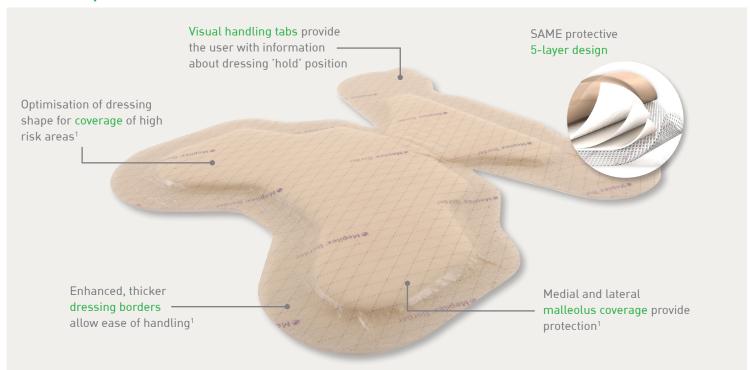
How Mepilex® Border Heel works



Prevention

Mepilex® Border Heel is a multi-layer foam dressing shaped to fit the heel and protect the areas around the heel. When used for prevention* it will aid in protecting the skin from damage caused by pressure, shear and friction². The Safetac® technology layer allows for repositioning of the dressing after skin inspection⁶.

Benefits

- ✓ Handling tabs for easier skin checks
- ✓ Slightly thicker border for better handling and stay-on-ability
- ✓ Self-adherent no secondary fixation needed
- ✓ Shaped to fit heels no need to cut or adapt

Areas of use

Mepilex® Border Heel is specifically designed to fit the heel. Mepilex Border is also designed for a wide range of exuding wounds such as pressure ulcers, foot ulcers, traumatic wounds (e.g. skin tears) and surgical wounds.

Treatment

Mepilex® Border Heel, when used for treatment, absorbs and retains exudate³ and maintains a moist wound environment⁴. The Safetac® technology layer seals the wound edges, prevents exudate leakage onto the surrounding skin, thus minimising the risk of maceration³. The Safetac® technology layer allows the dressing to be changed without damaging the wound or surrounding skin⁴, or exposing the patient to additional pain⁵.

- ✓ Minimises pain and trauma at dressing changes^{4,5}
- ✓ Medial and lateral malleolus coverage to provide protection¹
- ✓ Can remain in place for several days⁴
- ✓ Can be adjusted without losing its adherent properties⁶

Mepilex® Border Heel ordering information*

Product code	Size	Pcs/box
282710**	8.7" x 9.1" (22 x 23cm)	10
282750**	8.7" x 9.1" (22 x 23cm)	6

^{*}Packaged sterile in single packs

References: 1. Davies P. User evaluation of interface dressings for pressure ulcer prevention. Mölnlycke Health Care (GMCS-2017-058) 2017. 2. Levy, A., Frank B.M., Gefen, A. The biomechanical efficacy of dressings in preventing heel ulcers. Journal of Tissue Viability 2015. doi: 10.1016/j.jtv.2015.01.001. 3. Molnlycke Health Care. Verification test of new heel shape. Report no. 2017/021-007. 21 February 2017. Data on file. 4. 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. 5. White R. A multinational survey of the assessment of pain when removing dressings. Wounds UK 2000;4(1). 6. Molnlycke Health Care. Validation on human back regarding reduction in adhesion. Report no. 2016/0426-001. 2016. Data on file.

Find out more at www.molnlycke.com

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^{**} When used as a part of an overall prevention protocol ** Not applicable for US

Product application guide

In case of clinical signs of infection, consult a healthcare professional for appropriate treatment.

Prepare the area:

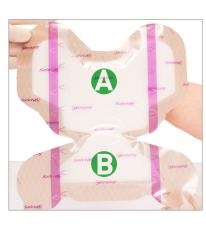
Cleanse intact skin. Dry the surrounding skin thoroughly. Use of skin barrier under dressing is not necessary.



1. After the skin/wound is prepared, dry the area thoroughly. Then remove the central backing and slide the dressing under the heel to the desired location.



2. Apply the adherent part of the dressing marked 'A' (see illustration above) to the posterior heel/ Achilles tendon areas, positioning the narrowest part of the dressing at the base of the heel. Do not stretch.





3. Remove the backing from one of the area 'A' flaps (ankle flaps). Apply and smooth. Repeat with the other side. Do not stretch.



marked 'B' (see illustration above) under the plantar surface of the foot. Do not stretch.



4. Gently apply the adherent part of the dressing 5. Remove the backing from one of the area 'B' flaps (flaps with tabs). Apply and smooth border. Repeat with the other side. Do not stretch.



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

Fips and tricks

- Think 'A' for 'Achilles' to remember how to apply the dressing correctly.
- Apply the dressing to clean, dry skin.
- Do not stretch the dressing during application.
- Apply a non-skid sock if patient is ambulatory, this will also improve stay-on-ability.
- Consider the use of Tubifast® or other tubular bandages as extra support for very agitated patients or for those where the dressing comes off prematurely: the dressing is designed with the intention of being gentle to the skin.

Pressure ulcer prevention re-application guide



1. Gently pull handling tabs to release dressing from skin.



2. Continue to release the dressing from the skin using the handling tabs until the skin is exposed for skin check.



3. While maintaining the dressing position at the proximal edge of 'A' (see picture), perform assessment of the skin.



4. Re-apply the foam and border of the dressing. Make sure the flaps with the tabs are placed over the ankle flaps.



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



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

7. Re-apply non-skid sock if using, especially for ambulatory patients.