




Skin and Wound Product Information Sheet

Mepilex	
Classification	Cover Dressing: Silicone Foam
Key Points	<ul style="list-style-type: none"> Highly conformable foam dressing with silicone adhesive layer for atraumatic dressing removal
Indications	<ul style="list-style-type: none"> For wounds with moderate to large amount of exudate For wounds with friable wound bed and/or fragile peri-wound skin May be used in conjunction with compression therapy
Precautions	<ul style="list-style-type: none"> Consult with Physician/NP/NSWOC/Wound Clinician prior to using foam dressing (of any kind) on ischemic lower legs/feet When using Mepilex dressings with oxidising agents such as sodium hypochlorite, hypochlorous acid or hydrogen peroxide, ensure that the peri-wound skin is thoroughly dry before applying the dressing
Contraindications	<ul style="list-style-type: none"> Do not use skin barriers/sealants as they will prevent the dressing from adhering properly Do not use if redness or sensitivity occur
Formats & Sizes	<ul style="list-style-type: none"> Non-border dressing <ul style="list-style-type: none"> 5 x 5cm 10 x 10cm 10 x 20cm 15 x 15cm 20 x 20cm 20 x 50cm 13 x 20cm (heel) 15 x 22cm (heel) <div style="text-align: center;">  </div>
Application Directions	
Cleanse wound and peri-wound skin with sterile normal saline or agency approved wound cleanser. Pat the peri-wound skin dry.	Reduces wound debris and allows for adhesion of dressing or tape to peri-wound skin.
To Apply	
Choose a dressing size that will ensure that the pad portion extends at least 2cm beyond wound edge. Dressing may be cut but must maintain at least 2cm beyond the wound edge. The dressing may be notched to improve the application over curved areas. If a sodium hypochlorite or hypochlorous acid cleanser was used, ensure that the peri-wound skin is thoroughly dry before apply the dressing.	Incorrect sizing will adversely affect the dressing absorption functionality. To avoid irritation to the peri-wound skin.
Place the dressing directly over the center of the wound ensuring the white side is applied to the wound. Apply gentle pressure on the peri-wound area of the dressing to assist with dressing adhesion. Apply directly on the wound as a primary dressing or in combination with another wound product as a secondary cover dressing.	Needs to be in contact with the wound to be most effective.
Tape edges securely or secure by other means e.g. Kling gauze and tape.	
To Remove	
Gently lift the tape to remove the dressing.	To minimize trauma to the peri-wound skin.
Frequency of Dressing Change	
Will depend upon the amount of exudate. Change when exudate extends to within 2cm of the edge of the dressing. Can be left on up to 7 days.	The absorbed exudate is clearly visible through the backing of the dressing
Expected Outcome	
Exudate is managed with no peri-wound skin maceration.	
For further information, please contact your NSWOC/Wound Clinician.	



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