

The solution to scars

A gentle adhesive silicone dressing for scar management



SafetaC
TECHNOLOGIES

Mepiform®


Mölnlycke®

Designed for everyday scar care

How the skin heals a wound and forms a scar is very individual. Some scars can be nearly invisible, while others can be quite disfiguring. This depends on several factors, including skin colour, skin type, the body's healing response, the patient's genetics, and choice of surgical technique.

So, what can the patient do to limit appearance, redness, and height of scarring, and get the best end-result? The answer is scar care^{3,23}.

Topical silicone sheeting has been used successfully for over 20 years to treat hypertrophic and keloid scars, and it is supported by numerous clinical evaluations and international clinical recommendations on scar management. **Mepiform®** is a thin and discreet silicone sheet designed to reduce both old and new hypertrophic and keloid scars¹⁻⁸, as well as to treat closed wounds^{7,9} after plastic surgery (face, breast, abdomen), caesarean sections or burn injuries. **Mepiform®** can also be used as a prophylactic therapy on closed wounds for prevention of hypertrophic or keloid scarring¹⁻⁹.

Safetac® technology's soft silicone gently adheres to the skin^{3,23} and conforms well to the body's contours^{3,6,8,9,12-15}, while adhering only to the top of the skin's surface^{10,11}. Safetac® technology also minimises pain¹⁶⁻²¹ during dressing changes while helping to prevent maceration.

Mepiform® is clinically proven to reduce and prevent hypertrophic and keloid scarring¹⁻⁸.

Silicone has been used
successfully for scar
management for decades.



‘I’ve recommended
Mepiform® for 6 years now’

‘The gold standard in scar care today is silicone therapy. To achieve the best possible outcomes, it is important to understand which kind of silicone therapy to use and when to use it. The main benefit we look for in a product or protocol is effective prevention of hypertrophic or pathologic scars. This protocol must also be useful to a majority of our patients and should be adapted to the many different conditions they present.’

Prof. Franco Bassetto

Professor of Plastic, Reconstructive and Aesthetic Surgery and Chief of the Plastic Surgery Clinic, Padova University Hospital, Italy





After a surgery where the aesthetic result really matters, wearing **Mepiform**[®] can reduce scarring¹⁻⁸ and discolouration¹⁰⁻¹¹ significantly.



Scars takes time to form – sometimes up to 18 months. But with patience and by wearing **Mepiform**[®] daily as the scar heals, the patient can look forward to visible results¹⁻⁸.

Professor Franco Bassetto has several decades of experience within scar management and shares his thoughts: 'As we are a teaching hospital, we have tried all kinds of silicone dressings, sheets and other products for reduced scarring. But over time we saw that **Mepiform** is a superior choice, both in terms of results and patient preference. Day by day, the use of **Mepiform**[®] increases as patients and clinicians discover the much better scarring outcomes. We choose the specific type of silicone sheet in consultation with the patient

and depending on the development of the scar – its location, how far it's gone in the healing process, evenness, colouration etc. The patient's main concern is always how the scar will look and feel after healing. When the patients go to a regular surgeon they ask for a safe procedure – when they go to a plastic surgeon they ask for a safe procedure but also a better aesthetic outcome. That's why I've recommended **Mepiform**[®] for 6 years now.'

‘I could not believe
my eyes’

Professor Klaus Eisendle has treated patients with scars for many years and he has a clear opinion on Mepiform: ‘The main thing we want is relief for the patient. Improvement, not only cosmetically, but also functionally. If scars are hard and distressing they can cause pain. Also, you always want the best possible outcome regarding discoloration and elevation of the scar. I found these properties in Mepiform® by Mölnlycke®, and I must say the treatment results are superior.’

Prof. Klaus Eisendle, MBA

Professor of Dermatology and Head of the Dermatology Department at Bolzano Hospital, Italy





Most patients prefer to get periodic check-ups during the healing process, but the daily routine of wearing **Mepiform®** is something they can easily manage themselves.

Professor Klaus Eisendle continues: 'My first encounter with Mepiform was a tragic case. Unfortunately, I had a 2-year-old patient with a severe burn injury on her chest, cheek and ear. Her father had given her a heating bag as she was feeling ill, and this exploded. We treated the wounds and initially everything was fine, but after 5 weeks she started to develop really bad keloids despite the fact that we had used pressure garments and given her a massage with silicone every day. The father was getting quite desperate.

At this time, I read an article about silicone sheets, and by chance I met a representative from **Mölnlycke®** who gave me a few samples of Mepiform which I used on the patient. Four months later, using the product 24 hours a day, we saw such an incredible improvement that I could not believe my eyes. From then on, I started recommending **Mepiform®** regularly. Today, it really is the first choice of treatment.'



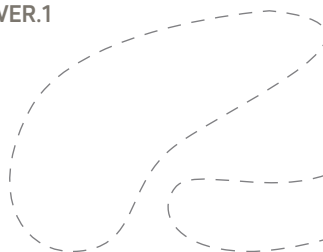
Reduce scarring after breast surgery

One of the advantages of Mepiform® is that you can cut it to any size and shape^{4,9,22,23}. This makes it ideal for use on breast-surgery scars, which are often found close to the armpits or where the curve of the breast meets the body. Cut the sheet into a curved shape for a perfect fit. Once you get it right you should be quite comfortable^{6,14} wearing Mepiform around the clock.

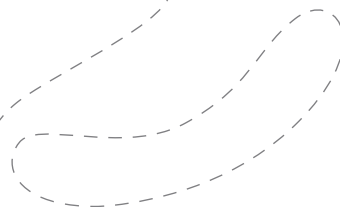
- Cut into a curved shape
- Wear 24 hours a day
- Protects from sun and ultraviolet ray
- See detailed instructions

Suggested shapes:

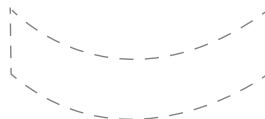
VER.1



VER.2



VER.3





Scar management after a caesarean

For best results after a caesarean section it is important for the treatment that the **Mepiform®** silicon sheet is applied in one piece, without any gaps or overlaps.

Mepiform® is available as strips in many sizes and can be cut to any shape^{4,9,22,23}. Besides helping to reduce the appearance of the scar¹⁻⁸, **Mepiform®** conforms well to body contours and is comfortable for the patient, also in the sensitive area where the trouser waist or underwear often irritates^{3, 6, 8, 9, 14}.

- Use Mepiform strip
- Wear 24 hours a day
- Protects from sun and ultraviolet ray^{10, 11}
- See detailed instructions

Suggested shapes:

VER.1



VER.2





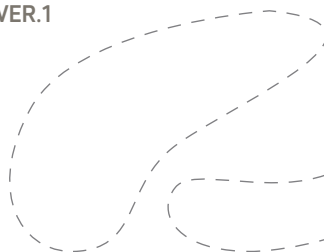
Reduce scarring after breast surgery

Scars from burn injuries are especially sensitive. **Mepiform**® protects this delicate tissue against such problems as delicate tissue against sun and ultraviolet ray¹⁰⁻¹¹, accidental touching and exposure to sunlight¹⁰⁻¹¹. And because **Mepiform**® doesn't stick to skin¹⁰⁻¹¹ when it is removed, you can lift the dressing to clean or inspect the scar. It's gentle to the skin and it can be removed and reapplied without losing its adherent properties^{7, 12, 13, 22}. Every burn scar is different, but since **Mepiform**® comes in many different sizes, you will find one that fits you. If needed it can be cut to a perfect fit^{4,9,22,23}.

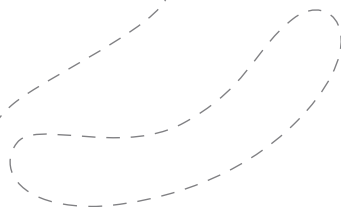
- Protects sensitive scar tissue
- Wear 24 hours a day
- Easy and gentle removal
- See detailed instructions

Suggested shapes:

VER.1



VER.2



VER.3



VER.4





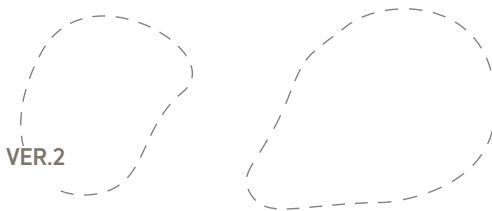
Scar management after a caesarean

After facial surgery, **Mepiform**® can be used as a prophylactic therapy on closed wounds for prevention of hypertrophic or keloid scarring^{7,9}. Thanks to Safetac® technology, **Mepiform**® conforms gently to the contours of the face^{3,6,8,9,12-15} and won't strip sensitive tissue when it's removed¹⁰⁻¹¹. Cut it to any size or shape to cover any curve or angle^{4,9,22,23}, and leave it on all day to protect the scar against discolouration from sunlight¹⁰⁻¹¹.

- Wear 24 hours a day
- Cut to any size and shape
- Protects from sunlight
- See detailed instructions

Suggested shapes:

VER.1



ver.3



ver.4



Directions for use

Application guide

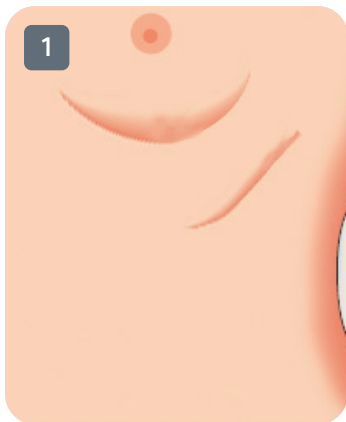
Mepiform® is designed to conform well to body contour. A flexible choice for reducing scars, designed for ease of use and may be left in place for several days, lets patients go on living life as usual during treatment.

Ensure the wound is fully healed and sutures have been removed. Choose a size that will allow **Mepiform®** cover the whole treatment area with a margin of at least 1cm. Unlike other adhesives that can't be altered, **Mepiform®** can be cut to fit the size of the scar.

For best results, **Mepiform®** should be worn 24 hours a day. Remove it daily to inspect and cleanse the area and then reapply. Some patients prefer to remove **Mepiform®** while showering and reapply it afterwards. Under

normal conditions, the same **Mepiform®** sheet can be used up to 7 days or when the adherent properties of the dressing are no longer sufficient.

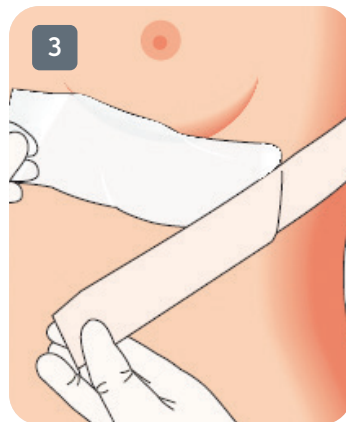
Treatment times will vary and depends on the nature of the scarring. Common practice for treatment is 2–4 months. **Mepiform®** is most effective if it is applied when the scar is newly formed.



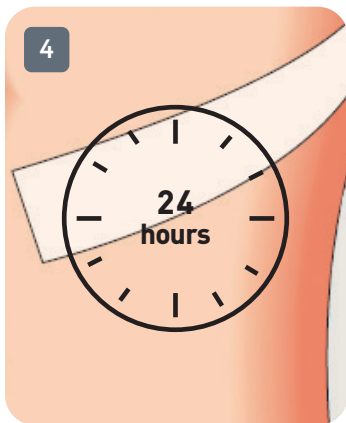
Mepiform® is most effective if it is applied when the scar is newly formed.



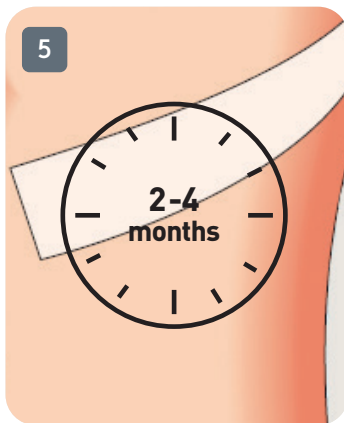
Cut **Mepiform®** to the desired shape and size.



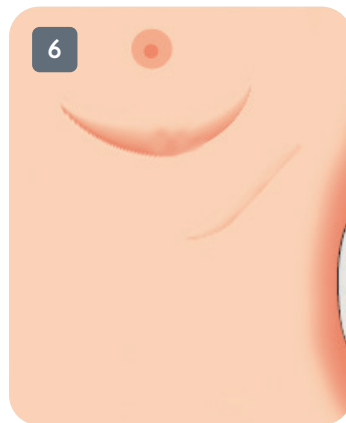
Apply over the scar, being sure to cover the whole treatment area with a margin of at least 1 cm.



Wear **Mepiform®** 24 hours a day during the treatment period.



Treatment times will vary and depends on the nature of the scarring. Common practice for treatment is 2-4 months.



Remove **Mepiform®** daily to inspect and cleanse the area and then reapply it.

Frequently asked questions about Mepiform®

What kinds of scars can Mepiform® be used on?

Mepiform® is a solution for everyday scar care to manage most common types of scars – both old and new hypertrophic and keloid scars¹⁻⁸. It can also be used as a prophylactic therapy on closed wounds to prevent hypertrophic or keloid scarring¹⁻⁹.

What exactly are hypertrophic and keloid scars?

Hypertrophic scars are scars that remain thick, wide, red, and/or raised. They are more likely to be found on wounds in areas of tension and movement (such as the back, chest, and shoulder). Keloid scars are scars that grow larger than the original wound. They are smooth, hard growths that can arise soon after an injury or surgery or develop months later.

Can Mepiform be used anywhere on the body?

Yes, Mepiform® can be used on any part of the body, and can be cut to any shape^{4,9,22,23}.

Does Mepiform cause pain at removal?

All Mepiform® dressings are made with Safetac® technology. Its soft and smooth silicone conforms to the skin's contours^{6,8,9,12-15}.

Mepiform® has low adherence and is gentle to the skin. It can be removed and reapplied without losing its adherent properties and is easy to use.

Should a patient wear Mepiform® every day?

Yes. For best results, Mepiform® should be worn 24 hours a day on a daily basis. The dressing is flexible and discreet and allows for all daily activities. Mepiform® is waterproof and can even be worn in the shower¹⁰⁻¹¹.

How long will it take until the scar becomes less visible?

The length of scar care varies from person to person. The result also depends on the age, size and shape of the scar. Common practice for treatment is 2–4 months.

Will the scar disappear completely?

Mepiform® reduces old and new scarring and can be used as a prophylactic therapy on closed wounds for prevention of hypertrophic or keloid scarring¹⁻⁹. However, there may always be some evidence of scarring.

Is Mepiform suitable for children?

Yes. When used as directed, children can use **Mepiform®** for everyday scar care.



Mepiform® with Safetac® technology is a gentle adhesive silicone sheet for reducing hypertrophic and keloid scars¹⁻⁸. It is packaged in single packs and available in a variety of sizes to fit scars on most parts of the body.



Mepiform®

References: 1. Li-Tsang CW, Lau JC, Choi J, Chan CC, Jianan L. A prospective randomized clinical trial to investigate the effect of silicone gel sheeting (Cica-Care) on post-traumatic hypertrophic scar among the Chinese population. *Burns : journal of the International Society for Burn Injuries*. 2006;32(6):678-83. 2. Li-Tsang CW, Zheng YP, Lau JC. A randomized clinical trial to study the effect of silicone gel dressing and pressure therapy on posttraumatic hypertrophic scars. *Journal of burn care & research : official publication of the American Burn Association*. 2010;31(3):448-57. 3. Momeni M, Hafezi F, Rahbar H, Karimi H. Effects of silicone gel on burn scars. *Burns : journal of the International Society for Burn Injuries*. 2009;35(1):70-4. 4. So K, Umraw N, Scott J, Campbell K, Musgrave M, Cartotto R. Effects of enhanced patient education on compliance with silicone gel sheeting and burn scar outcome: a randomized prospective study. *The Journal of burn care & rehabilitation*. 2003;24(6):411-7. 5. Wigger-Albert W, Kuhlmann M, Wilhelm D, Mrowietz U, Eichhorn K, Ortega J, et al. Efficacy of a polyurethane dressing versus a soft silicone sheet on hypertrophic scars. *Journal of wound care*. 2009;18(5):208. 10-4. 6. Middelkoop E, Ahlenius M. Mepiform 003 - An open, single-centre uncontrolled study to register handling, application and reactions of Mepiform in the treatment of hypertrophic scars. *MHC Clinical Investigation*. 2000. 7. Sakuraba M, Takahashi N, Akahoshi T, Miyasaka Y, Suzuki K. Use of silicone gel sheets for prevention of keloid scars after median sternotomy. *Surgery today*. 2011;41(4):496-9. 8. Nor NM, Ismail R, Jamil A, Shah SA, Imran FH. A Randomized, Single-Blind Trial of Clobetasol Propionate 0.05% Cream Under Silicone Dressing Occlusion Versus Intra-Lesional Triamcinolone for Treatment of Keloid. *Clinical drug investigation*. 2017;37(3):295-301. 9. Gold MH, Foster TD, Adair MA, Burlison K, Lewis T. Prevention of hypertrophic scars and keloids by the prophylactic use of topical silicone gel sheets following a surgical procedure in an office setting. *Dermatologic surgery : official publication for American Society for Dermatologic Surgery [et al.]*. 2001;27(7):641-4. 10. Mölnlycke Health Care. Data on File. 2019. 11. Mölnlycke Health Care. Data on File. 2019. 12. Nikkonen MM, Pitkanen JM, Al-Qattan MM. Problems associated with the use of silicone gel sheeting for hypertrophic and keloid scars in the hot climate of Saudi Arabia. *Burns : journal of the International Society for Burn Injuries*. 2001;27(5):498-501. 13. Saulsberry C, Andersson A. Mepiform USA - An Evaluation of Mepiform with Safetac Technology for the Management of Hypertrophic Scars. *MHC Clinical Investigation - submitted manuscript and poster*. 2002. 14. Lindberg L, Ahlenius M. Mepiform 000 - The efficacy of Mepiform on keloids and hypertrophic scars: a randomised, controlled, open study. *MHC Clinical Investigation, draft report*. 1999. 15. Lindberg L, Ahlenius M. Siliscar 001 - Pilot study. Siliscar vs Albuplast. *MHC Clinical Investigation, Clinical Report*. 1998. 16. Van Overschelde, P. et al. A randomised controlled trial comparing two wound dressings used after elective hip and knee arthroplasty. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. 17. Silverstein P. et al. An open, parallel, randomized, comparative, multicenter study to evaluate the cost-effectiveness, performance, tolerance, and safety of a silver-containing soft silicone foam. *Journal of Burn Care and Research*. 2011. 18. Gee Kee E L. et al. Randomized controlled trial of three burn dressings for partial thickness burns in children. *Burns*. 2016. 19. 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. 20. Patton M.L. et al. An open, prospective, randomized pilot investigation evaluating pain with the use of a soft silicone wound contact layer vs. staples on split thickness skin grafts as a primary dressing. *Journal of burn care & research*. 2013. 21. Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopedic Surgery. *Deutsche Arzteblatt International*. 2018. 22. Tan E, Chua SH, Lim JTE. Topical silicone gel sheet versus intralesional injections of triamcinolone acetonide in the treatment of keloids - a patient-controlled comparative clinical trial. 1999;10. 23. Eishi K, Bae SJ, Ogawa F, Hamasaki Y, Shimizu K, Katayama I. Silicone gel sheets relieve pain and pruritus with clinical improvement of keloid: possible target of mast cells. *The Journal of dermatological treatment*. 2003;14(4):248-52.

Find out more at www.molnlycke.co.uk

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