



Mepitel[®] One

THE EFFECTIVE WOUND CONTACT LAYER

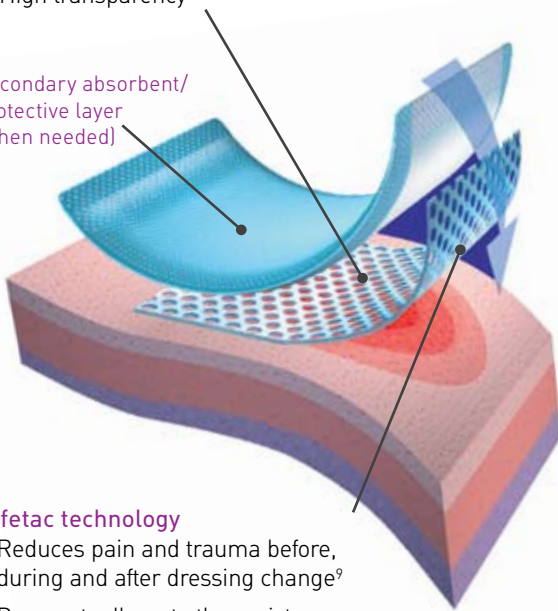
Mepitel One minimizes trauma to the wound and pain to the patient during dressing changes



Polyurethane net

- Open mesh structure allows for transfer of exudate and application of topical treatment
- High transparency

Secondary absorbent/protective layer (when needed)



Safetac technology

- Reduces pain and trauma before, during and after dressing change⁹
- Does not adhere to the moist wound bed but to dry skin only
- Seals the wound margins and reduces risk of maceration¹⁰



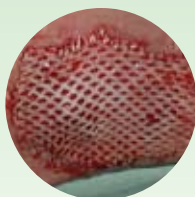
BENEFITS OF MEPITEL ONE

- Minimizes pain and trauma at dressing changes^{1,2}
- Safetac[®] layer on wound contact side only (one sided) for easy handling and application
- May remain in place for up to 14 days³⁻⁷ which allows cost effective^{1,8} and undisturbed wound healing
- Enables less frequent dressing changes
- Minimizes the risk of maceration
- Leaves no residue and does not dry out
- Transparent for easy wound inspection during application and wear
- Conforms well to body contours, promoting patient comfort during wear
- Stays in place

Mepitel[®] One



Burns



Skin grafts



Skin tear

HOW MEPITEL® ONE WORKS

Mepitel One may be left in place for up to 14 days³⁻⁷, depending on the condition of the wound, which reduces the necessity for frequent primary dressing changes. The porous structure of Mepitel One allows exudate to pass into an outer absorbent dressing. The Safetac layer prevents the outer dressing from sticking to the wound and ensures atraumatic dressing changes. The Safetac layer seals around the wound edges, preventing the exudate from leaking onto the surrounding skin, thus minimizing the risk of maceration.

AREAS OF USE

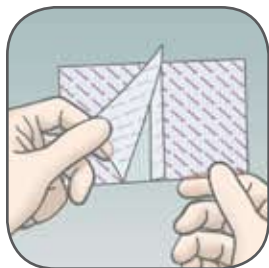
Mepitel One is designed for a wide range of wounds such as:

- painful wounds
- skin abrasions
- partial thickness burns
- blistering
- partial & full thickness grafts
- leg and foot ulcers.
- skin tears
- surgical incisions
- traumatic wounds
- lacerations
- radiation skin

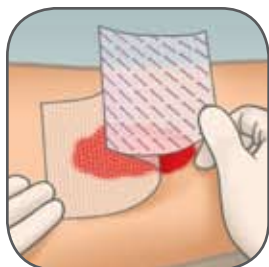
It can also be used as protective layer on non-exuding wounds and on areas with fragile skin.

WEAR TIME: Up to 14 days.

HOW TO USE MEPITEL ONE



Clean the wound area. Remove the release film.
Ensure the peri-wound skin is dry.



Apply Mepitel One to the wound, allowing for at least 1 cm overlap of wounds edges. Larger wounds may require more overlap.



Apply outer absorbent dressing and a retention dressing if needed.

Mepitel One Ordering Information

Packaged sterile in single packs.

Product Code	Size	Pieces/box	Pieces/case	HCPCS
289100	2" x 3" (5 x 7.5 cm)	10	70	A6206
289300	3" x 4" (7.5 x 10 cm)	10	40	A6206
289500	4" x 7" (10 x 18 cm)	10	70	A6207
289700	6.8" x 10" (17 x 25 cm)	5	40	A6208

PRECAUTIONS

- The wound should be inspected for signs of infection according to clinical practice. Consult a healthcare professional for the appropriate medical treatment.
- If Mepitel One is used on Epidermolysis Bullosa patients, employ extra surveillance at dressing changes. Adhesion level of Mepitel One is somewhat higher than that of Mepitel.
- Mepitel One used on burns treated with meshed grafts: avoid placing unnecessary pressure upon the dressing.
- Mepitel One used after facial resurfacing: avoid placing pressure upon the dressing lift and reposition the dressing at least every second day.
- When used on bleeding wounds or wounds with high viscosity exudate, Mepitel One should be covered with a moist absorbent dressing pad.
- When Mepitel One is used for the fixation of skin grafts, the dressing should not be changed before the fifth day post application.

WARNINGS

When Mepitel One is used on burns treated with meshed grafts or after facial resurfacing, imprints may occur if the product is not used properly.

REFERENCES:

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4. Taylor R. Use of a silicone net dressing in severe mycosis fungoids. *JoWC*, Vol 8, No 9 (1999), p.429-430.
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7. Barraziol R, Fracalenta E, Schiavon M. Poster Presentation European Wound Management Association, Helsinki, Finland, 2009
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9. Dykes PJ et al. Effects of adhesive dressings on the stratum corneum of the skin. *J Wound Care* 2001; 10(2):7-10.
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