

Benefits

- ✓ Less pain and trauma upon removal^{1,2}
- ✓ Absorbs moderate to high amounts of exudate³
- ✓ Designed for sacral wounds
- ✓ Protection and sealing at gluteal cleft⁵
- ✓ Handling tabs for ease of application and removal⁵

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^{1,3,4}.

Sacral pressure ulcer prevention considerations:

- Assess patient for pressure ulcer risk.
- If patient is at risk, apply Mepilex Border Sacrum.
- Inspect skin under dressing on regular basis or per facility protocol by carefully lifting the border edge and repositioning following inspection.
- Change dressing based on its condition (such as if rolled, soiled, saturated, displaced or compromised), or as indicated by clinical practice.

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 gels¹.

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.
- After dressing is securely in position, apply liquid skin barrier to outside of Safetac® technology border and onto intact skin.

Mepilex® Border Sacrum ordering information*

Product code	Size	Pcs/box
282410**	8.7" x 9.8" (22 x 25cm)	10
282450**	8.7" x 9.8" (22 x 25cm)	5
282010**	6.3" x 7.9" (16 x 20cm)	10
282050**	6.3" x 7.9" (16 x 20cm)	5

* Packaged sterile in single packs.

** Not applicable for US.

References: 1. Meaume, S., Van De Looverbosch, D., Heyman, H., Romanelli, M., Ciangherotti, A., Charpin, S. S. A study to compare a new self-adherent soft silicone dressing with a self-adherent polymer dressing in stage II pressure ulcers. *Ostomy Wound Management* 2003;49(9):44-51. 2. White R. A multinational survey of the assessment of pain when removing dressings. *Wounds UK* 2008;4(1). 3. Mölnlycke Health Care. Design Verification Report Mepilex Border Sacrum RoW. Report no. PD-529813. 20 June 2017. Data on file. 4. Levy, A., Gefen, A. Assessment of the biomechanical effects of prophylactic sacral dressings on tissue loads: A computational modeling analysis. *Ostomy Wound Management* 2017;63(10):48-55. 5. Davies, P. User evaluation of interface dressings for pressure ulcer prevention. Mölnlycke Health Care [GMCS-2017-058]. 18 April 2017. Data on file.

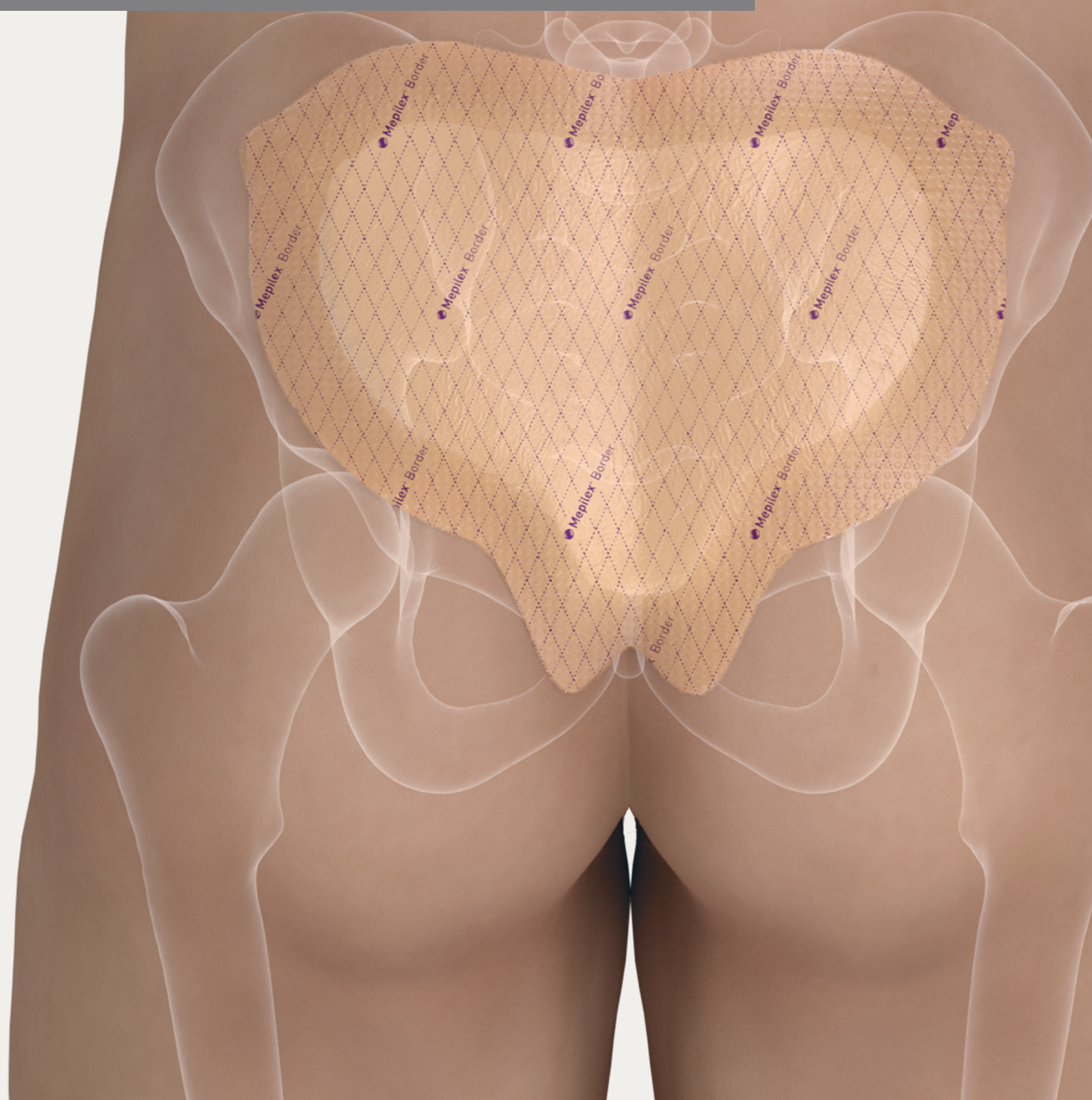
Find out more at www.molnlycke.com

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Mepilex® Border Sacrum

Product application guide

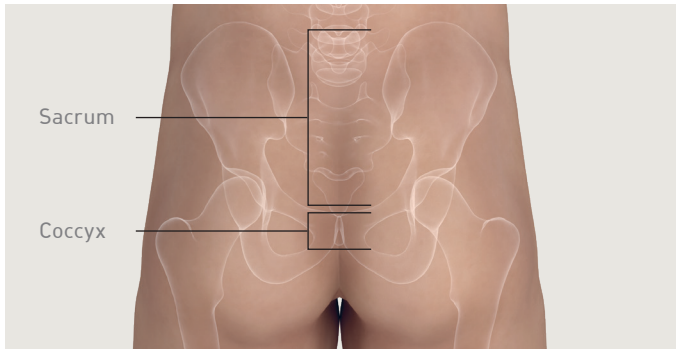


Mepilex® Border Sacrum

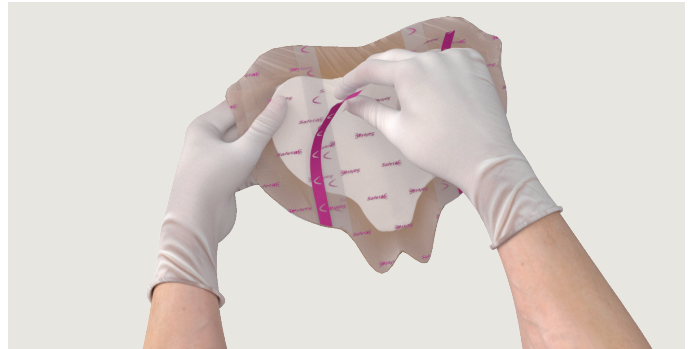

Mölnlycke®

Product application guide

Prepare the area: cleanse intact skin. Dry the surrounding skin thoroughly. Use of skin barrier under dressing is not necessary.



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



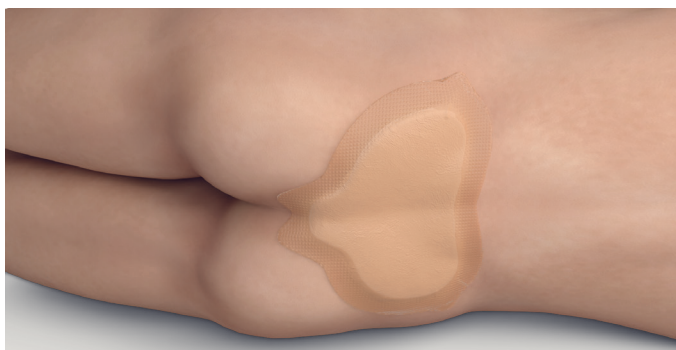
2. After skin is prepared, remove the centre release film by gently pulling on pink-lined edge.



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.



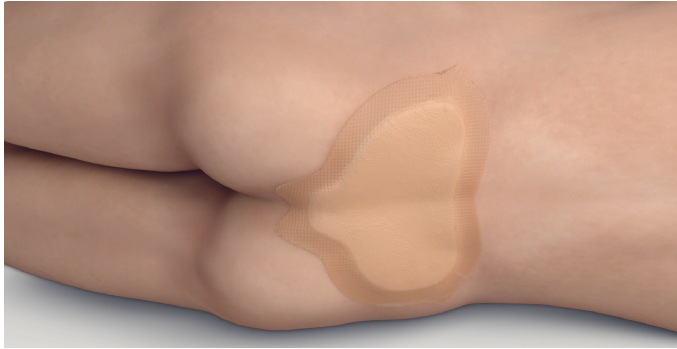
6. Press and smooth the dressing to ensure the entire dressing is in contact with the skin.



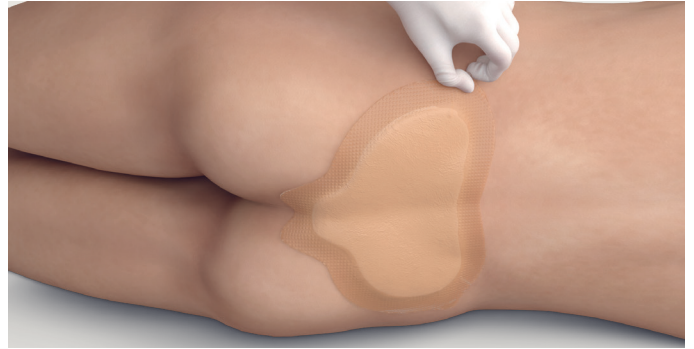
Proper fit:

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

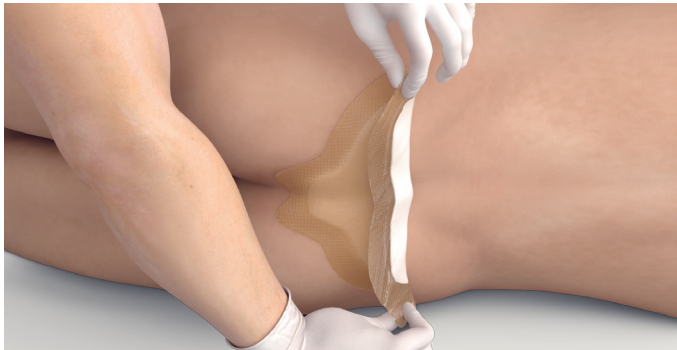
Pressure ulcer prevention re-application guide



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.