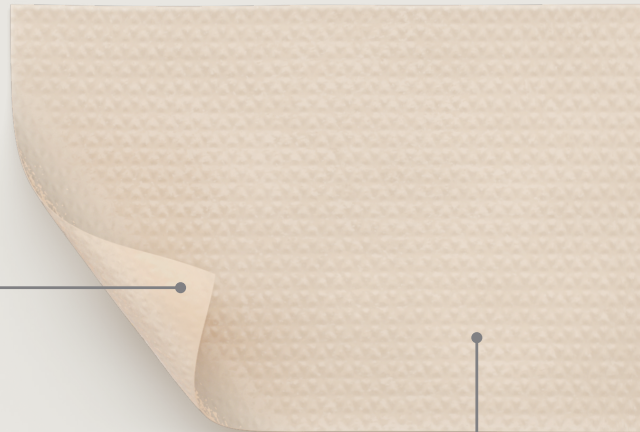


Mepiform®

Self-adherent dressing for scar management



Non-woven backing film

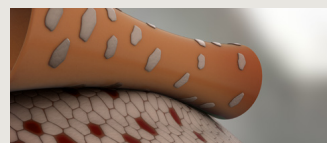
- Breathable
- Waterproof

Safetac® layer

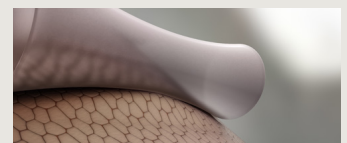
- Soft silicone adhesive technology
- Minimises pain and trauma on removal¹

Safetac® technology. Less trauma. Less pain.

Dressings with Safetac technology are atraumatic upon removal¹. These dressings minimise trauma to the wound and the surrounding skin^{2,3}, which minimises the patients' pain¹. They minimise the risk of maceration by sealing the wound margins⁴.



Skin stripping occurs with traditional adhesives



No skin stripping occurs with Safetac technology

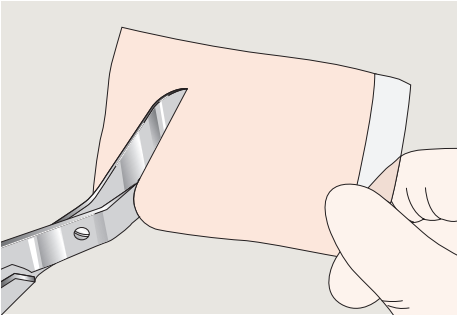
Mepiform® is a gentle, self-adherent soft silicone dressing for scar management. It's designed for the management of both old and new hypertrophic and keloid scars. It can also be used as prophylactic therapy on closed wounds for prevention or hypertrophic or keloid scarring.

- Clinically proven to reduce and prevent scarring
- No extra fixation is needed⁵
- Conforms well to body contours⁶

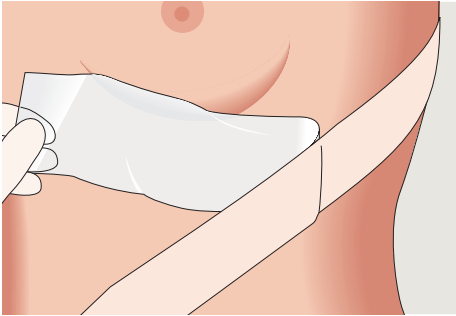
Mepiform®


Mölnlycke®

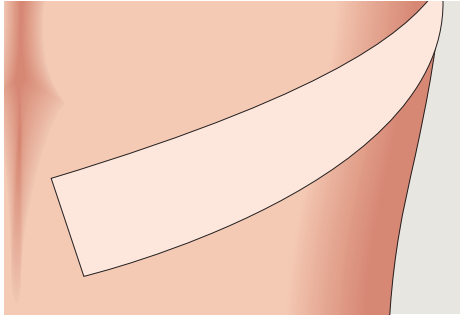
How to use Mepiform®



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



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



3. Reapply after daily cleaning of the scar.

Benefits of Mepiform®

- Clinically approved to reduce and prevent scarring
- Adheres gently to fragile tissue and skin, making dressing changes less painful
- Saves money over the long term because one sheet can be used for several days
- Comfortable to wear because it conforms well to body contours
- Thin and flexible

How Mepiform® works

Empirically, topical silicone has been shown to have a positive impact on hypertrophic scars and keloids^{5,8}. It may take from 3 months up to over a year or more to minimise an old scar, depending on the condition of the scar tissue. Optimally, Mepiform should be worn 24 hours a day. It is recommended that Mepiform is removed once a day, e.g. when bathing, for inspection and washing of the skin. For prophylactic treatment, Mepiform should 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 rashes occur, allow the skin to rest until the symptoms have disappeared. Continue treatment and gradually increase the treatment time per day.

Mepiform has an Ultraviolet Protection Factor (UPF) rating of 5⁹.

Art. no.	Size (cm)	Pcs/shelf cont.	Pcs/transp. cont.
293150	4 x 31	5	50
293250	5 x 7.5	5	25
293450	9 x 18	5	35

Note: Not all articles are available in every country. Please contact your local Mölnlycke representative for information on what is available in your country.

References: 1. White, R. A multinational survey of the assessment of pain when removing dressings. Wounds UK 2008; 4: 1, 14-22. 2. Dahlström, 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. 3. 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. 4. White, R. Evidence for atraumatic soft silicone wound dressing use. Wounds UK 2005; 1: 3, 104-109. 5. Colom Majan, J.L. Evaluation of a self-adherent soft silicone dressing for the treatment of hypertrophic post-operative scars. Journal of Wound Care 2006;15(5):193-196. 6. Meuleneire, F. Using a soft silicone dressing (Mepiform) to prevent scarring in an acute traumatic wound. Wounds UK 2007;3(4):134-135. 7. 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. 8. Mustoe, T.A., Cooter, R.D., Gold, M.H., Hobbs, R., Ramelet, A.A., Shakespeare, P.G. et al., 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. 9. Data on file, Mölnlycke Health Care, 2015.

Find out more at www.molnlycke.co.uk

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