

Mepilex®

The effective absorbent
foam dressing

Polyurethane backing film

- Breathable
- Waterproof

Polyurethane foam pad

- Absorbs exudate, also under compression^{1,2,8}
- Conformable^{2,7,8}

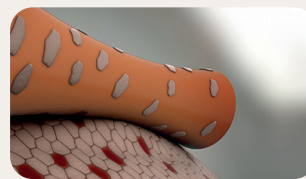
Safetac® layer

- Minimises pain and trauma, at dressing changes¹⁻⁶
- Does not adhere to moist wound bed^{1,2} but to dry skin only⁶
- Seals the wound margins and reduces risk of leakage and maceration^{2,4,7-9,11}

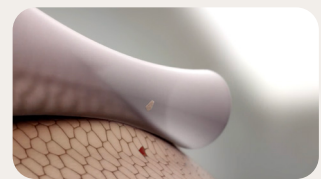


Safetac® technology. Less damage and less pain

Dressings with Safetac® are clinically demonstrated to minimise damage to the wound and skin at removal^{10,11}. By sealing the wound margins, they help prevent maceration. With less damage to the wound and skin, pain at dressing change is minimised^{10,11}.



Without Safetac

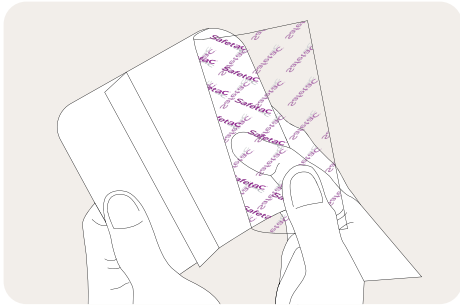


With Safetac

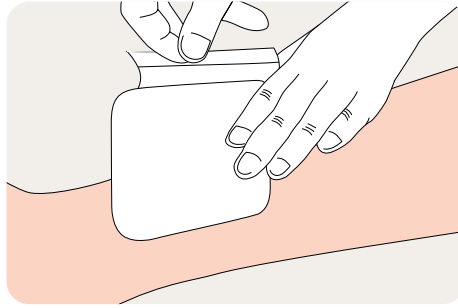
- Minimises pain and trauma at dressing changes¹⁻⁶
- Gentle adherence with stay-on-ability^{14,16}
- Mepilex is comfortable to the patient^{7,8}
- Does not slip under dressing retention and can easily be cut to size*

*Mepilex does not need to be cut to the size of the wound when compression is used.

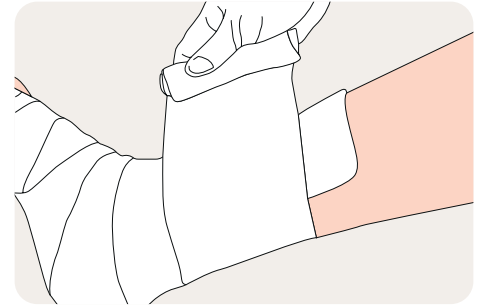
Instructions for use Mepilex®



1. Cleanse the wound in accordance with clinical practice. Dry the surrounding skin thoroughly. Select an appropriate dressing size. The dressing should cover the dry surrounding skin by at least 1–2cm for smaller sizes (sizes up to 12.5x12.5cm) and 3–5cm for larger sizes. If required, the dressing may be cut to suit various wound shapes and locations. Remove the first release film.



2. Apply the adherent side to the wound. Remove the remaining release film and smooth down the dressing on the skin. Do not stretch the dressing.



3. When necessary, secure Mepilex with a bandage or other fixation.

How Mepilex® works

Mepilex is a soft and highly conformable foam dressing that absorbs exudate and maintains a moist wound environment^{2,14}. The Safetac® layer seals the wound edges, preventing the exudate to leak onto the surrounding skin, thus minimising the risk for maceration⁷. The Safetac layer ensures that the dressing can be changed without damaging the wound or surrounding skin or exposing the patient to additional pain.

Benefits of Mepilex

- Minimises pain and trauma at dressing changes¹⁻⁶
- Stays in place allowing for 'hands-free' to facilitate application of compression or retention bandages
- Well suited to be used under compression bandages^{1,2,8}
- Can be cut to suit various wound shapes and difficult-to-dress locations
- Promotes patient comfort during wear^{7,8}
- Can be left in place for several days depending on the condition of the wound or as indicated by accepted clinical practice^{1,2,7,13,14}
- Can be lifted and adjusted without losing its adherent properties⁹
- Low potential for skin irritation and allergy¹⁵

Areas of use

Mepilex is designed for a wide range of exuding wounds such as leg and foot ulcers, pressure ulcers and traumatic wounds, e.g. skin tears and secondary healing wounds.

Note

In case of signs of clinical infection, consult a health care professional for adequate infection treatment.



Mepilex assortment (sterile packed)

Art. No.	Size cm	Size inch	Pcs/shelf cont	Pcs/transp. cont
294100	10 x 10	4 x 4	5	70
294200	10 x 20	4 x 8	5	45
294300	15 x 15	6 x 6	5	25
294400	20 x 20	8 x 8	5	20
294500	20 x 50	8 x 20	2	12

Mepilex Heel assortment

Art. No.	Size cm	Size inch	Pcs/shelf cont	Pcs/transp. cont
288100	13 x 20	5 x 8	5	25
288300	15 x 22	6 x 8.7	5	30

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.

References: 1. Franks PJ, Moody M, Moffatt CJ, Hiskett G, Gatto P, Davies C, et al. Randomized trial of two foam dressings in the management of chronic venous ulceration. Wound repair and regeneration: official publication of the Wound Healing Society [and] the European Tissue Repair Society. 2007;15(2):197-202. 2. Mölnlycke Health Care. Data on file. 2016. 3. White R. A multinational survey of the assessment of pain when removing dressings. Wounds UK 2008; 4(1):14-22. 4. Schumann, H., Beljan, G., Hoping, D., Bruckner-Tuderman, L. Atraumatic dressings in fragile skin conditions: use of the soft silicone dressing (Mepilex) in hereditary and acquired bullous skin disease. Poster presentation, EWMA, 2005. 5. Upton, D., Solowiej, K. The impact of atraumatic vs conventional dressings on pain and stress. Journal of Wound Care 2012;21(5):209-215. 6. Mölnlycke Health Care. Data on file. 2017. 7. Meuleneire, F., and Fostier, A. Local treatment of heel pressure ulcers with a silicone foam dressing. Poster presentation, WUWHS, 2008. 8. Weaver, G., Crawford, K. The use of Mepilex on dehisced amputation wounds. Wounds UK 2007;3(1):70-74. 9. Mölnlycke Health Care. Data on file. 2018. 10. Gee Kee E et al. Randomized controlled trial of three burns dressings for partial thickness burns in children. Burns. 2015. 11. 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. 12. 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. 13. Eager CA. Comparison of two foams through the measurement of healing time, frequency of dressing changes and peri wound status. Poster presentation, Advanced Wound Care and Medical Research Forum on Wound Repair, 2001. 14. Metelmann, H.R., Brandner, J., Schumann, H., Bross, F., Hoffmann, M., Podnelle, F. Accelerating the aesthetic benefit of wound healing by triterpene. Journal of Craniomaxillofacial Surgery 2012;40(5):e150-e154. 15. Mölnlycke Health Care. Data on file. 2018. 16. Mölnlycke Health Care. Data on file. 2018.

Find out more at molnlycke.com

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