

## Skin and Wound Product Information Sheet

<b>Marathon</b>	
<b>Classification</b>	<b>Advanced Skin Protectant: Film Barrier</b>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• No-sting, non-flammable, non-cytotoxic, cyanoacrylate-based monomer solution used to protect dry, intact and moist, non-intact/damaged skin</li> <li>• Provides a long-lasting, waterproof, durable, flexible, breathable, light purple film barrier</li> <li>• The film barrier remains intact during conditions of continuous or repeated exposure to moisture or caustic irritants</li> <li>• Product wears off of the skin over time; does not need to be removed</li> <li>• Product comes in two sizes; when needing to cover a large area consider the XL size as it has wider sponge and covers an area greater than 20 x 25cm</li> </ul>
<b>Indications</b>	<p>May be used for adults, children, infants &amp; neonates</p> <ul style="list-style-type: none"> <li>• in consultation with NSWOC/Wound Clinician, when other skin protectants have not been effective in protecting the skin:                             <ul style="list-style-type: none"> <li>• from worsening Moisture Associated Skin Damage (MASD):                                     <ul style="list-style-type: none"> <li>○ on perineal/buttock skin (Incontinence Associated Dermatitis - (IAD))</li> <li>○ on peri-wound, peri-ostomy, peri-tube/drain, peri-fistula skin</li> <li>○ in skin folds</li> </ul> </li> <li>• from damage related to adhesive dressings/ ostomy appliances (Medical Adhesive Related Skin Injury (MARSII))</li> <li>• for the protection from the effects of friction/shear</li> </ul> </li> <li>• for the management of Type 1 Skin Tears (<a href="#">Link to Skin Tear Guideline</a>)</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Must dry for at least 60 seconds before coming into contact with other skin areas (e.g. skin fold) or other materials to avoid unintentional adherence.</li> <li>• If applied to a moist area, the solution will dry very quickly and a temporary warming sensation will be felt</li> <li>• May enhance the adhesiveness of adhesive products; e.g. tape, ostomy barrier, especially within the first few days of application</li> </ul>
<b>Contraindications</b>	<ul style="list-style-type: none"> <li>• Do not apply to full-thickness or bleeding wounds</li> <li>• Do not apply to either second or third degree burns</li> <li>• Do not apply to infected areas</li> <li>• Do not use under medication delivery patches or with medicated powders, ointments or creams</li> <li>• Do not apply to mucous membranes or around the eye area</li> <li>• Do not use on individuals with known sensitivity or allergy to cyanoacrylates</li> </ul>
<b>Formats &amp; Sizes</b>	<p>Applicator</p> <ul style="list-style-type: none"> <li>• 0.5gm for areas up to 10x10cm</li> <li>• XL for areas greater than 20x 25cm</li> </ul> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>
Application Directions	Rationale
<p>For the initial application, cleanse the skin with appropriate cleanser for the area, e.g. a no-rinse skin cleanser, water, normal saline, ensuring all trace of previous skin care product is removed (moisturizer, silicone or zinc protectant, petrolatum). Gently pat the skin dry.</p> <p>For denuded/eroded skin, gently pat the surface with gauze to blot any excessive moisture.</p>	
Protect any sensitive areas, such as stomas and mucous membranes.	Product is not intended for use on mucous membranes.
To Apply	
Hold applicator <u>upright</u> (sponge tip up), firmly squeeze the centre of applicator between the finger and thumb; a crackling sound will be heard when the sealed inner tube is broken. Do not bend or snap the tube.	Single-client, one-time use only. Solution is non-sterile.



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<p>Turn the applicator downward and wait 5 seconds to allow the solution to saturate the sponge (it turns purple). Gently squeezing the tube will speed up the process, be cautious not to over-squeezing.</p>	
<p>Apply the solution using one of the following methods:  <u>Standard method:</u> apply with <u>single</u> strokes to form a light violet coloured paper-thin film. Avoid overlapping previous areas that have not fully dried.  <u>Drip method:</u> position applicator just above the surface of the area to be cover; squeeze the applicator to allow drops of the solution to fall onto the area; apply with <u>single</u> strokes to form a light violet coloured paper-thin film. Avoid overlapping previous areas that have not fully dried.</p> <p>Ensure that the desired area is completely covered and extends at least 2.5 cm beyond the affected area. Excessive solution can be wiped away with a tissue/gauze.</p>	<p>If over-applied (indicated by dark purple film) or rubbed into the skin, coverage will not be as effective and the warming sensation will be increased.</p> <p>Overlapping the same area before the solution has dried tends to result in applicator tip becoming plugged and prevents use of all contents of applicator.</p>
<p>Allow area to thoroughly dry for <u>at least 60 seconds</u> before it come into contact with other skin areas (e.g. skin folds) or other materials; clothing, tapes, dressings, incontinence products, etc.</p>	<p>When applied to moist areas, the solution will set rapidly with a temporary, warming sensation felt.</p> <p>The dry-time is to avoid unintentional adherence.</p>
<b>Frequency of Re-application</b>	
<p>Inspect the area at least every shift and cleanse the film barrier area as needed.</p> <p>Reapply a thin layer at least every 3 days; cracking or flaking of the film may be present but it is not necessary to remove this prior to reapplying another thin layer of the product.</p>	<p>If applied too frequently, a build of the excess product will lead to a thick, inflexible film that may crack.</p>
<p>Discontinue use when skin is healthy and/or risk for skin damage is minimized or eliminated.</p>	
<b>To Remove</b>	
<p>Naturally wears off depending on skin type and activity level.</p>	<p>Product wears off as epidermal cells naturally slough off.</p>
<p>If barrier needs to be removed, soften with petroleum jelly and gently wipe the jelly/film barrier for the skin.</p>	
<b>To Manage Adverse Situations</b>	
<p>If irritation or pain develops (redness, inflammation, heat, and change in skin colour) discontinue product use.</p>	
<p>If solution enters the eye, immediately flush with lukewarm water. Do not rub or try to separate the eyelids. Seek medical attention.</p>	
<p>If there is an accidental contact with an open wound, flush with water or saline; complete removal is not necessary.</p>	
<p>If skin or other materials become stuck to the film barrier area, gently try to roll surfaces apart; petroleum jelly may be useful. If unable to separate easily, seek medical attention.</p>	
<b>Expected Outcome</b>	
<p>If used for the management of MASD, film barrier prevented further MASD.</p> <p>If used for the protection from friction/shear, film barrier reduces the rubbing against the skin.</p> <p>If used for the management of Type 1 Skin Tear, wound edges remained approximated.</p>	
<b>For further information, please contact your NSWOC or Wound Clinician</b>	