

Transfers efficiently Removes cleanly



Exufiber®

Optimising the space where healing happens


Mölnlycke®

Chronic wounds present unique clinical challenges

Getting the conditions right

Highly exuding and cavity wounds can be challenging to treat, and painful and worrying for patients. Getting the conditions right for healing is essential. This means a moist wound healing environment, without excess exudate. A clean wound bed, undisturbed by slough, residue or debris.

When healing is delayed

Without effective management, wounds can macerate surrounding skin, become infected, or simply refuse to heal. This increases the demands on nurses' time and healthcare providers' costs, and also affects patients' wellbeing, independence and quality of life.

A fresh take on chronic wounds

Exufiber offers a fresh take on the challenges of highly exuding and cavity wounds. The next generation of gelling fibres aims to optimise the space where healing happens by efficiently transferring exudate^{1,2} and supporting a clean wound bed³.

Exufiber® addresses the key clinical challenges of highly exuding and cavity wounds

- Exudate pooling
- Slough
- Dressing residue



Technology matters clinically



Efficiently transfers exudate away from the wound bed to the secondary dressing^{1,2}



Absorbs and locks in exudate, even under compression, resulting in reduced risk of leakage and maceration³⁻⁵



Promotes autolytic debridement, therefore supporting a clean wound bed upon dressing removal⁴



Softly conforms for greater comfort⁵



Stays intact for clean and easy one-piece removal³⁻⁶



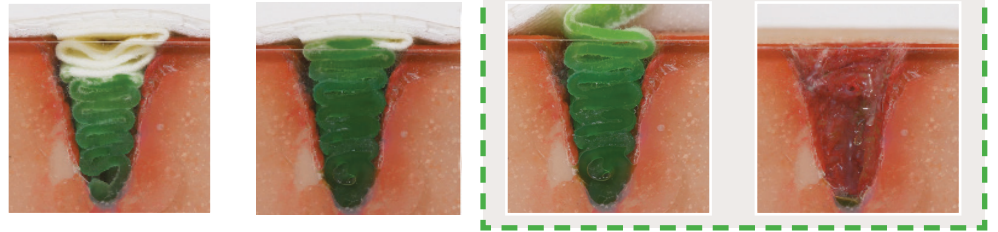
With Hydrolock® Technology

Unlike traditional gelling fibres, Exufiber is a non-woven polyvinyl alcohol fibre dressing. On contact with exudate it transforms into a gel. The tightly packed fibres keep exudate locked in, while the capillary action enables transfer of exudate to the secondary dressing^{1,2}.

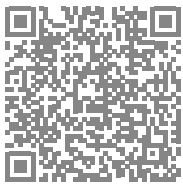
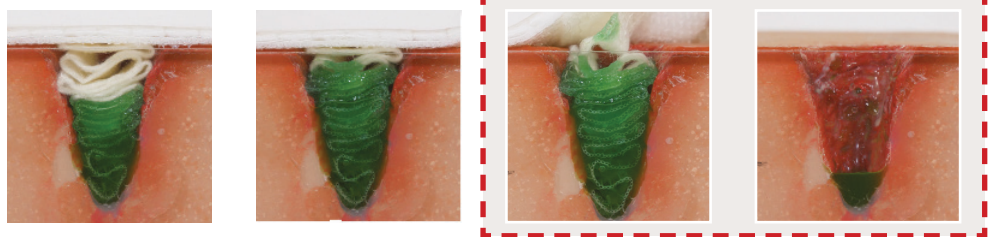
MODE OF ACTION

Proven ability to transfer exudate

Exufiber®



Aquacel®



Scan the QR code above to watch Exufiber in action

EXUFIBER HELPS TO CREATE AN OPTIMAL WOUND HEALING ENVIRONMENT

LOCKS IN UP TO **23%**

more** of the absorbed exudate than Aquacel® Extra™⁶

98%

Of clinicians rated Exufiber as 'easy' or 'very easy' to remove in one piece⁵

98%

Of clinicians reported patient comfort as 'good' or 'very good' for Exufiber⁵

A cavity model was used to simulate the fluid transfer capability of Exufiber and Aquacel® ribbon dressings. 5ml of Solution A was added to the cavity and the dressings were left to absorb and transfer. Additional 5ml was then added and the dressings left to absorb and transfer again. Exufiber demonstrated a better capability to transfer fluid to the secondary dressing than Aquacel®, and when the dressings were removed, less fluid was left in the cavity.

Transfers exudate

Exufiber dressings transfer exudate efficiently from the wound bed to the secondary dressing, locking it in to reduce the risk of pooling, leakage and maceration^{3,4}. They can be left in place for up to **seven days***, allowing undisturbed wound healing to take place^{6,7}.



Supports a clean wound bed

Residues and debris left in the wound can trigger a foreign body response, and disturb the wound healing⁸. Exufiber helps to break down slough by promoting autolytic debridement⁴. It can also be relied upon to stay intact both during use and at removal³⁻⁵.



Softly conforms for greater comfort

Exufiber gently conforms to the wound bed when both wet and dry, making it easy to apply and more comfortable for the patient⁵.



*Exufiber can be left in place for up to seven days, depending on the condition of the wound and the local clinical practice.

In addition, Exufiber can be left in place for up to 14 days on donor sites.

**When comparing lab test results for retention under pressure with Aquacel®, Aquacel® Extra™, Durafiber® and UrgoClean® dressings

BACKED BY CLINICAL EVIDENCE

Outperforms competition

A recent randomised control trial⁹ of 248 venous leg ulcer patients found that Exufiber[®] outperformed Aquacel[®] Extra[™] across multiple measures:

- A positive trend for better wound size reduction
- Clinicians' satisfaction with overall experience of use, ease of removal, and non-adherence to the wound bed
- Clinicians reported better absorption and lock-in of exudate, blood and slough

PATIENT CASE STUDY¹⁰

Baseline



After 12 weeks



Manages wound and wound bed

Patient history

- A 62-year-old ambulant male with an 8-year history of insulin-treated Type 2 diabetes mellitus (HbA1c = 78mmol/mol) presented with a diabetic foot ulcer (Texas grade A2)
- The patient has a current medical history of congestive heart failure. The patient had undergone the amputation of the right 5th ray

Clinical outcome

- After 12 weeks of treatment with Exufiber, the wound had healed and the peri-wound skin was healthy and intact
- On average, the clinicians rated their overall experience of Exufiber as a primary dressing as 'Very good'. The dressing was rated by the clinicians as 'Very good' in terms of its ease of application and removal, flexibility, conformability, its ability to retain slough and blood and its lack of adherence at dressing change to healthy intact skin. On average the clinicians rated the ability of Exufiber to absorb and retain wound exudate along with its lack of adherence at dressing change to the wound bed as 'Very good'; no dressing residue remained in the wound after dressing removal. The clinician reported that the patient was 'Very happy'
- On average, the patient reported their lack of anxiety at dressing change when using Exufiber, and the ease of movement during wear as 'Very good'. The lack of 'stinging or burning' whilst in situ, the ability to 'remain in place' during wear and the comfort of Exufiber were rated as 'Very good'.

A cost-effective approach

Exufiber® dressings help create an optimal wound healing environment and reduce the risk of leakage, which means they can be left in place with confidence for up to **seven days***. This promotes undisturbed wound healing, and can reduce nursing time and costs.

ONLY 14%

of wound care costs are spent on dressings¹¹

*Exufiber can be left in place for up to seven days, depending on the condition of the wound and the local clinical practice. In addition, Exufiber can be left in place for up to 14 days on donor sites.

Ordering information (sterile packaged)

Product code	Size (cm)	Pcs/Box	Product code	Size (cm)	Pcs/Box	Product code	Size (cm)	Pcs/Box
Exufiber			Mepilex® Border Flex			Mepilex Border Heel		
709900	5 x 5	10	595211	7.5 x 7.5	10	282750	22 x 23	6
709901	10 x 10	10	595311	10 x 10	10	Mepilex Border Sacrum		
709903	15 x 15	10	595011	12.5 x 12.5	10	282050	16 x 20	5
709904	20 x 30	5	595411	15 x 15	10	282450	22 x 25	5
709906	4.5 x 20	10	595611	15 x 20	10			
709908	1 x 45	5	Mepilex Border Flex Oval					
709909	2 x 45	5	583500	7.8 x 10	5			
			583300	13 x 16	5			
			583400	15 x 19	5			

Get “The Perfect Couple” advantage

Use Exufiber with Mepilex® Border Flex or any other member of the Mepilex Border family

Mepilex Border Flex combines innovative Flex Technology with our proven Safetac® Technology to create a secondary dressing that stays on and uniquely conforms. Using Exufiber and Mepilex Border Flex together delivers the benefits of both dressings and promotes an undisturbed healing environment for the wound.



References: 1. Mölnlycke Health Care. Data on file. 2018. 2. Mölnlycke Health Care. Data on file. 2020. 3. Chadwick P, McCardle J. Open, non-comparative, multicenter post clinical study of the performance and safety of a gelling fibre wound dressing on diabetic foot ulcers. Journal of Wound Care. 2016; 25(4):290-300. 4. Smet S, Beele H, Saine L et al. B. Open, non-comparative, multi-centre post market clinical follow-up investigation to evaluate performance and safety on pressure ulcers when using a gelling fibre dressing as intended. Poster Presentation at European Pressure Ulcer Advisory Panel Conference, Ghent, Belgium. 2015. 5. Davies P, McCarty S. An in-use product evaluation of a gelling fibre dressing in wound management. E-poster presentation at Wounds UK Conference, Harrogate, United Kingdom. 2017. 6. Surgical Materials Testing Laboratory. BS EN 13726-1:2002: Test methods for primary wound dressings. Mölnlycke Health Care. Data on file. 2014. 7. Mölnlycke Health Care. Data on file. 2014. 8. McGrath A. Overcoming the challenge of overgranulation. Wounds UK. 2011;7(1):42-49. 9. Mölnlycke Health Care. Data on file. 2020. 10. Mölnlycke Health Care. Patient Case Study. Data on file. GMCS/CS/Exufiber/DFU/012. 11. Guest J et al. The health economic burden that acute and chronic wounds impose on an average clinical commissioning group/health board in the UK. Journal of Wound Care. 2017;26(6):292-303.

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