What if there was a single, proven solution that when added to your rigorous prevention protocol could help keep hospital-acquired pressure ulcers from forming, bringing instances closer to zero?\textsuperscript{8,9,10}
STEP 1: UNDERSTAND THE PROBLEM

Hospital-acquired pressure ulcers (HAPU) occur most commonly in the ICU (12-42%), with the rate of interoperatively acquired HAPU ranging from 12% to 66% in surgical patients. These pressure ulcers are caused by intense, prolonged and unrelied pressure, resulting in damage to skin and underlying tissue. The sacrum is generally reported as the most common location for pressure ulcers, with an incidence rate in acute care settings of 31%. Incidence reduced and does not cause skin reactions. Hospital-acquired pressure ulcers (HAPU) occur most commonly in the ICU (12-42%), with the rate of interoperatively acquired HAPU ranging from 12% to 66% in surgical patients. These pressure ulcers are caused by intense, prolonged and unrelied pressure, resulting in damage to skin and underlying tissue. The sacrum is generally reported as the most common location for pressure ulcers, with an incidence rate in acute care settings of 31%.

STEP 2: KNOW THE CAUSES

We know you already do your part for pressure ulcer prevention, but damaging forces such as microclimate and shear continue to work against you—and your patients.

Shear force (distortion) is generated by the motion of bone and soft tissue relative to the skin, which is restrained from moving due to frictional forces. It occurs even when a patient is lying flat, but will increase with a change in patient position or posture. This could, for example, be when the head of the bed is raised or lowered, causing the patient to slide. Microclimate includes the impact of moisture and heat on skin. Both cause breakdown: maceration, erosion and increase of the co-efficient of friction, plus increased metabolic rate and moisture retention.

Mölnlycke’s patented Safetac technology resides closest to the skin. For pressure ulcer prevention, it offers shear reduction and allows for repositioning of the dressing after skin assessment. Safetac technology has also been proven to minimize pain to patients during dressing changes and does not cause skin reactions.

STEP 3: MEET THE SOLUTION

Your pressure ulcer prevention protocol is already robust, but you can get closer to zero instances with Mepilex® Border Sacrum with Safetac® Technology. As part of your comprehensive prevention program, Mepilex® Border Sacrum helps prevent hospital-acquired pressure ulcers by reducing shear forces and maintaining optimal skin microclimate during wear time. Here’s how it works:

**FIVE LAYERS OF CONTROL:**

Retention, spreading and absorption layers will help in maintaining a normal moisture level and reducing the risk of breakdowns. The effect of friction, for example, is up to five times worse if excessive moisture is present.

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**STEP 4: SEE THE DIFFERENCE**

When compared with no dressing and competitors’ products, Mepilex® Border Sacrum has been demonstrated to both reduce shear and microclimate.

In-vitro test results demonstrate that Mepilex® Border Sacrum can help decrease the effects of shear forces on tissue by up to 50% during wear time, as compared to when no dressing is being used.

STEP 5: CONSIDER THE EVIDENCE

C. Tod Brindle proved that Mepilex® Border Sacrum can reduce hospital-acquired pressure ulcers by reducing shear forces and optimizing microclimate—observing zero occurrence amongst a group of 43 high-risk ICU patients. This study has been tested and duplicated again and again all over the world.

What did other medical professionals find? Mepilex® Border Sacrum works.

Cherry et al
Cardiovascular OR & ICU
Included Mepilex® Border Sacrum in a care bundle used collaboratively by Cardiovascular OR and ICU to reduce incidence of post-op PU, especially DTU.

The result: The implementation of a collaborative pressure ulcer prevention bundle reduced the incidence of HAPU% and DTU% from 12.4% to ranging between 0% and 1.5%.

Chaiken et al
ICU
Enrolled a total of 273 patients in a six-month study to determine if a soft silicone dressing could decrease the incidence of sacral HAPU in the ICU.

The result: During the study they were able to reduce the sacral HAPU rate in the ICU from 13.4% to 1.8%, representing an 86.8% reduction.

Walsh et al
ICU
Investigated whether the addition of Mepilex® Border Sacrum to prevention protocol would reduce PU incidence.

The result: Incidence reduced from 12.5% to 7%, and most PU that did occur were not located on the sacral region.
Since October 2008, the U.S. Centers for Medicare and Medicaid Services have ceased to cover the cost associated with HAPU. All hospitals are at risk for HAPU-related costs, and while Mepilex® Border Sacrum is not meant to replace products and protocols already in place, it does help you get one step closer to zero instances of pressure ulcers—by helping stop them before they start.

Per Patient
Pressure ulcers—the most frequent type of expensive medical error—were estimated to cost a facility $10,288 per error. The total cost of managing a Medicare patient with a pressure ulcer in acute care averages $43,180.00 per hospital stay.12

Per Facility
In 2004, the direct cost of treating facility-acquired pressure ulcers was estimated to range from $400,000 to $700,000 per year in the U.S.13

U.S. Total
In 2006, there were 503,300 total hospital stays with pressure ulcers noted as a diagnosis—an increase of nearly 80% since 1993. Adult stays totaled $11 billion in hospital costs.14

References:
11. Padula, W. et al. Improving the Quality of Pressure Ulcer Care With Prevention, A Cost-Effectiveness Analysis. Medical Care 2011; 49(4).

Mepilex Border Sacrum
Absorbent self-adherent bordered foam dressing with Safetac® technology

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For more information, please speak to one of our sales managers or clinical specialists. Call 800.843.8497 or visit our website at www.molnlycke.us/prevention.