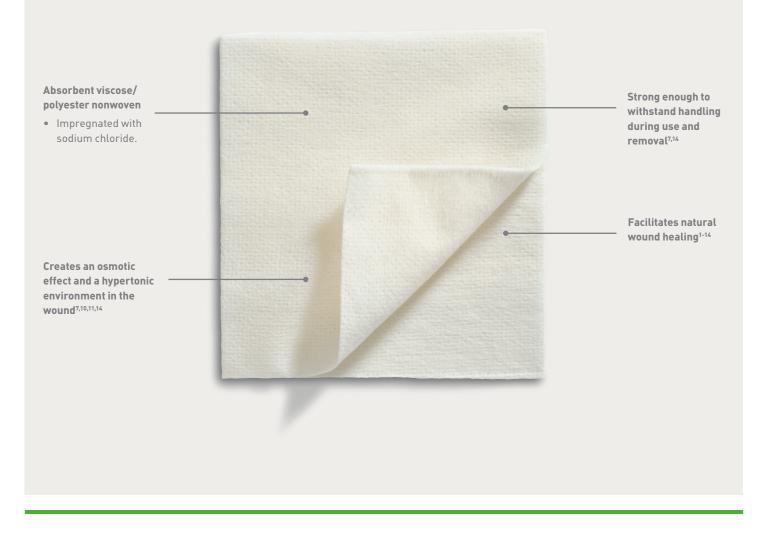
Mesalt®

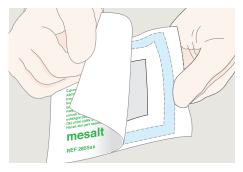
Cleansing sodium chloride dressing



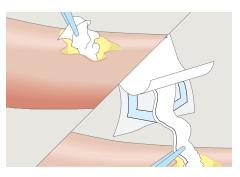
Mesalt[®] stimulates the cleansing of wounds by absorbing exudate containing bacteria and necrotic material¹⁻¹⁴.



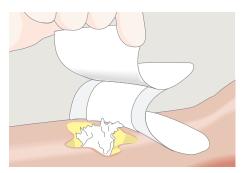
How to use Mesalt®



1. Clean the wound area and debride any excessive necrotic tissue or eschar.



2. Dry the surrounding skin, but do not dry the surface of the wound. Where clinically indicated, a water-resistant cream or ointment can be used on the surrounding skin. Choose the appropriate Mesalt dressing size. For shallow wounds do not allow Mesalt to overlap the wound edges. For deep wounds, loosely fill the wound. Apply Mesalt dry into the wound.



3. Depending on the level of exudate, cover with an appropriate secondary dressing. Where clinically indicated, compression therapy may be used in conjunction with Mesalt.

How Mesalt works

The discharge from the wound releases the sodium chloride from the dressing. Mesalt stimulates the cleansing of wounds by absorbing exudate containing bacteria and necrotic material from the wound, thereby facilitating natural wound healing¹⁻¹⁴.



Mesalt is intended for the management of moderate to heavily exuding non-infected/infected wounds, such as: pressure injuries, foot ulcers and deep wound management e.g. cavity wounds and fistulas¹⁻¹³.

Benefits of Mesalt

- Facilitates the wound healing process¹⁻¹⁴
- Absorbent¹⁻¹³
- Can be cut to shape^{10,14}
- Easy to use^{7,10,14}

Note

Mesalt is not to be used in dry wounds.

Mesalt is packaged sterile in single packs

Product Code	Product size folded (cm)	Product size non-folded (cm)	Pcs/ Box
Mesalt			
285580	5 x 5	10 x 10	30
285780	7.5 x 7.5	15 x 15	30
286080	10 x 10	20 x 20	30
Mesalt® Ribbon			
285280	n/a	2 x 100	10

References: 1. Mölnlycke Health Care. Data on file. 2019. 2. Apelqvist J, Ragnarson Tennvall G,; Larsson J. Topical treatment of diabetic foot ulcers. An economic analysis of treatment alternatives and strategies. Diabetic medicine. 1995, 12[2]:123–128. 3. Apelqvist J. Ragnarson-Tennvall G. Cavity foot ulcers in diabetic patients. A comparative study of cadexomer iodine ointment and standard treatment. An economic analysis alongside a clinical trial. Acta Derm Venereol. 1996, 76[3]: 231–235. 4. Brown-Etris M, Myers RB, Pasceri P. A new generation of gauze dressings. Ostomy/Wound Management, The Journal for Extended Patient Care Management. 1991:34. 5. Dinstl K, Platthy G, Zita L. Case study: Suitability of Hypergel. Mesalt and Normlgel in the treatment of leg ulcers. Study report 1995. 6. Hirsch DJ, Jindal KK. Local care of Staphylococcus aureus exit-site infection precludes antibiotic use. Peritoneal Dialysis International. 2003;23(3):301-2. 7. Huang MR, Huang LE, Li MY, Guo SY. Nursing of Postoperative Infected Wound of Children with Sacrococcygeal Teratoma. Journal of Nursing. 2011, 16:14. 8. Khanduja KS, Padmanabhan A, Kerner BA, Wise WE, Aguilar PS. Reconstruction of rectovaginal fistula with sphincter disruption by combining rectal mucosal advancement flap and anal sphincteroplasty. Diseases of the colon & rectum. 1999, 42[11]:1432–1437. 9. Liu Z, Xiong Z, Wu J, Wang F. Clinical curative effect of Mesalt combined with Mepilex dressing in postoperative infection of inguinal hernia. Med Sci Monit. 2015 Apr 9;21:1038-42. 10. Qin YU. Dressing Effect of Mesalt Dressing on Infected Wounds. Journal of Kunning Medical University. 2012, 10:54. 11. Qiuping Z, Wei Z. Application of mesalt dressing in treating infected wound. Journal of Nursing Science, 2010, 22:36. 12. Valente MA, Khanduja KS. Layered surgical repair of traumatic cloacal deformities. Technical details and functional outcomes. Techniques in coloproctology. 2012, 16(2):153–156. 13. Zhou S, Ling W, Xia D. Observation of the effect of Urgotul parcel tec

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