LeBlanc et al, 2018).

ISTAP skin tear classification system

Type 1

No tissue loss



Type 2

Linear or flap tear which can be repositioned to cover the wound bed



Type 3

Partial tissue loss



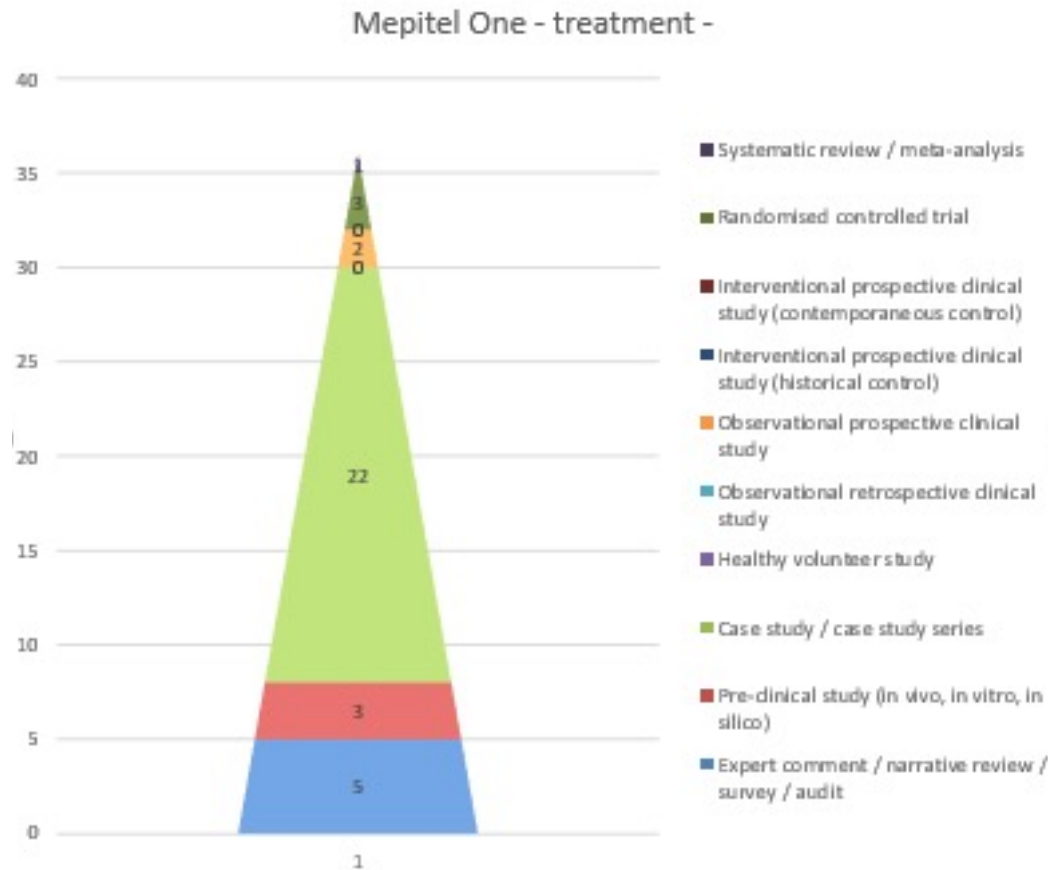
Type 4

Total tissue loss



LeBlanc et al, 2013. ISTAP classification tool

Mepitel® One clinical evidence



(David et al, 2018)

Undisturbed wound healing

- Wound bed preparation
- Moist wound healing
- Maximise healing capacity (Sood et al, 2014).



Why is it important?

- Quality of Life (Davies et al, 2019)
- Anticipatory pain (Davies et al, 2019)
- Extended dressing wear time (Davies et al, 2019)
- Reduced wound exposure (McGuinness et al, 2004)
- Appropriate dressing selection (McGuinness et al, 2004).

Supported self care



My wound care plan

Record which products your healthcare professional has recommended to care for your wound

Dressing	Name	Size
Primary dressing (This is the one in contact with the wound and may be a cream or a spray)		
Secondary dressing (This is the one that goes over the top of the primary dressing to protect it and to absorb fluid from your wound)		
Creams, emollient or barrier products (These may moisturise your skin, treat a skin problem or protect your skin from the fluid coming from your wound)		
Bandages and tapes (These hold the dressing in place. Some may give compression treatment in the form of a bandage, wrap system or compression sock)		
Other notes from health care professional		
Aim to change your dressing every days		
<p>This wound care plan is useful because you may not always see the same healthcare professional about your wound, so this record can help you to explain how you are caring for your wound, and what products you are using. You can also use the information to make sure that the products on your prescription are correct.</p> <p>As your wound improves or if it deteriorates, your plan may change, so simply print out the page(s) and fill in with the new information.</p>		

My wound care diary - Week

Write the letter below that best describes why you changed your dressing.

	Date	Date	Date	Date	Date	Date	Date
Why did you change the dressing?							
A - Irritating skin B - Due to be changed C - Leaking D - Dressing falling off or fell off E - Other (please document reason in the box)							
Weekly wound check: a weekly check of your wound is usually enough to monitor progress. Look at your wound and record what you see below. After the first check, try to compare it to the previous week.							
Was the wound the same bigger smaller?							
Was the wound fluid the same more less?							
Please give a pain score between 0-10							
0 1 2 3 4 5 6 7 8 9 10 No pain No pain Moderate pain Very bad pain Worst pain imaginable							
If there is an odour present is it the same worse better?							
Is the skin around your wound healthy? Red? Dry? Painful?							
Did you take a photo of your wound?							
If you notice any changes before your weekly review, or have any questions, please use the boxes below to make a note							
What am I worried about?				What questions do I have?			
Any other information							

Summary

- Advancements in dressing technology
- Importance of evidence-based practice
- Significance of wound assessment promoting undisturbed wound healing
- Will you now consider the transparency of your wound contact layer?

Making a difference

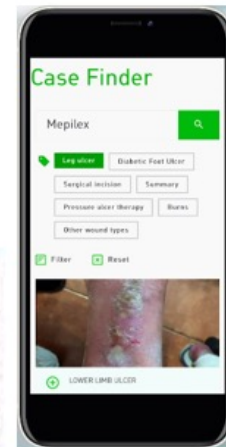
Mölnlycke Advantage: education hub

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- Products and solutions
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Lunch and learn

Our clinical support team look forward to hearing from you

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Live session featuring **Q&A**



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References

Fumarola S, Allaway R, Callaghan R (2020) Overlooked and underestimated: medical adhesive-related skin injuries. *J Wound Care* **29(Sup3c)**: S1-S24

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