



northern health



Product Information Sheet

Mepilex Border Flex Lite			
Classification	Cover Dressing: Silicone Foam		
Key Points	 Thin dressing with a Safetac[®] wound contact layer and border, a foam core and a highly breathable bacterial/viral proof outer layer. The Safetac[®] layer and border supports a traumatic dressing removal. Dressing has 360° flex technology which ensures conformability to body contours. Dressing is showerproof. Can be used as a primary or secondary dressing. 		
Indications	 For wounds: With scant to small amount of exudate. With fragile or friable wound bed and/or fragile periwound skin. Which have closed and are needing protection. Requiring compression therapy. 		
Precautions	 Consult with Physician/NP/Wound Clinician prior to using foam dressing (of any kind) on ischemic lower legs/feet. Bordered dressing should not be cut. 		
Contraindications	 Do not use skin barrier films as they will prevent the dressing from adhering properly. Do not use on dry wounds. Do not use if redness or sensitivity occur. Do not use with oxidising agents such as hypochlorite solutions or hydrogen peroxide. 		
Formats & Sizes	 Bordered Dressing: 4 x 5cm 5 x 12.5cm 7.5 x 7.5cm 10 x 10cm 15 x 15cm 		

Directions	Rationale / Key Points
Selection	
Choose a dressings ize that will ensure the pad portion of the dressing extends at least 2 cm beyond the wound edge.	Incorrect sizing will a dversely affect the dressing absorption functionality.
Dressing should not be cut.	
For a wound with depth, choose appropriate wound filler for exudate expected and the anticipated frequency of dressing change.	
Preparation	
Cleanse wound and periwound / surrounding skin with sterile normal saline or agency approved wound cleanser.	See <u>Wound Cleansing Procedure</u> or QR Code below.
Dry periwound / surrounding skin.	Skin barrier films interferes with the silicone a dhesive of the dressing to the periwound skin.
Do not apply skin barrier film to periwound skin.	
Application	
For a wound with depth; fill the dead space with appropriate wound filler.	Needs to be in contact with the wound to be most effective.
Remove the two backingsheets from the dressing.	
Place dressing directly over the center of the wound; ensure the white side is applied to the wound. Do not stretch the border.	
Using fingers, apply gentle pressure along the border to assist with dressing adhesion.	

Created by the British Columbia Provincial Professional Practice Stream – Wound Ostomy Continence





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Directions	Rationale / Key Points			
Removal				
Gently lift the border to remove the dressing.	To minimize trauma to the periwound skin.			
Frequency of Dressing Change				
Change when exudate extends to within 2cm of the edge of the dressing.	Dressing change frequency is dependent on a mount of wound exudate.			
Can be left for up to 7 days.	The absorbed exudate is clearly visible through the film backing of the dressing.			
Expected Outcomes				
Exudate is managed with no periwound maceration.	If product does not perform as expected, notify			
Product performs as expected.	NSWOC/Wound Clinician and consider submitting a <u>Supply Chain Product Concern Form</u> .			
QR Codes				



Wound Cleansing

For further information please contact NSWOC/Wound Clinician