

# Mepilex Border Sacrum FAQ

## FAQ

### General issues

#### **What is Mepilex Border?**

Mepilex Border is a self-adherent absorbent soft silicone dressing. It consists of a soft silicone wound contact layer, a flexible and absorbent pad of polyurethane foam and super absorbent fibres and a vapour-permeable polyurethane film backing. The wound contact layer is covered with a polyethylene release film.

#### **When is Mepilex Border indicated?**

Mepilex Border is designed for a wide range of exuding wounds such as pressure ulcers, leg and foot ulcers, and traumatic wounds. Mepilex Border can be used under compression bandages.

#### **How does Mepilex Border work?**

Mepilex Border absorbs excess exudate through the perforated hydrophobic Safetac layer into the pad, keeping the exudate away from the sensitive peri-wound area. At the same time the pad and the film backing provides a moist environment with minimal risk for the wound to dry out.

Due to the Safetac properties, Mepilex Border can be lifted without losing its adherent properties.

#### **How does Mepilex Border perform under compression bandages?**

Mepilex Border can be used in combination with compression bandages though absorption capacity decreases when a 40 mm Hg pressure is applied.

#### **How has Mepilex Border been improved with the new backing film that was introduced in June 2006?**

The new backing film features a number of improvements.

The film has better breathability and thus the fluid handling capacity is improved, reducing the risk for leakage and maceration.

It is viral proof giving protection from outer contamination (it has passed viral penetration test ASTM F1671).

The film is more transparent which makes the dressing more discrete.

The friction of the film is lower against clothes and linens for more secure fixation.

### Technical issues

#### **How can Mepilex Border be lifted and adjusted without loss of adherent properties?**

When a tape with a common pressure sensitive adhesive is removed, a few cell layers are removed from the skin. These skin cells cover the adhesive that therefore is no longer adherent. Silicone adheres gently without removing any skin layers. The soft silicone layer is therefore intact and still adherent even after removal (see Safetac Manual)

#### **Are there any sensitising compounds in Mepilex Border?**

The wound and skin contact layer is silicone that is inert. For example skin creams and clothes contain silicone oil. The silicone contains 1 ppm (part per million) of Platinum, a concentration so low that no one can develop any sensitisation or allergy. However, if a patient is already sensitised to Platinum, a skin reaction can be developed.

In the "holes" of the border, acrylate adhesive can be exposed to the surrounding skin. There is a minimal risk that patients which are acrylate sensitive can develop a skin reaction. With the new backing film introduced in June 2006 the amount of acrylic adhesive has been decreased by 90%, which makes the risk for developing a skin reaction very marginal.

#### **How should Mepilex Border be stored?**

In dry conditions below 35°C (95F).

#### **What happens if Mepilex Border is stored above 35°C?**

Nothing more than that the pad becomes slightly yellow after a while. This is harmless. A few days storage

#### **Does Mepilex Border influence the wound pH?**

Mepilex Border is neutral and is assumed not to change the pH of the wound.

#### **Does Mepilex Border cause any bad smell?**

No.

#### **Does ozone depleting compounds exist in the foam manufacturing process?**

No.

#### **Does gravitation have any effect on the absorption performance?**

Yes, to a limited extent. Mepilex Border could be positioned "non-centred" slightly below the wound due to gravitation effects. However, as the border seals the wound, the exudate will be absorbed by the pad.

**Can Mepilex Border be sterilised by steam?**

No.

**Is the film backing waterproof?**

Yes.

**Clinical issues**

**Does local trauma affect the healing rate of chronic wounds?**

Yes, trauma to the wound means a high risk of disrupting newly formed tissue.

**Does local pain decrease healing rate in a chronic wound?**

Yes, pain results in increased production of catecholamines and cortisol. An increase of catecholamines leads to vasoconstriction of the small arterioles. Cortisol increases catabolism, which leads to the breakdown of vital nutrients that are needed by the cells during the wound healing.

**What should be done when a pressure ulcers has developed?**

Pressure relief.

Nutritional guidance.

Wound cleansing and appropriate wound dressing regime.

For more extent recommendations see EPUAP Guidelines, chapter 3 in this manual.

**Does Mepilex Border clean the wound?**

No.

**Should Mepilex Border be used on infected wounds?**

In case of clinical signs of infection the use of Mepilex Border may be continued if proper infection treatment is initiated.

**Does the exudate level change when changing from one dressing regimen to another?**

It sometimes happens that the exudate level increases when treatment regimen is changed. This should however probably in most cases be regarded as something positive as it could be a sign of a start of a cleaning up process.

**Is there a risk that MEPILEX BORDER dries out the wound?**

No, once the foam has started to absorb it takes a long time for it to dry out. The backing film also supports to keep the wound moist.

**Will Mepilex Border cause any wound maceration?**

No, normally not if Mepilex Border is changed in time before it is saturated.

**When is Mepilex Border contraindicated?**

A lot of case studies have been performed on a variety of wounds and indications. No contraindications have been discovered.

**Does the wound become apparently bigger in the initial treatment phase?**

Normally not, depending on what healing stage the wound is in.

**Does Mepilex Border work in combination with gels?**

Yes, laboratory tests show that Mepilex Border keeps the wound at the same moist level as Alldress without drying out. We have a lot of experience with Alldress working in combination with gels. There is also positive experience from our clinical tests.

**Can Mepilex Border be used on dry wounds?**

Yes, in combination with some hydration treatment.

**Does Mepilex Border work together with Mesalt?**

So far we have no patient case using the combination Mepilex Border Border and Mesalt but it is regarded not to be any problem. It will work as well as the combination Mepitel / Mesalt and Alldress / Mesalt.

**Can Mepilex Border be used on deep wounds?**

Yes, preferably in combination with a wound filler like Mesalt or Melgisorb/Melgisorb Cavity or gels.

**Can Mepilex Border be used on black wounds?**

Yes, as a secondary dressing. We have a lot of experience with Alldress for treatment of dry necrotic wounds in combination with Hypergel. Laboratory tests show that Mepilex Border/Hypergel keeps the wound moist in the same way as Alldress/Hypergel.

**Isn't it so that the skin adhesion of a hydrocolloid dressing decreases after 4-5 days in use and thereby the risk for stripping is avoided?**

Yes, but on the other hand you can never be sure that you can leave it on for 4-5 days. Of some reason you might want to change already after 1-2 days and then the adhesion level is then still relatively high, with higher risk for skin stripping.

**Is Mepilex Border bacteria proof?**

Yes, Mepilex Border has passed a wet bacteria penetration test, PrEN 13795-4. The practical meaning would be that in case the backing film is 100 % resistant no bacterial penetration would occur through the coated film. The product will then be protective against outer bacterial contamination. The average sizes of bacteria's are 100-200 nm.

**Is Mepilex Border viral proof?**

Yes, Mepilex Border has passed ASTM F1671 Test performed by Nelson Laboratories, Ohio US. The practical meaning would be that in case the backing film is 100 % intact, no viral penetration would occur through the coated film. The average sizes of viruses are 27 nm.

**Handling issues**

**When should Mepilex Border be changed?**

Mepilex Border may be left in place for several days, but should be changed before saturation or else as indicated by accepted clinical practise.

**How do you remove Mepilex Border?**

Gently lift one corner and slowly peel back the dressing (along the surface of the dressing). If this seems difficult it might be worth trying Mepilex instead which is even more gentle at removal.

**Why should you remove Mepilex Border slowly?**

This is the nature of micro-adherent soft silicone. The more slowly you peel off the dressing, the less force is required.

**How should heavily exuding wounds be treated when leakage occur?**

Change Mepilex Border more frequently.

If more frequent changes does not seem to be cost-effective, change treatment to a combination of Mepitel and Mesorb.

**Is Mepilex Border showerproof?**

Yes.

**Can Mepilex Border be cut to the wound size?**

Mepilex Border is intended to be used as a ready made dressing. To apply it on an awkward area such as a heel, the border may be cut for better fit. Cut before removal of the release film.

The pad itself should never be cut to avoid leakage and/or loose fibres in the wound.

**How is Mepilex Border fixated?**

Normally Mepilex Border doesn't need any extra fixation. In extreme situations additional fixation might be needed. Use preferably a polyurethane film and be sure that only the border (not the pad) is covered in order not to decrease the fluid handling properties

**Is the border width of Mepilex Border wide enough?**

Yes, as it is adherent all over the contact area, not only on the border.

**Will Mepilex Border work together with the 4-layer system?**

Yes.

**Could zinc-oxide paste be avoided when using Mepilex Border?**

Yes, in general as the Safetac layer replaces the need for pastes.

**How big is a sacral pressure ulcer?**

In general not more than a few cm in diameter, sometimes up to 10 cm in diameter, Mepilex Border size 15x15 (pad 11x11 cm) being suitable in the latter case.