

Set healing
in motion



Mepilex® Border Post-Op Ag


Mölnlycke®

The many challenges of surgical wound management

For your post-operative patients, this could mean starting to move again. For you, it means finding a way to balance a range of concerns like your patients' pain, mobility and overall satisfaction – as well as preventing infection. With so many demands to meet, your surgical wound dressing is no place to compromise.

Ensuring patient satisfaction

Complications from surgery delay recovery and impact outcomes.

9.7 } extra days in hospital on average if a patient acquires an SSI¹

Managing costs

Complications from surgery drive up healthcare costs.

\$20,000 } average increase in healthcare costs if a patient acquires an SSI¹

Reducing the risk of wound contamination

Poor absorption can lead to frequent dressing changes, each of which risk exposing the wound to contamination.² Mepilex[®] Border Post-Op Ag supports longer wear times by absorbing more blood than any current leading post-op dressing.^{3,4}

Comparing fluid handling capacities^{3,19}

As measured in g/10 cm²/24h



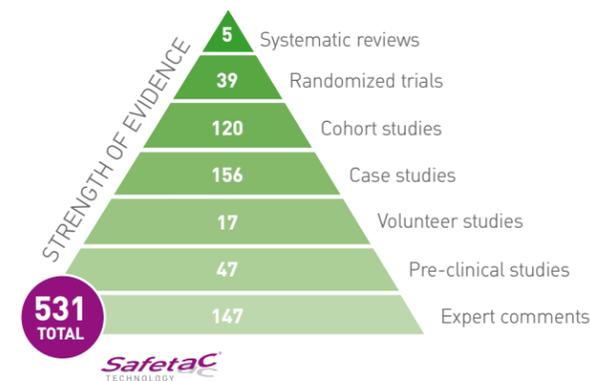
Prevent unnecessary pain and stress

Safetac[®] technology was invented in 1990 for one reason – to free patients from unnecessary suffering during their wound healing journey. It is now available in a wide range of dressings from Mölnlycke[®].

To date, Mölnlycke has sold well over 3 billion dressings with Safetac, helping millions of people to less painful wound healing.

Dressings with Safetac:

- Minimize pain at dressing change^{2,5-7}
- Minimize skin damage, including blistering^{2,5-7}



Safetac evidence across all indications, April 2018

The silver advantage

Mepilex Border Post-Op Ag contains highly-soluble silver that starts inactivating pathogenic bacteria within 30 minutes. The dressing continues to inactivate 99.99% of common microbial threats for 7 days.⁸

7 days
protection

Starts inactivating **99.99%** of pathogenic bacteria within 30 minutes, and continues to protect for a full week⁸

4 log
reduction

Proven to reduce the number of bacteria by **10,000-fold**⁸

Mepilex[®] Border Post-Op Ag

The absorbent, gently adhesive dressing for surgical wound management that prevents dressing-related skin damage^{2,5-7} and helps reduce the risk of SSIs.¹⁰⁻¹³ Delivers good patient outcomes without compromises.⁹⁻¹³



Clinically shown to help reduce infection risk⁹⁻¹³

Thanks to longer wear times^{2,5,6}, minimized risk of skin damage^{2,5-7} and a broad and sustained antimicrobial effect.⁸

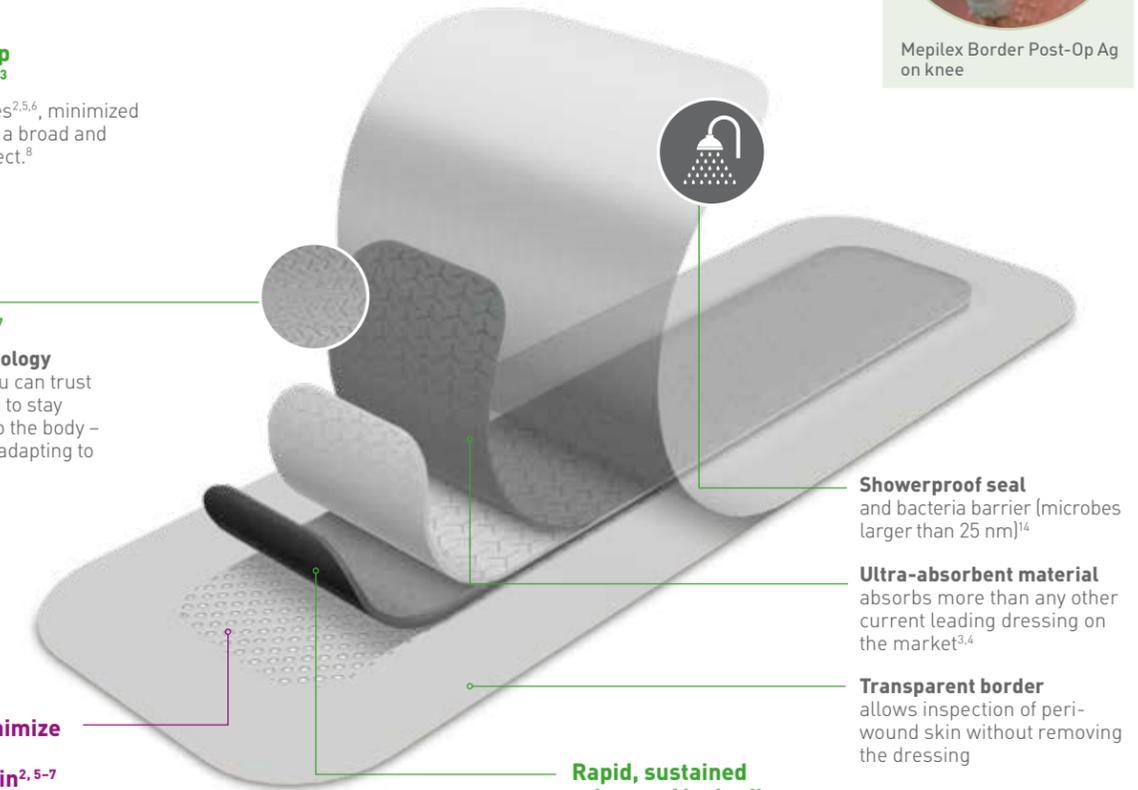
Supports early patient mobilization^{2,5,7}

Our innovative Flex Technology enables 360° stretch, so you can trust Mepilex Border Post-Op Ag to stay where needed. Conforms to the body – even in difficult locations – adapting to everyday movements.

Clinically shown to minimize dressing-related skin damage and reduce pain^{2,5-7}

Safetac[®] interface adheres gently, maintaining skin integrity

Safetac TECHNOLOGY



Expand your patients' comfort zones



Getting patients moving again as soon as possible after surgery is one essential way to reduce the risk of complications – such as deep vein thrombosis – and to keep recovery on track. But dressings that are stiff or have an aggressive adhesive can make mobility more difficult.

Mepilex® Border Post-Op Ag

- Flexibility, conformability and gentleness support early patient mobilization.^{2,5-7}
- Supports longer wear times and lower frequency of dressing changes for patients^{2,5,6}
- Showerproof seal and bacteria barrier (microbes larger than 25 nm)¹⁴
- The Safetac® interface minimizes risk of skin blistering^{2,5-7,9} and wound adherence^{2,5-7}
- Ideal also for more challenging locations like hips and knees^{2,5-7,9}

Get your patients back on their feet - sooner.

Protecting the wound and skin

Surgical site infections (SSIs)

Dressing changes and skin damage increase the risk of infection.

Up to **41%** } of orthopaedic patients suffer from post-operative blistering⁷

Supporting patient mobility

To help reduce the risk of deep vein thrombosis (DVT), patients should be mobilized as soon as possible.

Up to **84%** } of knee replacement patients are at risk of developing DVT¹⁵

Shown to reduce post-op blistering

2 observational trials^{2,7}
2 randomized trials^{5,6}
1 research study⁹
0 blisters

At the end of five separate studies not one single patient treated with Mepilex Border Post-Op Ag developed skin blisters.

Clinically shown to result in:

0 } Incidence of blistering^{2,5-7,9}

0 } Incidence of wound bed adherence⁵⁻⁷

Give your patients more bonding time



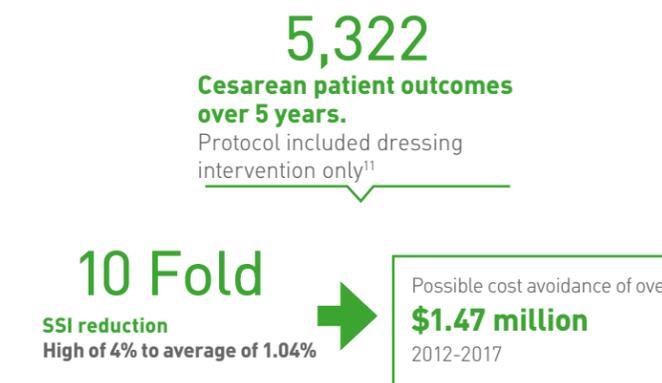
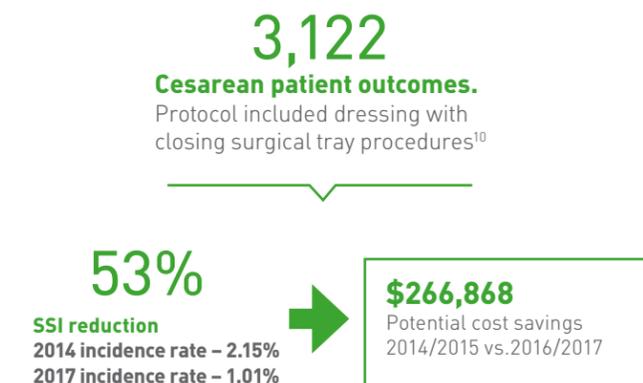
Mepilex® Border Post-Op Ag has been clinically proven to help reduce the risk of cesarean SSIs^{10,11} and supports longer wear times, up to 7 days, and lower frequency of dressing changes for patients.^{10,11}

Mepilex Border Post-Op Ag

- Clinically proven to help reduce the risk of SSIs^{10,11}
- Supports longer wear times and lower frequency of dressing changes^{2,5,6,10,11}
- Showerproof seal and bacteria barrier (microbes larger than 25 nm)¹⁴
- Flex technology makes the dressing soft and conformable
- Safetac® interface adheres gently, minimizing risk of skin and wound damage^{2,5-7}

So mothers can focus on what matters most.

Supporting SSI reducing strategies through Quality Improvement Projects



Get to the heart of the matter



Infectious complications after cardiac surgery occur in 5-21% of cases.¹⁷ Major infectious complications increase postoperative mortality by more than 5 times and prolong recovery,¹⁶ 47% of these patients require more than 14 days in the hospital compared with 5.9% of patients without a major infection.¹⁶ Surgical site infections (SSIs) after cardiac surgery present a wide range of severity. Superficial sternal wound infections (SSWIs) complicate 0.5% to 8% of cardiac surgery cases and involve the skin, subcutaneous tissue, and pectoralis fascia.¹⁸

Following cardiac surgery, Mepilex® Border Post-Op Ag can help improve patient outcomes by reducing the number of potentially contaminating dressing changes; minimising dressing-related skin damage, pain and risk of wound adherence and point bleeding.

Mepilex Border Post-Op Ag

- Clinically proven to help reduce the risk of SSIs in CABG patients^{12,13}
- Supports longer wear times and lower frequency of dressing changes for patients^{2,5,6}
- Showerproof seal and bacteria barrier (microbes larger than 25 nm)¹⁴
- Flex technology conforms to the body adapting to everyday movements.
- Safetac® interface adheres gently, minimizing risk of skin and wound damage^{2,5-7,13}

Supporting SSI reducing strategies

No SSIs for 30 months*

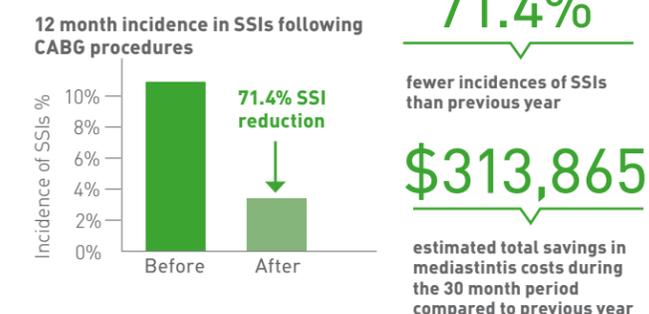
In a recent study of 262 CABG patients, Mepilex Border Post-Op Ag proved itself to be a valuable part of a bundled approach to SSI prevention. Clinicians observed no blisters, skin irritation, redness or tissue damage at the incision site – as well as no incidence of midsternal SSIs – for the study's entire 30-month duration.¹³



* as part of an overall prevention protocol

Reducing SSIs

In a recent 12-month study, adding Mepilex Border Post-Op Ag to standard incision care protocols helped dramatically reduce the incidence of SSIs in coronary artery bypass graft (CABG) patients.¹²





Mepilex® Border Post-Op Ag

Product code	Dressing Size inches (cm)	Pad size inches (cm)	For incisions up to	Pcs Bx/Cs	HCPCS
498300	4"x6" (10x15cm)	2"x4" (5x10cm)	3.2" (8cm)	5/70	A6212
498400	4"x8" (10x20cm)	2"x6" (5x15cm)	5.1" (13cm)	5/25	A6212
498450	4"x10" (10x25cm)	2"x8" (5x20cm)	7.1" (18cm)	5/35	A6212
498600	4"x12" (10x30cm)	2"x10" (5x25cm)	9.1" (23cm)	5/25	A6213
498650	4"x14" (10x35cm)	2"x12" (5x30cm)	11.0" (28cm)	5/60	A6213

Mepilex® Border Post-Op Ag

- ✓ Clinically shown to help reduce the risk of SSIs⁹⁻¹³
- ✓ Clinically shown to minimize dressing-related skin damage and reduce pain^{2,5-7}
- ✓ Supports early patient mobilization^{2,5,7}
- ✓ Supports longer wear times and lower frequency of dressing changes^{2,5,6,10,11}

Mepilex® Border Post-Op

Product code	Dressing Size inches (cm)	Pad size inches (cm)	For incisions up to	Pcs Bx/Cs	HCPCS
496300	4"x6" (10x15cm)	2"x4" (5x10cm)	3.2" (8cm)	10/100	A4649
496405	4"x8" (10x20cm)	2"x6" (5x15cm)	5.1" (13cm)	5/25	A4649
496455	4"x10" (10x25cm)	2"x8" (5x20cm)	7.1" (18cm)	5/30	A4649
496605	4"x12" (10x30cm)	2"x10" (5x25cm)	9.1" (23cm)	5/25	A4649
496650	4"x14" (10x35cm)	2"x12" (5x30cm)	11.0" (28cm)	5/55	A4649

References: 1. Ban, K. A. et al. American College of Surgeons and Surgical Infection Society: Surgical Site Infection Guidelines, 2016 Update. Journal of the American College of Surgeons, Volume 224, Issue 1. 2. Zarghooni, K. et al. Is the use of modern versus conventional wound dressings warranted after primary knee and hip arthroplasty? Acta Orthopaedica Belgica, 2015. 3. Feili F. et al. Blood absorption capacity of post-operative wound dressings. Poster presented at the 5th Congress of the WUWHS, Italy, 2016. 4. Mölnlycke Health Care, Data on File, Lab report 20151210-003. 5. Van Overschelde P. et al. A randomised controlled trial comparing two wound dressings used after elective hip and knee arthroplasty. Poster presentation at 5th Congress of WUWHS, Florence, Italy 2016. 6. Bredow, J. et al. Evaluation of absorbent versus conventional wound dressing. A randomized controlled study in orthopedic surgery. Deutsches Ärzteblatt International, 2018. 7. Johansson C et al. Preventing post-operative blisters following hip and knee arthroplasty. Wounds International, 2012. 8. Mölnlycke Health Care, Data on file. Laboratory tests 20151026-005, 20151109-002, 20151110-007. 9. Korby K. et al. Evidence-Based Practice: Clinical evaluation of a new silver soft silicone postoperative dressing in total knee and hip arthroplasty. Poster presentation at the PAOS conference, US, 2017. 10. Erickson M. Embracing action to achieve a significant reduction in C-Section surgical site infection rates and reducing facility costs by implementing antimicrobial soft silicone foam dressing and closing surgical trays. Poster presentation at the AORN conference, US, 2018. 11. Underhill J. et al. Decreasing cesarean surgical infection rates by changing post op care: An interdisciplinary approach. Poster presentation at the AORN conference, US, 2018. 12. Zurcher S. et al. Reducing Postoperative Surgical Site Infections in Coronary Artery Bypass Graft Patients. Poster Presentation WOCN, 2013. 13. Kles C et al. Achieving and sustaining zero: prevention of surgical site infections after isolated coronary artery bypass with saphenous vein harvest site through implementation of a staff-driven quality improvement process. Dimensions of critical care nursing, 2015. 14. Mölnlycke Health Care, Data on file: Viral penetration test. 15. Llau, J. ed. Thromboembolism in Orthopedic Surgery, chapter 2. Publisher: Winter, 2013. 16. Cove M. et al. Infectious Complications of Cardiac Surgery: A Clinical Review. Journal of Cardiothoracic and Vascular Anesthesia, 2012. 17. Kollef MH, Sharpless L, Vlasnik J, et al. The impact of nosocomial infections on patient outcomes following cardiac surgery. Chest. 1997;112:666-675. 18. Singh K et al. Overview and Management of Sternal Wound Infection. Seminars in Plastic Surgery, 2011. 19. Mölnlycke Health Care, Data on File, Lab report 20171101-008

4x6 in
dressing size

2x4 in
pad size



Find out more at
www.molnlycke.us

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