

Mepilex[®] Transfer

Soft silicone exudate
transfer dressing



Thin polyurethane
foam layer

- Efficiently transfers exudate through its structure¹
- Conforms well to difficult-to-dress areas¹

SafetaC
TECHNOLOGY

Mepilex Transfer

- Safetac interface minimises pain and trauma at dressing changes^{1,2}
- Efficiently transfers exudate away from the wound thereby minimising the risk of maceration¹
- Convenient and conformable even for awkward or difficult-to-dress wounds and areas¹

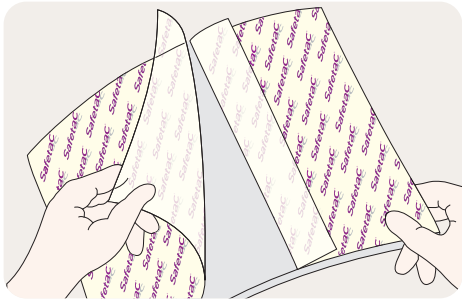
Safetac technology. Less damage and less pain

In numerous randomised trials, dressings with Safetac are clinically demonstrated to minimise 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 trials associate dressings with Safetac with faster healing and lower total treatment cost.

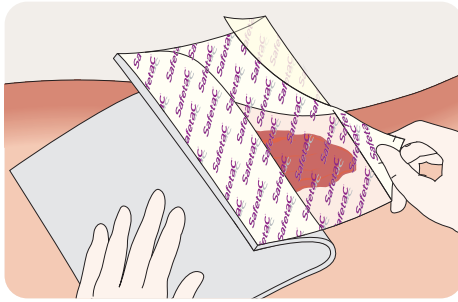
For references please see:

<https://molnlycke.com/xx-XX/knowledge/insights/wound-care/safetac/>

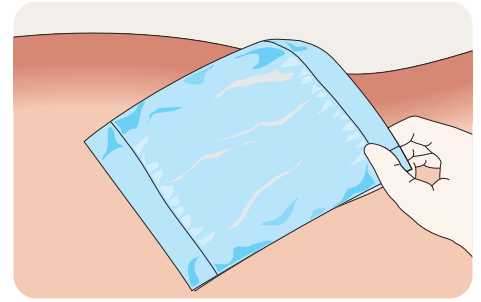
Instructions for use Mepilex Transfer



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



4. Remove the first release film and apply the adherent side to the wound. 5. Remove the remaining release film and smooth down the dressing on the skin. Do not stretch the dressing.



6. Apply an appropriate secondary dressing and fixation, if needed, to maintain a moist wound environment. For moderately to highly exuding wounds use a secondary absorbent dressing on top of Mepilex Transfer and fixate them with e.g. Tubifast®, hosiery or bandaging. For non-exuding to low exuding wounds or for protection of fragile skin, use e.g. a breathable film dressing or Tubifast for fixation.

Benefits of Mepilex Transfer

- Minimises pain and trauma at dressing changes^{1,2}
- Efficiently transfers exudate away from the wound there by minimising the risk of maceration¹
- Stays in place allowing for 'hands-free' to facilitate application of compression or retention bandages^{1,2}
- Promotes patient comfort – it's thin and comfortable to wear^{1,4}
- Can be cut to suit various wound shapes and difficult-to-dress locations¹
- Can be lifted and adjusted without loss of adherent properties¹
- Can be used in the management of Epidermolysis Bullosa^{1,3,4}
- Can be used during conventional X-ray imaging, conventional Computed Tomography (CT) imaging, Magnetic Resonance Imaging (MRI)¹
- Can be used to manage radiotherapy-induced skin reactions¹



Areas of use

Mepilex Transfer is intended for a wide range of exuding wounds. Mepilex Transfer can also be used as protection of compromised and/or fragile skin.

Precautions

- Do not use on patients with known hypersensitivity to the dressing or its materials.
- Do not use together with oxidising agents such as hypochlorite solutions or hydrogen peroxide.
- If you see signs of clinical infection e.g. fever or if the wound or surrounding skin becomes red, warm or swollen, consult a health care professional for appropriate treatment.
- Do not reuse, if reused performance of the product may deteriorate and cross contamination may occur.
- Sterile. Do not use if sterile barrier is damaged or opened prior to use. Do not re-sterilise.

Mepilex Transfer assortment (sterile packed)

Art. No.	Size cm	Size inch	Pcs/shelf cont	Pcs/transp. cont
294800	15 x 20	6 x 8	5	40
294502	20 x 50	8 x 20	4	24
294600	7.5 x 8.5	3 x 3.3	5	70
294700	10 x 12	4 x 4.7	5	50

1. Mölnlycke Health Care. Data on file. 2. Kaartinen IS, Kuokkanen HO. Suprathel® causes less bleeding and scarring than Mepilex® transfer in the treatment of donor sites of split-thickness skin grafts. *Journal of Plastic Surgery and Hand Surgery*. 2011;45(4-5):200-3. 3. Yuen W, Huizinga J, Jonkman M. Punch grafting of chronic ulcers in patients with laminin 332 deficient nhJEB. *J Am Acad Dermatol*. 2013(68):93-7. 4. Schwieger-Briel A, Kiritsi D, Schempp C, Has C, Schumann H. Betulinbased oleogel to improve wound healing in dystrophic epidermolysis bullosa: A prospective controlled proof-of-concept study. *Dermatology Research and Practice*. 2017;2017.

Find out more at molnlycke.com

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