








## Skin and Wound Product Information Sheet

<b>Mepilex Border – Sacrum &amp; Heel</b>	
<b>Classification</b>	<b>Cover Dressing: Silicone Foam</b>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>Highly conformable 5-layer foam dressing with Deep Defence™ technology to ensure dressing strength and flexibility for the sacral and heel areas.</li> <li>Silicone adhesive layer (Safetac™) for atraumatic dressing removal.</li> <li>Dressing is showerproof.</li> </ul>
<b>Indications</b>	<ul style="list-style-type: none"> <li>For wounds with moderate to large amount of exudate.</li> <li>For wounds with friable wound bed and/or fragile peri-wound skin.</li> <li>May be used in conjunction with compression therapy.</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>Dressing should not be cut.</li> <li>Consult with Physician/NP/NSWOC/Wound Clinician prior to using foam dressings (of any kind) on ischemic lower legs/feet.</li> <li>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.</li> </ul>
<b>Contraindications</b>	<ul style="list-style-type: none"> <li><b>Do not use skin barriers/sealants</b> as they will prevent the dressing from adhering properly.</li> <li>Do not use if redness or sensitivity occur.</li> </ul>
<b>Formats &amp; Sizes</b>	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Sacrum                             <ul style="list-style-type: none"> <li>16 x 20 cm</li> <li>22 x 25 cm</li> </ul> </li> <li>Heel                             <ul style="list-style-type: none"> <li>18.5 x 24cm</li> </ul> </li> </ul> </li> </ul> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  <p>Sacrum</p> </div> <div style="text-align: center;">  <p>Heel</p> </div> </div>
<b>Application Directions</b>	<b>Rationale</b>
<p>Cleanse wound and peri-wound skin with sterile normal saline or agency approved wound cleanser; dry the peri-wound skin.</p> <p>If a sodium hypochlorite or hypochlorous acid cleanser was used, ensure that the peri-wound skin is thoroughly dry before apply the dressing.</p>	<p>Reduces wound debris and allows for adhesion of dressing or tape to peri-wound skin.</p> <p>To avoid irritation to the peri-wound skin</p>
<b>To Apply Sacrum Dressing</b>	
<p>Choose a dressing size that will ensure that the pad portion extends at least 2cm beyond wound edge. Do not cut dressing.</p> <p>May be used directly on the wound as a primary dressing or in combination with another wound product as a secondary cover dressing.</p> <p>Place the dressing directly over the center of the wound ensuring the white side is applied to the wound and that the ‘notch’ sits in the gluteal fold area.</p> <p>Apply gentle pressure on the peri-wound area of the dressing to assist with dressing adhesion</p>	<p>Incorrect sizing will adversely affect the dressing absorption functionality.</p> <p>Needs to be in contact with the wound to be most effective.</p>
<b>To Apply Heel Dressing</b>	
<p>Apply the adherent part of the dressing marked ‘A’ to the posterior heel/Achilles tendon areas, positioning the narrowest part of the dressing at the base of the heel. Do not stretch.</p> <p>Remove the backing from one of the ankle flaps. Apply and smooth. Repeat with the other side.</p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>



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Application Directions	Rationale	
<p>Gently apply the adherent part of the dressing marked 'B' under the plantar surface of the foot. Do not stretch.</p> <p>Remove the backing from one of the flaps with tabs. Apply and smooth border. Repeat with the other side.</p> <p>Press and smooth the dressing to ensure the entire dressing is in contact with the skin.</p>		
To Remove		
Gently lift the border 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 pink backing of the dressing	
Expected Outcome		
Exudate is managed with no peri-wound skin maceration.		
For further information, please contact your NSWOC/Wound Clinician.		