

# Mepilex<sup>®</sup> Border Sacrum

IMPROVED DESIGN

Product application guide - optimised for better coverage and easy handling

**88%**

REDUCTION IN PRESSURE ULCERS<sup>1</sup>

**64%**

REDUCTION IN PER-PATIENT TREATMENT COSTS<sup>2</sup>

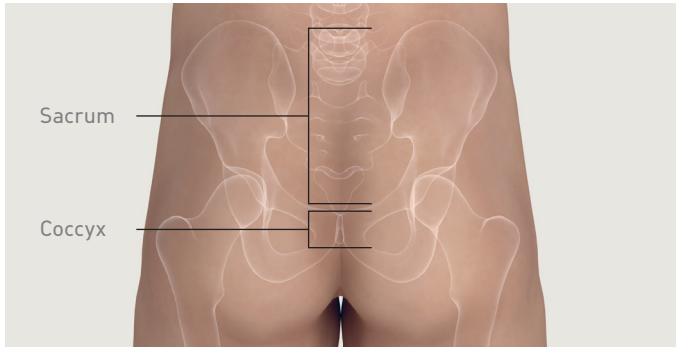
Mepilex<sup>®</sup> Border Sacrum

  
Mölnlycke<sup>®</sup>

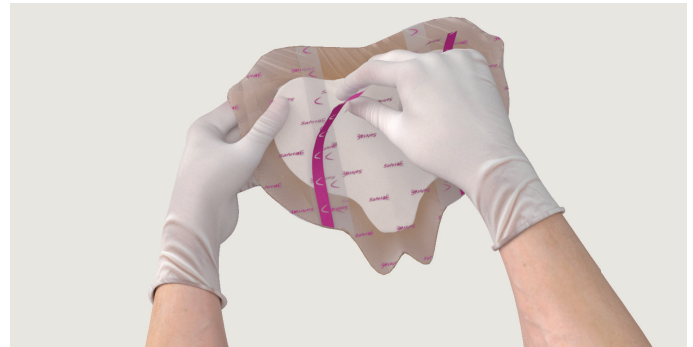
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## Product application guide for **treatment** and **prevention**

**Prepare the area:** Cleanse intact skin. Dry the surrounding skin thoroughly. Ensure that skin is free of dimethicone, skin sealants and emollients. Use of skin barrier under dressing is not necessary.



1. Area to protect. Assess the patient's anatomy and determine appropriate dressing positioning.



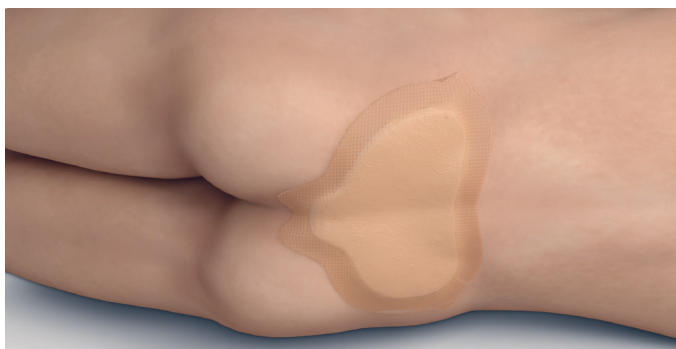
2. After skin is prepared, remove the center release film by gently pulling on pink-lined edge.



3. Hold buttocks apart. Apply dressing to sacral area and into upper aspect of gluteal cleft, with dressing 'base' positioned to cover coccyx area.



4. Remove side release films and gently smooth each side into place.



5. Product placement.



6. Press and smooth the dressing to ensure the entire dressing is in contact with the skin.



### Proper fit:

- Dressing should be positioned to fit patient anatomy
- Ensure dressing conforms to the skin and avoid gaps or air pockets

## Pressure ulcer prevention inspection and re-application guide

### Note

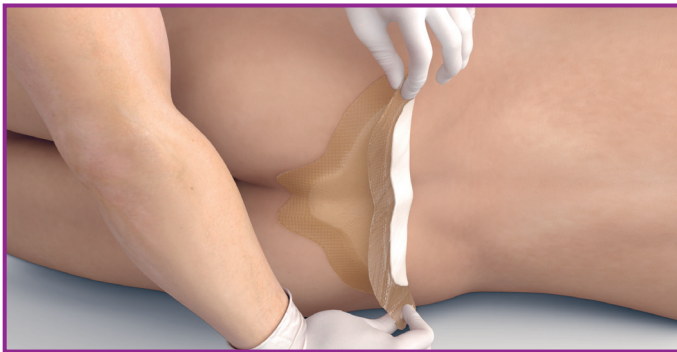
Re-application is **not** applicable for the treatment of pressure ulcers.



1. Assess to confirm dressing is intact and applied correctly.



2. Gently pull handling tabs to begin to release dressing from skin.



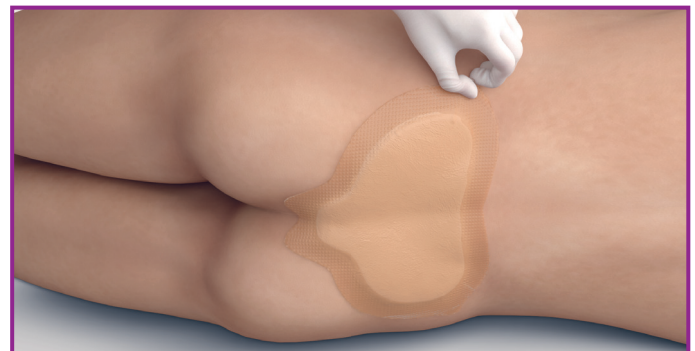
3. Continue to release dressing from skin using handling tabs until skin exposed for skin check.



4. While maintaining dressing position at gluteal cleft, perform assessment of skin.



5. Reapply the foam and borders of the dressing.



6. Confirm dressing is replaced to its original position, making sure the border is intact and flat.



7. Press and smooth the dressing to ensure the entire dressing is in contact with the skin.

## For treatment

Mepilex Border Sacrum is designed for a wide range of exuding wounds such as sacral pressure ulcers. May also be used on dry/necrotic wounds in combination with gels.

### Patients with fecal incontinence:

- Consult with physician; consider placement of fecal containment or management device
- Consider applying strip paste to adherent side of dressing where the foam and border meet and where dressing comes closest to anus

## For prevention

Mepilex® Border Sacrum has been demonstrated to help prevent pressure ulcers, redistribute shear and friction on tissues, and maintain optimal skin microclimate during wear time<sup>6,7,8</sup>.

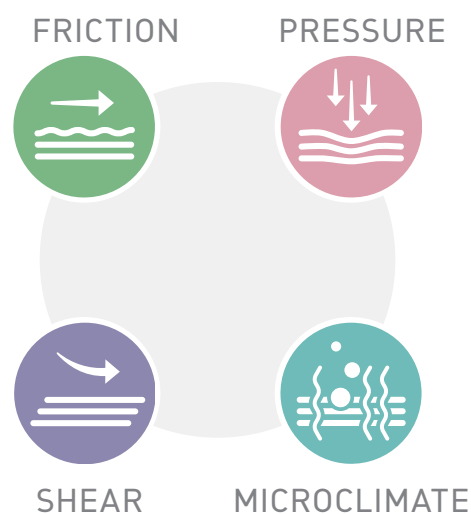
### Sacral pressure ulcer prevention considerations:

- Assess patient for pressure ulcer risk
- If patient is at risk, apply Mepilex Border Sacrum
- Inspect skin under dressing daily or per trust protocol by carefully lifting the border edge and repositioning following inspection
- Change dressing per local protocol (dressing should be changed if rolled, soiled, saturated, displaced or compromised)

## Benefits

- ✓ Less pain and trauma upon removal<sup>3,4</sup>
- ✓ Uniquely designed for sacral wounds
- ✓ Handling tabs for ease of application and removal
- ✓ Absorbs moderate to high amounts of exudate<sup>5</sup>
- ✓ Optimised protection and sealing at gluteal cleft

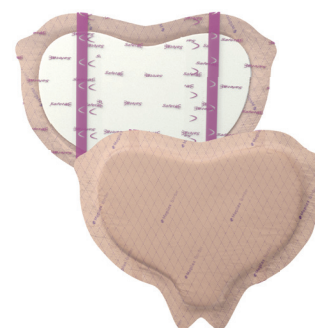
## Extrinsic factors



## Mepilex® Border Sacrum ordering information‡

Art. no	Size cm	Pieces per inner	NPC Code	PIP Code
282500	15cm x 15cm	5	ELA577	366-7532
282010	16cm x 20cm	10	ELA1020	407-4399
282410	22cm x 25cm	10	ELA1021	407-4407

‡ Packaged sterile in single packs



**References:** **1** Kalowes, P., Messina, V., Li, M. Five-layered soft silicone foam dressing to prevent pressure ulcers in the intensive care unit. *American Journal of Critical Care* 2016;25(6):e108-e119. **2** Padula, W.V. The real-world effectiveness and value of sacral dressings to prevent hospital-acquired pressure injuries in academic medical centers: an observational cohort study. Poster presentation at Symposium on Advanced Wound Care (Spring), San Diego, California, United States of America, 2017. **3** White R. et al. Evidence for atraumatic soft silicone wound dressing use. *Wounds UK*, 2005. **4** White R. A multinational survey of the assessment of pain when removing dressings. *Wounds UK* 2008; Vol 4, No 1. **5** Barry, L. Wound dressing Testing - BS EN 13726-1 Fluid Handling Capacity. Surgical Materials Testing Laboratory, Bridgend, United Kingdom Report No: 10/3299/1 **6** Bill, B. et al. Wound dressing shear test method (bench) providing results equivalent to humans. For Mölnlycke Healthcare. **7** Black J. et al. Consensus statement: Global evidence based practice recommendations for the use of wound dressings to augment pressure ulcer prevention protocols - August 2012 **8** Call, Eet al. Enhancing Pressure Ulcers Prevention Using Wound dressings: What are the modes of action. *Int Wound J*: doi: 10.1111/iwj.12123

Find out more at [www.molnlycke.co.uk/Sacrum](http://www.molnlycke.co.uk/Sacrum)

Mölnlycke Health Care AB, Unity House, Medlock Street, Oldham, OL1 3HS. Telephone +44 (0) 800 7311 876. Email: [info.uk@molnlycke.com](mailto:info.uk@molnlycke.com). The Mölnlycke, Safetac and Mepilex Border Sacrum trademarks, names and logotypes are registered globally to one or more of the Mölnlycke Health Care Group of Companies. © 2020 Mölnlycke Health Care AB. All rights reserved. UKWC\_2020\_0897

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