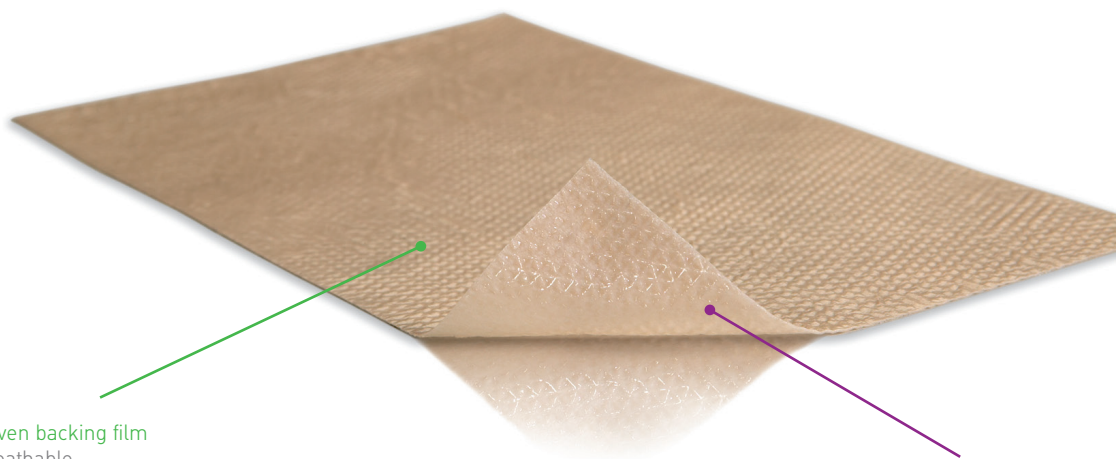


Self adherent dressing for scar management

- Minimises pain and trauma at dressing changes^{1,2,3}
- No extra fixation is needed³
- Conforms well to body contours¹
- Can be worn during daily activities⁴



Non-woven backing film

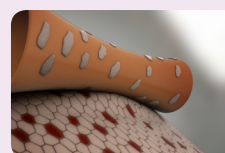
- Breathable
- Water-proof

SafetaC® layer

- Soft silicone adhesive technology
- Minimises pain and trauma on removal⁵

SafetaC® technology. Less trauma. Less pain.

Dressings with SafetaC technology are atraumatic upon removal.⁵ These dressings minimise trauma to the wound and the surrounding skin^{6,7}, which minimises pain to the patients⁵. They minimise the risk of maceration by sealing the wound margins.⁸

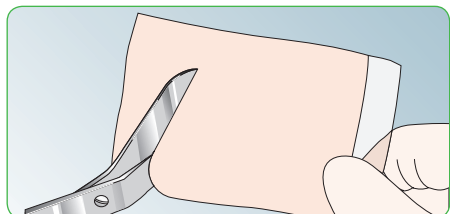


Skin stripping occurs with traditional adhesive

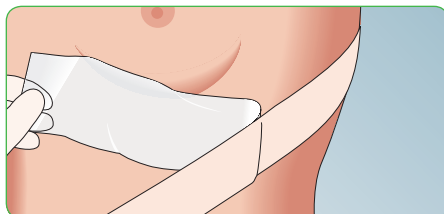


No skin stripping occurs with SafetaC technology

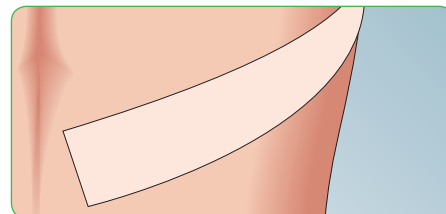
How to use Mepiform®



1. Remove the release film. If needed, cut to shape.



2. Apply Mepiform to the scar. Make sure the skin is clean and dry and free from any ointment etc.



3. Re-apply after daily cleaning of the scar.

Benefits of Mepiform

- Minimises pain and trauma at dressing changes^{1,2,3}
- No extra fixation is needed³
- Thin, flexible and discreet
- Can be worn during daily activities⁴
- Can be lifted and adjusted without loss of adherent properties³
- May be left in place for several days³

How Mepiform works

Topical silicone has empirically been shown to have positive impact on hypertrophic scars and keloids.^{3,9} It may take from 3 months up to a year or more to improve an old scar, depending on the condition of the scar tissue. Mepiform shall optimally be worn 24 hours a day. It is recommended that Mepiform is removed once a day, e.g. when showering or bathing, for inspection and washing of the skin. For prophylactic treatment, Mepiform shall be used for 2–6 months depending on the condition of the scar.

Areas of use

Mepiform is designed for the management of old and new hypertrophic scars, keloids and closed wounds. Mepiform may also prevent the formation of hypertrophic and keloid scars.

Note

Should maceration or rash occur, allow the skin to rest until the symptom has disappeared. Continue treatment and gradually increase the treatment time per day.

Mepiform has an Ultraviolet Protection Factor (UPF) rating of 5.¹⁰



Mepiform assortment (Sterile packed)

Art. no	Size cm	Size inch	Pcs/shelf cont.	Pcs/transp. cont.
293100	4 x 30	1,6 x 10	5	50
293200	5 x 7,5	2 x 3	5	25
293400	10 x 18	4 x 7	5	35

Mepiform assortment (Unsterile packed)

Art. no	Size cm	Size inch	Pcs/shelf cont.	Pcs/transp. cont.
293600	4 x 30	1.6 x 10	5	50
293700	5 x 7.5	2 x 3	5	25
293800	10 x 18	4 x 7	5	35

Note: Not all articles are available in every country. Please contact your local Mölnlycke Health Care representative for information about articles available in your country.

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1. Meuleneire, F. Using a soft silicone dressing (Mepiform) to prevent scarring in an acute traumatic wound. *Wounds UK* 2007;3(4):134-135. 2. Dykes, P.J., Heggie, R., Hill, S.A. Effects of adhesive dressings on the stratum corneum of skin. *Journal of Wound Care* 2001;10(2):7-10. 3. Colom Majan, J.L. Evaluation of a self-adherent soft silicone dressing for the treatment of hypertrophic postoperative scars. *Journal of Wound Care* 2006;15(5):193-196. 4. Saulsberry, C.M., Abney, S.B., Landry, K.N. An evaluation of a new silicone dressing for the management of hypertrophic scars. Poster presentation at the 12th Symposium on Advanced Wound Care and Medical Research Forum on Wound Repair, Anaheim, California, United States of America, 1999. 5. White, R. A multinational survey of the assessment of pain when removing dressings. *Wounds UK* 2008; 4: 1, 14-22. 6. Dahlstrøm, K.K. A new silicone rubber dressing used as a temporary dressing before delayed split skin grafting. A prospective randomised study. *Scandinavian Journal of Plastic Reconstructive Surgery and Hand Surgery* 1995;29(4):325-327. 7. Waring, M., Biefeldt, S., Matzold, K.P., Butcher, M. An evaluation of the skin stripping of wound dressing adhesives. *Journal of Wound Care* 2011;20(9):412-422. 8. White, R. Evidence for atraumatic soft silicone wound dressing use. *Wounds UK* 2005; 1: 3, 104-109. 9. Mustoe, T.A., Cooter, R.D., Gold, M.H., Hobbs, R., Ramelet, A.A., Shakespeare, P.G., Stella, M., Teot, L., Wood, F.M., Ziegler, U.E., for the International Advisory Panel on Scar Management. International clinical recommendations on scar management. *Plastic and Reconstructive Surgery* 2002;110 (2): 560-571. 10. Date on file, Mölnlycke Health Care, 2015

Find out more at www.molnlycke.com

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