

Your guide to Epidermolysis Bullosa (EB)



Treating

Epidermolysis Bullosa (EB)

With many wounds at different stages of healing, the management of EB is complex¹.

One of the greatest challenges of managing EB is that it causes significant and constant discomfort and pain for the sufferer while essentially monopolising the time and focus of the family or caretakers.

When treating patients with EB, it is of utmost importance to select a dressing regimen that does not further damage their fragile skin¹. Protecting the peri-wound skin, avoiding skin stripping, addressing the bio-burden and exudate management are all key factors to consider.

There are numerous choices in wound care products, except for when treating fragile skin. Delicate treatment is made more challenging when adhesive dressings – even those coated with soft silicone – may strip the skin.

Wound dressings

The skin is so fragile and dressing changes so frequent that atraumatic dressings are recommended to prevent further damage, pain or bleeding¹. Silicone-based dressings are easier to apply and remove than traditional dressings². They also protect the wound and peri wound skin and create a favourable environment for wound healing.

Infection management

There is a high risk of infection due to large areas of open wounds. Antimicrobial cleansers, moisturisers and topical treatments are necessary to manage the wound bio-burden¹.

Blister management

EB blisters need careful management as they will extend rapidly if left unchecked¹. Intact blisters should be lanced with a sterile needle at their lowest point to limit tissue damage¹. Sterile swabs or sponges can be used to gently compress the blister to encourage complete emptying.

Dressing retention

If dressings slip, they can tear the fragile skin and cause the wounds to stick to clothing or bedding¹. The dressing should be held firmly in place with a retention bandage. The bandage should not put additional pressure on the wound and it should allow freedom of movement to prevent shearing forces from causing additional blistering¹. Tubular bandages can be used¹.

Luke's* story

Luke's story is taken from a 2017 case study: The effect of current economic cuts to wound dressings and its impact on patient with epidermolysis bullosa³.

Luke is a 41 year-old patient who has been living with a severe form of Dystrophic EB all his life. His wounds need constant dressing, which can be a hugely painful ordeal. Using gently adhering dressings with Safetac[®] have helped to minimise his discomfort and ease the pain of dressing changes.

Luke has open wounds and blistering throughout his body, which need dressings to protect them and promote healing. With so many wounds, he is susceptible to recurrent infection. Luke also suffers from internal blistering.

Throughout his childhood, Luke experienced thousands of hours of painful dressing changes, giving him as much psychological as physical pain. The day he discovered dressings with Safetac was the day his life changed. 'It made a huge difference,' he says. 'My dressings didn't stick to my skin any more'.

An essential dressing for Luke is Mepitel[®] which stays in place over wounds without adhering to the wound bed². Mepitel's Safetac technology allows it to adhere gently without

disturbing the wound. This makes it easy to remove, minimising pain and discomfort. For Luke, it has also reduced the stress and fear of dressing changes and improved his quality of life.

Luke sees Mepitel as a 'second skin', on the places where his skin is absent or damaged. He also finds that there is much less damage and trauma to his skin. Luke's condition is so severe that he uses two boxes of Mepitel everytime he changes all dressings.

For a short period of time, his healthcare provider withdrew Mepitel because they had not reviewed the evidence base behind its use. Luke was devastated: 'It was like telling a diabetic patient that they couldn't have insulin anymore', he said. For Luke, the fear of going back to the days when his dressings were painful to apply and remove was highly stressful – and stress is associated with impaired wound healing⁴.

Fortunately, Luke is now prescribed Mepitel again. The Tissue Viability Nurse and GP reviewed the best practice guidelines on EB¹ and agreement was reached to fund his dressings without restriction.

*not his real name to protect his identity.

Dressing selection guide

The international consensus best practice for skin and wound care in EB¹ set out recommended solutions for managing EB, including several Mölnlycke products and solutions:

* Mepilex^{®5,6}

- Minimises pain and wound or skin damage at dressing change
- Gentle adherence with high conformability and comfort
- Does not slip under dressing retention and can easily be cut to size



* Mepilex[®] Lite⁵

- Minimises pain and wound or skin damage at dressing change
- Gentle adherence with very high conformability and comfort
- Does not slip under dressing retention and can easily be cut to size



* Mepilex[®] Transfer^{5,7}

- Minimises pain and wound or skin damage at dressing change
- Transfers exudate away from the wound, minimising the risk of maceration
- Convenient and conformable for difficult-to-dress wounds



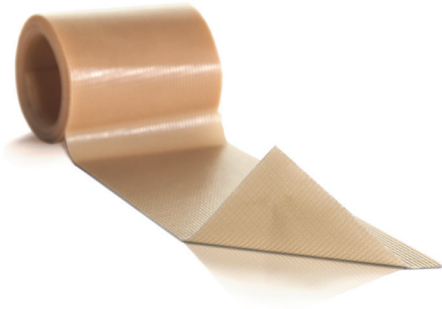
* Mepitel^{®5,8}

- Minimises pain and wound or skin damage at dressing change
- Good transparency allows wound inspection without removal



* Mepitac^{®5,9}

- Minimises pain and wound or skin damage at dressing change
- Conforms well to body contours
- Suitable for patients requiring repeated application and removal of tape over the same area



Tubifast[®] Garments⁵

- Tubifast[®] Garments may be used as dressing retention in the treatment of Epidermis Bullosa (EB)

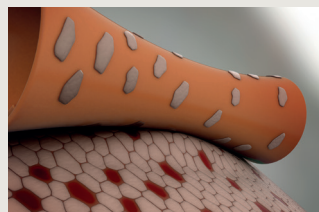
Tubifast[®] TwoWay Stretch^{®5}

- Tubifast holds dressings securely, without constriction or compression. No pins or tapes are necessary, and its light elasticity allows patients complete freedom of movement.
- Tubifast can be used as a dressing retention and skin covering for any part of the body. It can also be used for patch wrapping and as an undercast stockinette because of its tubular construction.
- Tubifast is particularly suitable for holding dressings in place on difficult-to-dress areas of the body.

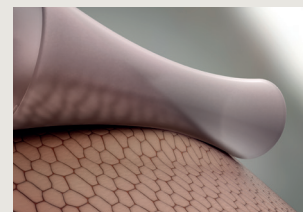


* Safetac[®] technology. Less damage. Less pain.

In numerous randomised trials, dressings with Safetac[®] are clinically demonstrated to minimise damage to the wound and skin at removal¹⁰⁻¹⁷. By sealing the wound margins, they help prevent maceration^{10,15}. With less damage to the wound and skin, pain at dressing change is minimised^{10-15,18}. Therefore, several randomised trails associate dressings with Safetac with faster healing^{11-13,18} and lower total treatment cost^{11,15,18}.



Dressings with traditional adhesives cause painful skin stripping.



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

Ordering information

Mepilex® ordering information

Art. No.	Size cm	Size inch	Pcs/shelf cont.	Pcs/transp cont.
294100	10 x 10	4 x 4	5	70
294200	10 x 20	4 x 8	5	45
294300	15 x 15	6 x 6	5	25
294400	20 x 20	8 x 8	5	20
294500	20 x 50	8 x 20	2	12

Mepilex® Lite ordering information

Art. No.	Size cm	Size inch	Pcs/shelf cont.	Pcs/transp cont.
284000	6 x 8.5	2.4 x 3.4	5	70
284100	10 x 10	4 x 4	5	50
284300	15 x 15	6 x 6	5	50
284300	20 x 50	8 x 20	2	12

Mepilex® Transfer ordering information

Art. No.	Size cm	Size inch	Pcs/shelf cont.	Pcs/transp cont.
294800	15 x 20	6 x 8	5	40
294502	20 x 50	8 x 20	2	12
294600	7.5 x 8.5	3 x 3.3	5	70
294700	10 x 12	4 x 4.7	5	50

Mepitel® ordering information

Art. No.	Size cm	Size inch	Pcs/shelf cont.	Pcs/transp cont.
290510	5 x 7.5	2 x 3	10	50
290710	7.5 x 10	3 x 4	10	40
291010	10 x 18	4 x 7	10	70
292005	20 x 30	8 x 12	5	30

Mepitac® ordering information

Art. No.	Size cm	Size inch	Pcs/shelf cont.	Pcs/transp cont.
298300	2 x 300	0.75 x 118	1	12
298400	4 x 150	1.5 x 59	1	12

Tubifast® TwoWay Stretch® ordering information

Product	Art. No	Width cm x Length m	Limb cm	Pcs/shelf cont.
Red Line Small limbs	2480	3.5x1	9-18	12
	2434	3.5x10	9-18	1
Green Line Small and medium limbs	2481	5x1	14-24	12
	2485	5x3	14-24	6
	3555	5x5	14-24	6
	2436	5x10	14-24	1
Blue Line Large limbs	2482	7.5x1	24-40	12
	2486	7.5x3	24-40	6
	3556	7.5x5	24-40	6
	2438	7.5x10	24-40	1
Yellow Line Extra-large limbs, heads, children's trunks	2483	10.75x1	35-64	12
	2487	10.75x3	35-64	6
	3557	10.75x5	35-64	6
	2440	10.75x10	35-64	1
Purple Line Adult trunks	2479	20x1	64-130	12
	3558	20x5	64-130	6
	2444	20x10	64-130	1

Tubifast® Garments ordering information

Product	Art. No	Age/Size	Limb cm*	Pcs/shelf cont.
Vests with integrated mittens	992007	6-24 months	n/a	
Vests	992008	2-5 years	n/a	
	992009	5-8 years	n/a	
	992010	8-11 years	n/a	
	992011	11-14 years	n/a	
Tights	992012	6-24 months	n/a	
Leggings	992013	2-5 years	n/a	
	992013	5-8 years	n/a	
	992015	8-11 years	n/a	
	992016	11-14 years	n/a	
Socks	992017	1 size: 2-14 years	n/a	
Gloves	5922	Child XS	n/a	
	5923	Child Small	n/a	
	5921	Child Medium-Large / Adult Small	n/a	
	5920	Adult Medium-Large	n/a	
Patch Wrap	5924-00	Small	14-18cm	
	5925-00	Medium	19-24cm	
	5926-00	Large	25-31cm	
	5927-00	X Large	30-39cm	

*Measure at joint

Proving it every day

At Mölnlycke®, we deliver innovative solutions for managing wounds, improving surgical safety and efficiency and preventing pressure ulcers. Solutions that help achieve better outcomes and are backed by clinical and health-economics evidence.

In everything we do, we are guided by a single purpose: to help healthcare professionals perform at their best. And we're committed to proving it every day.

References: 1. Denyer J., Pillay E., Clapham J., Best practice guidelines for skin and wound care in epidermolysis bullosa. International Consensus. Wounds International, 2017. 2. White R, et al. Evidence for atraumatic soft silicone wound dressing use. Wounds UK 2005;1(3):104-109. 3. Downe, A. The effect of current economic cuts to wound dressings and its impact on patient with epidermolysis bullosa: a case study. Wounds UK, Vol 13, No 1, 2017. 4. Upton D. et al. Pain and stress as contributors to delayed wound healing. Wound Practice and Research, 2010. 5. Mölnlycke Data on file 2019 6. Schumann H et al. Atraumatic dressings in fragile skin conditions: use of the soft silicone dressing (Mepilex) in hereditary and acquired bullous skin disease. Poster presentation. European Wound Management Association, 2005. 7. Yuen WY, Huizinga J, Jonkman MF. Punch grafting of chronic ulcers in patients with laminin-332-deficient, non-Herlitz junctional epidermolysis bullosa. Journal of the American Academy of Dermatology. 2013;68(1):93-7. 8. Schwieger-Briel A, Kiritsi D, Schempp C, Has C, Schumann H. Betulin-based oleogel to improve wound healing in dystrophic epidermolysis bullosa: A prospective controlled proof-of-concept study. Dermatology Research and Practice. 2017 9. Gorell ES, Leung TH, Khoo P, Lane AT. Purified type I collagen wound matrix improves chronic wound healing in patients with recessive dystrophic epidermolysis bullosa. Pediatric Dermatology. 2015;32(2):220-5. 10. Yuen WY, Huizinga J, Jonkman MF. Punch grafting of chronic ulcers in patients with laminin-332-deficient, non-Herlitz junctional epidermolysis bullosa. Journal of the American Academy of Dermatology. 2013;68(1):93-7. 11. Van Overschelde, P. et al. A randomised controlled trial comparing two wound dressings used after elective hip and knee arthroplasty. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. 12. Silverstein P. et al. An open, parallel, randomized, comparative, multicenter study to evaluate the cost-effectiveness, performance, tolerance, and safety of a silver-containing soft silicone foam. Journal of Burn Care and Research, 2011. 13. Gee Kee E.L. et al. Randomized controlled trial of three burns dressings for partial thickness burns in children. Burns, 2014. 14. David F. et al. A randomised, controlled, non-inferiority trial comparing the performance of a soft silicone-coated wound contact layer (Mepitel One) with a lipidocolloid wound contact layer (UrgoTul) in the treatment of acute wounds. International Wound Journal, 2017. 15. Patton M.L. et al. An open, prospective, randomized pilot investigation evaluating pain with the use of a soft silicone wound contact layer vs bridal veil and staples on split thickness skin grafts as a primary dressing. Journal of burn care & research, 2013 16. Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopedic Surgery. Deutsche Arzteblatt International, 2018. 17. Meaume S. et al. 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. 18. Herst P. et al. Prophylactic use of Mepitel Film prevents radiation-induced moist desquamation in an intra-patient randomised controlled clinical trial of 78 breast cancer patients. Radiotherapy and Oncology, 2014. 19. Gotschall C.S. et al. Prospective, randomized study of the efficacy of Mepitel on children with partial-thickness scalds. Journal of Burn Care & Rehabilitation, 1998.

Find out more at www.molnlycke.com

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