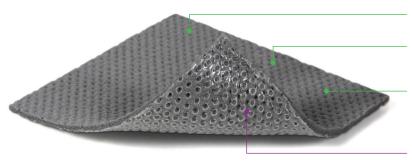
Mepilex®Transfer Ag

Antimicrobial wound contact layer with Safetac® technology

- Effective exudate management that transfers exudate to a secondary dressing
- Features Safetac technology for less painful dressing changes
- Combining a rapid and a sustained antimicrobial effect
- Comfortable to wear due to the conformable foam



Silver sulphate

The foam absorbs exudate and enables transfer to a second layer

No backing film enables exudate transfer into a second layer that can be changed frequently while you leave Mepilex Transfer Ag in place for up to 14 days

Safetac technology supporting less painful healing

Safetac® dressings prevent needless suffering.

Safetac dressings are clinically proven to hurt less¹. That means less stress² and fewer disturbances to the wound, which can mean faster healing³ and resulting lower costs⁴. Safetac technology is available exclusively on Mölnlycke Health Care dressings.

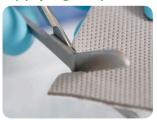


Skin stripping may occur with traditional adhesives



Minimal skin stripping with Safetac technology

Applying Mepilex® Transfer Ag:



1. Preparation

Cleanse the wound and dry the surrounding skin thoroughly. If needed, cut Mepilex Transfer Ag to appropriate size or shape.



2. Apply Mepilex Transfer Ag

Remove the release film, and apply the adherent side to the wound allowing at least 2-5 cm overlap on dry skin. Do not stretch. Smooth.



3. Apply secondary laver

Apply a secondary layer that is appropriate for the exudate level e.g. Mesorb. Overlap the edges of Mepilex Transfer Ag.



4. Apply fixation

Use an appropriate fixation to hold the dressings in place, e.g. Tubifast

How Mepilex Transfer Ag works

Mepilex® Transfer Ag is an antimicrobial wound contact layer with Safetac® technology which has been designed for undisturbed healing. By combining it with a secondary layer appropriate for a specific wound type it allows you to create an optimal dressing combination. Mepilex Transfer Ag may remain in place whilst only the secondary dressing is changed when needed. It effectively absorbs and transfers exudates to a secondary layer, whilst minimising trauma to the wound and the surrounding skin, and pain to the patient at dressing removal.

Benefits of Mepilex Transfer Ag

A dressing with Safetac® to minimise pain and suffering

- Gentle adherence to the surrounding skin without sticking to the wound
- Minimal damage to the wound or skin during dressing changes

A dressing that fits

Conforming to difficult-to-dress areas

A dressing to manage exudate

Transferring exudate away to a secondary layer

Inactivates a wide range of microorganisms⁵

- A rapid antimicrobial effect within 30 minutes⁶
- Sustained antimicrobial effect for up to 14 days⁷
- Antimicrobial effect also with a second laver⁸

A dressing to promote undisturbed healing

• A dressing you can leave in place for several days so that the body can heal the wound in peace.

Frequency of change

Mepilex® Transfer Ag may be left in place for up to 14 days depending on the patient, condition of the wound and surrounding skin, or as indicated by accepted clinical practice. It is intended for short-term use up to 4 weeks. For continued use, a re-assessment by a physician is recommended.

Areas of use

Mepilex Transfer Ag is indicated for low to high exuding wounds including difficult-to-dress areas where an antimicrobial effect is needed: partial thickness burns, donor sites, foot and leg ulcers, pressure injuries and malignant wounds. If needed, Mepilex Transfer Ag can easily be cut.

Precautions

Please refer to the Instruction for use for details.

Mepilex® Transfer Ag assortment (sterile packed)

Art. no	Size cm	Pcs/shelf cont.	Pcs/transp	
394000	7.5 x 8.5	10	70	
394100	10 x 12.5	5	50	
394700	12.5 x 12.5	5	50	
394800	15 x 20	10	50	
394500	20 x 50	2	12	

REFERENCES: 1. White R. A multinational survey of the assessment of pain when removing dressings. Wounds UK, 2008. 2. Upton D. et al. The Impact of Altraumatic Vs Conventional Dressings on Pain and Stress in Patients with Chronic Wounds. Submitted and approved for publication. Journal of Wound Care, 2012. 3. Upton D. et al. Pain and stress as contributors to delayed wound healing. Wound Practice and Research, 2010. 4. Butcher M. et al. Quantifying the financial impact of pain at dressing change. Psychological impact of pain in patients with wounds. Wounds UK, 2011. 5.-7. External lab report, NAMSA. 8. Data on file.



Find out more at www.molnlycke.com.au

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