Set recovery in motion

- Helps reduce the risk of surgical site infections (SSIs)[1-7]
- Supports early patient mobilisation[1-4]
- Reduces dressing related costs, even compared to the cheapest island dressings[2,4]

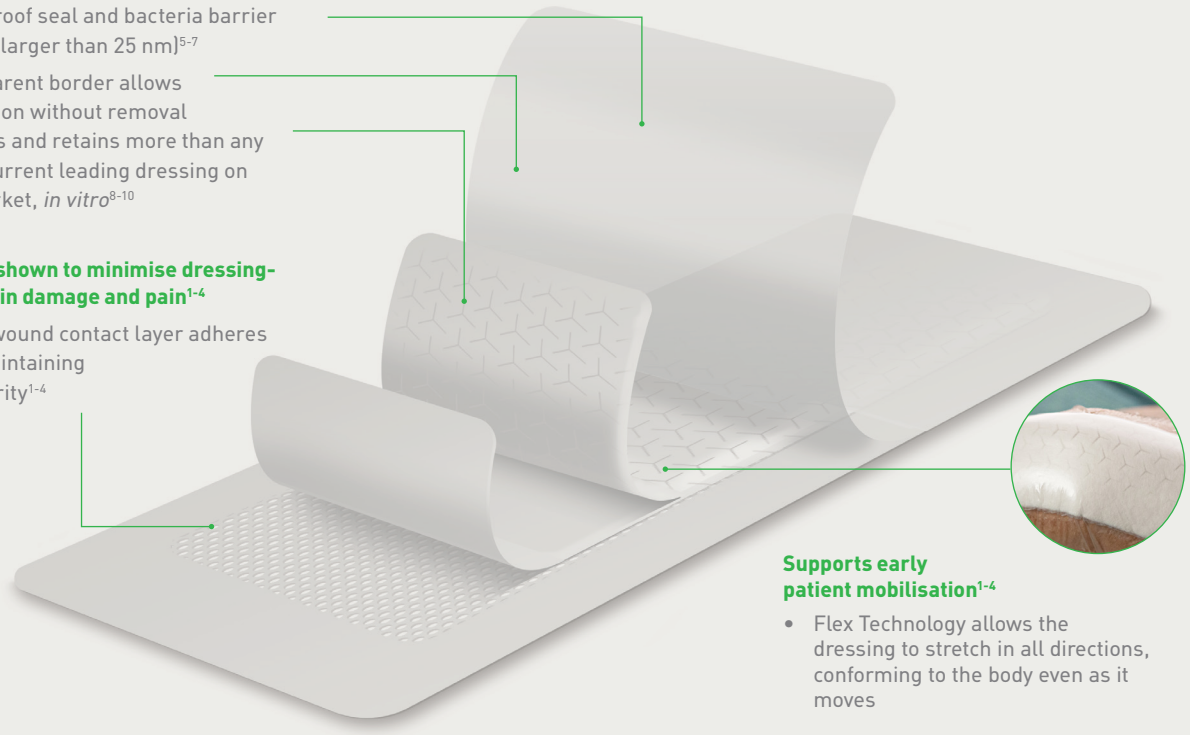
May be left in place for up to seven days[2,4]

Shower-proof seal and bacteria barrier (microbes larger than 25 nm)[5-7]

- Transparent border allows inspection without removal
- Absorbs and retains more than any other current leading dressing on the market, *in vitro*[8-10]

Clinically shown to minimise dressing-related skin damage and pain[1-4]

Safetac® wound contact layer adheres gently, maintaining skin integrity[1-4]



Supports early patient mobilisation[1-4]

- Flex Technology allows the dressing to stretch in all directions, conforming to the body even as it moves

Safetac® technology. Less damage. Less pain.

In numerous randomised trials, dressings with Safetac® are clinically demonstrated to minimize damage to the wound and skin at removal. By sealing the wound margins, they help prevent maceration. With less damage to the wound and skin, pain at dressing change is minimised. Therefore, several randomised trails associate dressings with Safetac with faster healing and lower total treatment cost.

Mepilex® Border Post-Op

Patient protection and mobility – covered

Mölnlycke®

How Mepilex® Border Post-Op works

Mepilex® Border Post-Op is an all-in-one post-op dressing that effectively absorbs and retains surgical exudate. The Safetac interface minimises painful wound and peri-wound skin damage at dressing removal[1-4]. The Safetac interface seals the wound edges, preventing exudate from leaking onto surrounding skin, minimising the risk of maceration[1-3]. The flex-cut pad gives high flexibility and very good conformability over joints, such as knees or hips, promoting early patient mobilisation[1-4].

Frequency of change

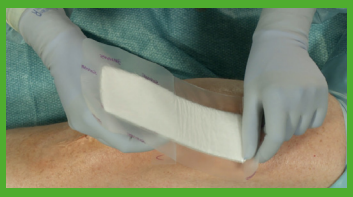
Mepilex Border Post-Op may be left in place for up to seven days depending on the condition of the wound and the surrounding skin, or as indicated by accepted clinical practice[2,4].

Benefits of Mepilex Border Post-Op

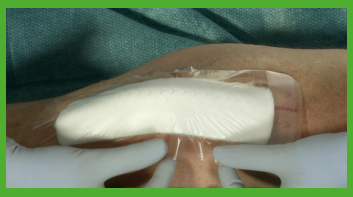
- Minimises skin damage, including blistering[1-4]
- High absorption capacity leading to fewer dressing changes[2,4]
- Promotes patient comfort during wear[1-4]
- Can be lifted and adjusted without losing its adherent properties[3]
- Wide transparent borders for easy wound area inspection
- Bacteria and viral barrier (microbes >25nm)[6,7]
- Designed for sensitive, fragile skin[2]
- Showerproof[5]

How to use Mepilex Border Post-Op

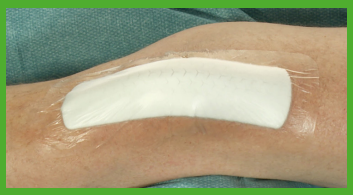
1. Open the sterile packaging and remove the dressing



2. Remove the middle part of the release film partly and apply the dressing onto the wound



3. Remove the larger of the remaining backing films while applying the dressing. Repeat for the smaller film and reposition if needed



4. Finalise the application by applying mild pressure to the dressing area for maximum adherence

Areas of use

Mepilex Border Post-Op is a self-adhesive absorbent surgical dressing designed for exuding wounds. It is intended for acute wounds, such as surgical wounds, cuts and abrasions.

Precautions

If you see signs of infection e.g. fever or the wound or surrounding skin becoming red, warm or swollen, consult a health care professional for appropriate treatment.

- Always consult a health care professional before using Mepilex Border Post-Op on Epidermolysis Bullosa patients.
- Do not use Mepilex Border Post-Op on patients with a known hypersensitivity to the materials of the product.

Mepilex® Border Post-Op ordering information

Product Code	Size (cm)	Pad size (cm)	Pcs/box
496100	6×8	3x5	10
496200	9×10	5x6	10
496300	10×15	5x10	10
496400	10×20	5x15	10
496450	10×25	5x20	10
496600	10×30	5x25	10
496650	10×35	5x30	5

Operating Theatre Efficiencies

Mepilex Border Post-Op is available in Mölnlycke Procedure Packs. All the essentials for your procedure in one efficient, customised package. From gowns and drapes, to instruments and dressings. Available exclusively from Mölnlycke.

References: 1. Beele H. et al. A prospective randomized controlled clinical investigation comparing two post-operative wound dressings used after elective hip and knee replacement; Mepilex® Border Post-Op versus Aquacel® Surgical. International Journal of Orthopaedic and Trauma Nursing, 2020. 2. Zarghooni K. et al. Is the use of modern versus conventional wound dressings warranted after primary knee and hip arthroplasty? Acta Orthopaedica Belgica, 2015. 3. Dobbelaere A, et al. Comparative study of innovative postoperative wound dressings after total knee arthroplasty. Acta orthopaedica Belgica, 2015. 4. Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopedic Surgery. Deutsche Arzteblatt Intternational, 2018. 5. Mölnlycke Health Care, Data on File internal report 20190215-001. 6. External test at Nelson Laboratories (viral penetration test), Study Report 1064846-S01 7. Statement towards ASTM F 1671 (viral penetration test), PD-404335. 8. Feili, F. et al. Fluid handling properties of post-operative wound dressings. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. 9. Feili, F. et al. Blood absorption capacity of post-operative wound dressings. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. 10. Feili F. et al. A laboratory valuation of the fluid retention properties of post-operative absorbent dressings. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. 11. Van Overschelde, P. et al. A randomised controlled trial comparing two wound dressings used after elective hip and knee arthroplasty. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. 12. Silverstein P. 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. Journal of Burn Care and Research, 2011. 13. Gee Kee E.L. et al. Randomized controlled trial of three burns dressings for partial thickness burns in children. Burns, 2014. 14. 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, 2017. 15. Patton M.L. et al.. An open, prospective, randomized pilot investigation evaluating pain with the use of a soft silicone wound contact layer vs bridal veil and staples on split thickness skin grafts as a primary dressing. Journal of burn care & research, 2013. 16. Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopedic Surgery. Deutsche Arzteblatt International, 2018. 17. Meaume S. et al. A study to compare a new self-adherent soft silicone dressing with a self-adherent polymer dressing in stage II pressure ulcers. Ostomy Wound Management, 2003. 18.Herst P. et al. Prophylactic use of Mepitel Film prevents radiation-induced moist desquamation in an intra-patient randomised controlled clinical trial of 78 breast cancer patients. Radiotherapy and Oncology, 2014. 19. Gotschall C.S. et al. Prospective, randomized study of the efficacy of Mepitel on children with partial-thickness scalds. Journal of Burn Care & Rehabilitation, 1998.

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