

Diabetic Foot Ulcers

A guide to help minimise pain, trauma and stress



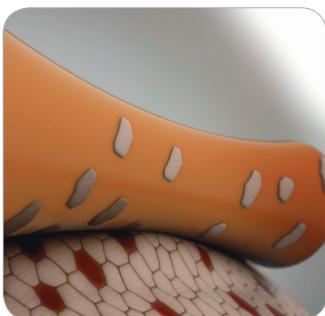
“From day one, Safetac was about less pain to patients. It’s an easy story – it does not stick to the wound, so it does not damage or hurt. And if you don’t damage the wound or hurt the patient... of course healing has a better chance.”

Rose-Marie Fredriksson, RN
Competence Development Manager
Mölnlycke Health Care AB
Sweden



Why use products with Safetac technology for Diabetic Foot Ulcers?

Safetac[®]
TECHNOLOGY



Dressings with traditional adhesives cause painful skin stripping



Dressings with Safetac cause no trauma to the wound or surrounding skin

Safetac dressings prevent needless suffering.

Too many patients still suffer too much during wound care. It hurts them physically, it pains them psychologically. We believe this is wrong. Safetac was developed to help free patients from unnecessary suffering during their wound healing journey.

Minimise pain¹

- Safetac does not tack to moist surfaces, ensuring the dressing will not stick to the wound on removal
- Safetac technology covers more of the skin surface, spreading peel forces on removal to minimise skin stripping and blistering

Minimise trauma²⁻⁴

- Safetac technology seals the wound margins, protecting against exudate leaks and maceration
- Seals gently, easily and instantly, but can still be repositioned atraumatically if needed
- Supports optimal moist wound healing conditions

Minimise stress⁵⁻⁶

- Safetac can reduce pain that leads to stress
- Safetac has recently been clinically shown to reduce stress levels in patients with chronic wounds

The aim of the Mölnlycke Health Care approach is to help address some of the most important challenges for Health Care Professionals today. We therefore try to understand a condition, a diagnosis or a type of wound from every aspect.

This brochure focuses on the area of the Diabetic Foot and forms just one part of our offering. It starts to explain about the benefits of using Safetac technology which helps to minimise pain, trauma and stress at dressing change. Even where in some cases pain is not present, trauma can be a real issue that may effect wound healing.

More information is available at www.molnlycke.com/DFU

Diabetic Foot Ulcer Classifications

Wagner Classification of Diabetic Foot Ulcers¹²

Grade 0	No ulcer in a high risk foot.
Grade 1	Superficial ulcer involving the full skin thickness but not underlying tissues.
Grade 2	Deep ulcer, penetrating down to ligaments and muscle, but no bone involvement or abscess formation.
Grade 3	Deep ulcer with cellulitis or abscess formation, often with osteomyelitis.
Grade 4	Localized gangrene.
Grade 5	Extensive gangrene involving the whole foot.

University of Texas Wound Classification System of Diabetic Foot Ulcers¹³

Ulcer Stage	Ulcer Grade (depth)			
	0	I	II	III
A	Pre / post ulcerative lesion completely epithelialised	Superficial lesion, not involving tendon, capsule or bone	Wound penetrating to tendon or capsule	Wound penetrating to bone or joint
B	Infection	Infection	Infection	Infection
C	Ischaemia	Ischaemia	Ischaemia	Ischaemia
D	Infection and Ischaemia	Infection and Ischaemia	Infection and Ischaemia	Infection and Ischaemia

Our solutions for Diabetic Foot Ulcers



● Mepilex® ● Mepilex® Lite

- Protects the fragile wound surface from damage and protects the sensitive surrounding skin from trauma at removal.
- Absorbs exudate and maintains moist wound healing environment.
- Soft and highly conformable.
- Thin enough to fit most shoes.
- Able to cut to fit all areas on the feet and toes.

● Mepilex® Ag ● Mepilex® Border Ag

- Sustainable antimicrobial effect on a wide range of wound relevant organisms, for up to 7 days.
- Absorbs exudate and maintains moist environment.
- Will not traumatise the wound or the surrounding skin.
- Can be used under compression bandages.
- Promotes patient comfort during wear.
- Low potential for skin irritation and allergy.

● Mepilex® Border ● Mepilex® Border Lite

- Minimises pain to the patient and trauma to the wound.
- Suitable for wounds that require good exudate handling, protects the surrounding skin and helps prevent blistering.
- Use a larger size than normal for increased ability to stay in place.

● Mepilex® Border Flex

- Fits and flexes with challenging contours?
- Conforms to the body to keep dressing changes to a minimum.
- Flex technology creates a flexible pad for greater flexibility?
- Flex technology allows spreading of fluids into the super absorbent pad for a less bulky dressing?

● Mepilex® Border Heel

- Fits the heel perfectly with no need for cutting.
- Stays in place on the difficult-to-dress heel area.
- No need for secondary fixation.





● **Melgisorb®**
● **Melgisorb® Ag**

- Melgisorb and melgisorb Ag can be used to absorb moderate to high levels of exudate.
- Melgisorb Ag can be used in the management of infected wounds or wounds in which there is an increased risk of infection under the medical supervision of a healthcare professional.



● **Tubifast®** WITH 2-WAY STRETCH TECHNOLOGY

- For fixation of dressings such as Mepilex, Mepilex Lite or Mepilex Ag.
- There are widths to fit most feet.
- Quick and easy to use.
- No hard seams that may cause pressure.



● **Epaderm®** OINTMENT

- Epaderm Ointment's barrier aids moisture retention within the skin.
- Epaderm ointment can be used on the skin, as a bath additive or skin cleanser and offers complete emollient therapy in one product.



● **Mextra®** Superabsorbent

- Excellent absorption and retention.
- Minimises risk of maceration and leakage.
- Maintains integrity and is not bulky upon exudate absorption.
- Outer layer remains dry.
- Has protease modulating activity and provides a conducive condition for healing to proceed.

Help your patients take steps to healthier feet

Download our patient guide
molnycke.com/foothealthanddiabetes



Evidence for the use of Safetac technology in Diabetic Foot Ulcers

Study	Richards & Chadwick ⁹	Meuleneire ¹⁰	O'Neill ¹¹
Study type	Non-comparative study	Non-comparative study	Non-comparative study
Sample size	15	30	77
Wound type(s)	Diabetic foot ulcers	Diabetic foot ulcers, leg ulcers; pressure ulcers; burns; surgical wounds; traumatic wounds	Diabetic foot ulcers and other foot lesions
Dressing(s) with Safetac	Mepilex Ag	Mepilex Ag	Mepilex Lite
Comparator	Not applicable	Not applicable	Not applicable
Main outcome measures	Clinical signs of localised infection Wound size Pain prior to, during and after dressing removal / application, measured using VAS In-use characteristics	Clinical signs of localised infection Healing response (qualitative visual assessment) Pain in wound and at dressing change, measured using VAS In-use characteristics	Healing state of wounds Condition of peri-wound skin In-use characteristics
Main results	Clinical signs of localised infection eradicated in majority of wounds Wound size reduction Reduction in dressing-related pain Dressing performance rated very highly; well tolerated	Clinical signs of localised infection eradicated in 90% of wounds Proportion of wounds healed/almost healed at end of treatment period was 53% / 27% Pain severity in wound and at dressing change lower at first and final dressing change (p<0.0001) than at baseline Dressing rated as 'excellent' / 'very good' in 77% of investigator's evaluations and 82% of patient's evaluations	Treatment objectives met in 81% of cases 88% of patients and 96% of investigators stated that they would use Mepilex Lite again Mepilex Lite was easy to apply, comfortable to wear, associated with pain-free removal; and was less bulky for footwear than other dressings



Read more about Diabetic Foot Ulcers and our solutions at www.molnlycke.com/DFU

References:

- White R. A multinational survey of the assessment of pain when removing dressings. Wounds UK, 2008.
- White R. et al. Evidence for atraumatic soft silicone wound dressing use. Wounds UK, 2005.
- Dykes P.J. et al. Effect of adhesive dressings on the stratum corneum of the skin. Journal of Wound Care, 2001.
- Wiberg A.B. et al. Preventing maceration with a soft silicone dressing: in-vitro evaluations. Poster presented at the 3rd Congress of the WUWHS, Toronto, Canada, 2008.
- O'Donovan, D.A., et al. The role of Mepitel silicone net dressings in the management of fingertip injuries in children. Journal of Hand Surgery 1999;24B(6):727-730.
- Upton, D., Solowiej, K. The impact of atraumatic vs conventional dressings on pain and stress in patients with chronic wounds. Journal of Wound Care 2012;21(5):209-215.
- Tensile force Mölnlycke Health Care lab. report 20130301-002.
- Dispersion properties on inclined plane. Mölnlycke Health Care lab. Reports 20130208-003 and 20130131-001.
- Richards, K., Chadwick, P. Addressing local wound infection with a silver-containing, soft silicone foam dressing: a case series. Diabetic Foot J 2011; 14(2): 90-95.
- Meuleneire F. An observational study of the use of a soft silicone silver dressing on a variety of wound types. J Wound Care 2008; 17(12): 535-539.
- O'Neill, C. Managing foot ulceration in diabetic patients helping to meet the objectives of treatment. Poster presentation at the Wounds UK conference, Harrogate, United Kingdom, 2004.
- Wagner FW: The dysvascular foot: a system of diagnosis and treatment. Foot Ankle 2:64-122, 1981.
- Armstrong D, Lavery LA & Harkless LB (1998) Validation of a diabetic wound classification system. Diabetes Care 21(5): 855 – 859.

www.molnlycke.com

Mölnlycke Health Care AB, P. O. Box 212 565, Dubai, UAE. Phone +971 4 554 7317
The Mölnlycke Health Care name and logo, Avance®, Epaderm®, Melgisorb®, Mepilex®, Mextra®, Safetac®, Tubifast® and 2-Way Stretch™ are registered trademarks of Mölnlycke Health Care AB. ©2017 Mölnlycke Health Care AB. All rights reserved. MEAWC0028

