Case Studies – Mepiform®

Self adherent soft silicone dressing for scar care

Mepiform®

Safetac® TECHNOLOGY

MÖLNLYCKE HEALTH CARE

Introduction

Scar formation is part of the final stage of wound healing. In the normal healing process, the number of fibroblasts and endothelial cells decreases gradually, followed by an increase in collagen bundles, which interconnect to create effective tensile strength in the scar. There is also hyperaemia, which gradually decreases over a period of 6–8 weeks, followed in subsequent months by flattening and fading of the scar, when the collagen bundles increase the tensile strength until it is the same as that of healthy skin.

When the metabolic balance of this normal scar formation process is destabilised, there is overproduction of collagen fibres, leading to abnormal growth of the scar above the level of the skin. The scar remains abnormal during the hyperaemia phase, and the initial fibroblast and mesenchymal cell density does not decrease.

This excess of collagen fibres is classified as a hypertrophic, keloid, widened, contracture or atrophic scar. Of these, widened and atrophic scars are usually asymptomatic, but contracture, keloid and hypertrophic scars are usually aesthetically unattractive, painful and even restrictive (Clarke, 2005).

The primary cause of keloids has been identified as skin trauma (surgery, burns, chickenpox, etc.). For both keloid and hypertrophic scars, the primary cause may also be haematomas, wound infection, foreign bodies in the skin or increases in the skin's normal tensile strength. Although no specific genes that cause them have been identified, a genetic basis is suspected as being a causative or predisposing factor. Risk groups have been identified according to age (patients between 10 and 30 years old are most prone to this type of scar), wound location (joints and areas where the skin is thicker suffer this kind of process more often) and race (black-skinned patients are most susceptible).

A keloid is a scar that grows and spreads from the initial wound site, while a hypertrophic scar becomes thicker and rises above the skin around the wound. They are usually asymptomatic, although there is sometimes pain, itching and a burning sensation. The most common reason for consulting a physician is the unattractive appearance for the patient, which often affects the patient's self-esteem.

There are various different treatments for this problem: surgery (excision only for small scars, or using a skin graft for larger areas), cryosurgery, laser surgery, corticosteroids (as a cream or intradermal injections), compression (using elastic bandages), antiangiogenic factors, radiotherapy, interferon, photodynamic therapy, silicone laminates, etc.

Mepiform® is a thin, discreet and flexible scar dressing consisting of a laminate (polyurethane and nonwoven) covered with Safetac® technology, a soft silicone layer. The coating makes it waterproof but gas-permeable, which means that patients can shower while wearing the dressing. Mepiform® is a very thin and flexible product that can be worn on awkward parts of the body without affecting the patient's quality of life during treatment. It is also very easy to use, and its colour (akin to that of skin) makes it very discreet.

Various studies have shown that silicone laminates are effective in the treatment of keloid and hypertrophic scars, both recent and old. They can be used as monotherapy or in combination with other treatments for this problem.

It is not scientifically known how silicone works in scar treatment, but what has been shown is that the effect of these silicone laminates is not caused by pressure (which is minimal with dressings, insufficient to reduce the thickness or size of a scar) or due to oxygen pressure, temperature regulation or occlusion.

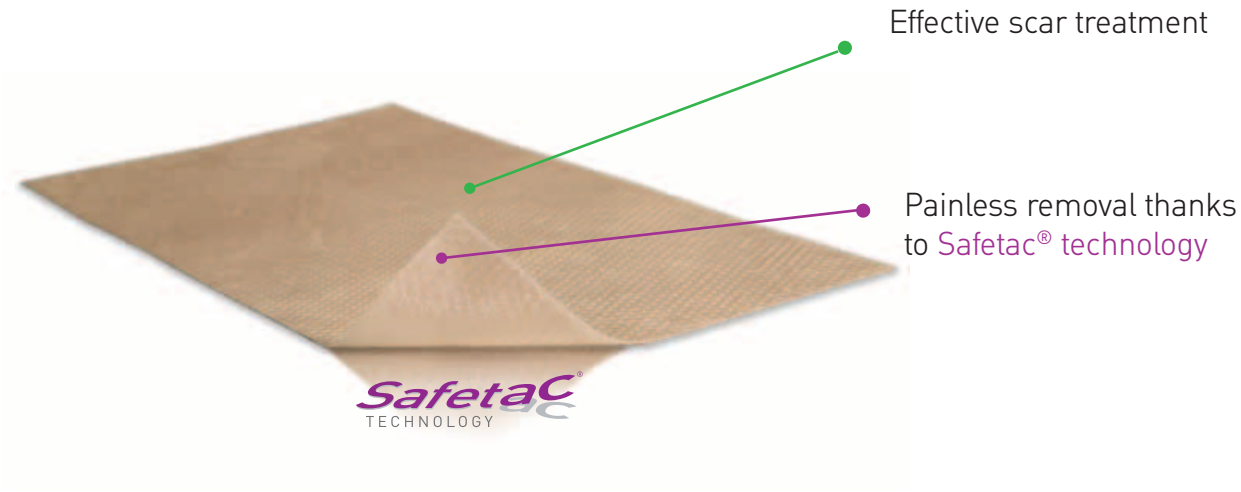
The most widely accepted theory as to how the product works on the scar is that the silicone laminate imitates the water vapor-regulating effect of this part of the skin, in the same way as the horny layer of the skin. When water vapor loss is reduced, the collagenases are activated for longer, which leads to a gradual reduction in collagen bundles due to sustained collagenase activity.

A bibliographical review carried out in February 2009 using international databases (Medline, Embase, Amed, Cochrane Library, World Wide Wounds) with the keywords *Mepiform* and *silicone laminate* revealed more than 20 scientific references which confirm the effectiveness of this product in the treatment of keloid and hypertrophic scars.

Mepiform®

Mepiform® is designed for the management of both old and new hypertrophic and keloid scars. It can also be used as a prophylactic therapy on closed wounds for prevention of hypertrophic or keloid scarring.

Cut to size | Waterproof | UPF class 5 | Clinically proven



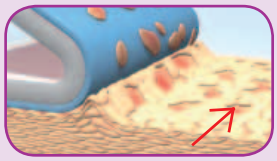
Effectiveness proven in 92%[1] of cases

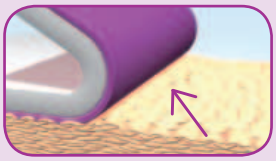
An international group of clinical experts recommends silicone dressings as the best treatment for hypertrophic and keloid scars.
In Spain, Mepiform® is recommended by top professionals in the fields of plastic surgery, dermatology, maxillofacial surgery, orthopedics and others as the most comfortable, effective product. Their clinical results confirm this.

Safetac® Technology

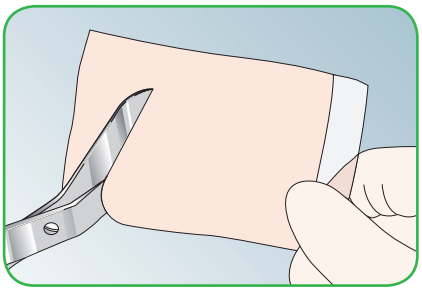
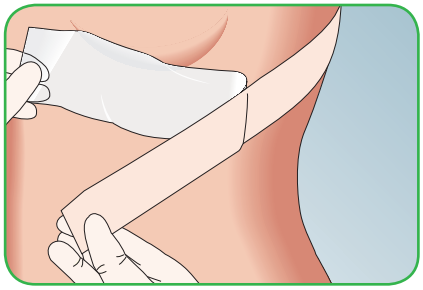
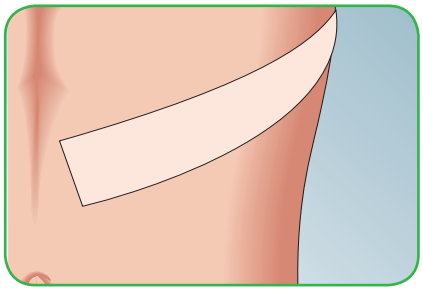
Safetac® technology. Less pain and less trauma.
Safetac is a patented adhesive technology that minimises pain to the patients and trauma to wounds. Safetac technology is available exclusively on Mölnlycke Health Care dressings, including Mepilex® wound dressings, Mepitel® wound dressings, Mepiform® and Mepitac®.

For more information visit www.molnlycke.com and www.safetac.com


Skin stripping occurs with traditional adhesive


No skin stripping occurs with Safetac technology

Instructions for use

Mepiform® should be applied to intact skin. Ensure stitches and sutures are fully removed and that the wound is closed.

1. Open the packaging and remove the dressing.

2. Mepiform® can be cut to an appropriate size as long as it overlaps the scar by at least 1 cm.

3. Before applying Mepiform®, make sure the area is dry. When used together with ointment or cream, ensure the dressing covers the area beyond the ointment or cream for best fixation.

4. Remove the release film and apply Mepiform® over the closed wound/scar. Avoid stretching when applying over joints.

   Mepiform® has an ultraviolet protection factor (UPF) of class 5 in order to protect the scar.

• For how many hours per day can **Mepiform®** be used?

Mepiform® should optimally be worn for 24 hours a day. Remove the dressing once a day for inspection and, if needed, wash the skin. The same dressing can then be reapplied to the same scar as this is a single patient multiple use product. Mepiform® can be used for up to 7 days or until the adherent properties of the dressing are no longer adequate.

• How old can a scar be for **Mepiform®** to be effective?

The scar should still be red or pink.

• What is the key to achieving a good result using **Mepiform®**?

Ongoing, constant treatment.

• Are there any precautions that should be taken?

Mepiform® can be used on closed, healed wounds. The skin must be dry when the dressing is applied. If creams are used, wait until the cream is absorbed, and then apply Mepiform®. See packaging insert for details.

• For how long should treatment be continued?

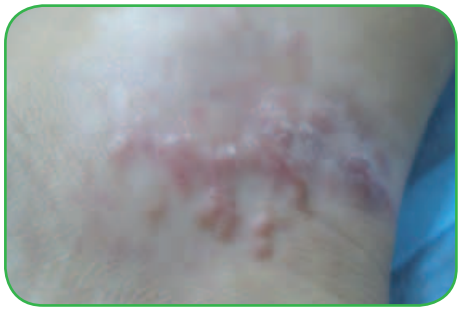
Mepiform® is clinically proven to flatten, soften and fade red and raised hypertrophic and keloid scars. As with other scar treatment products, it may take 2–4 months to see an improvement of the scar, depending on the condition of the scar tissue.

Case Study 1: Burn Scar

Emilio Serrato, Minor Surgery Unit, Cruz de Humilladero Health Center, Málaga, Spain

A 33-year-old woman with no previous disorders. She suffered a second-degree burn to the outer ankle bone of the left leg, from oil. This received moist treatment, and after infection the wound took around 8 weeks to heal.

One week after healing, a keloid appeared in the area of the burn, measuring roughly 2 cm x 2 mm x 2 mm, with stabbing pain and itching, as well as distress due to its unattractive appearance.



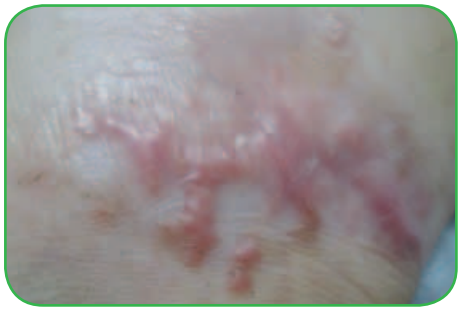
Beginning of treatment after healing, March 3, 2008

Development: *Graphite Homaccord* infiltration treatment was used on the wound every 3 days for two weeks. At the same time, steroid cream was administered twice a day for one week, as concomitant treatment to the infiltrations.

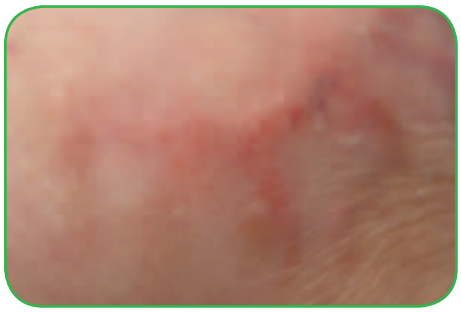
When the infiltrations ended, treatment was begun with Mepiform®, inspecting the area every 24 hours and reusing the same dressing until it lost its adhesion. The dressing was changed every 7 days on average, with a new dressing cut for the scar after this period of time.

The total duration of treatment was 8 weeks. Rosehip oil was then used until the scar healed completely.

There were no adverse reactions or skin irritation around the wound at any time.

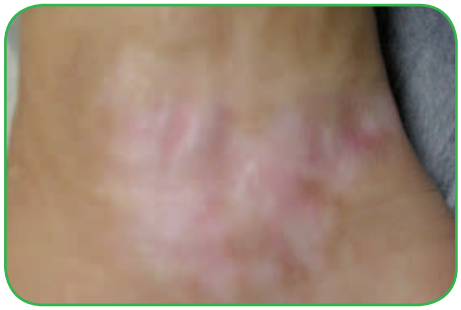


After 2 weeks' treatment with Mepiform®, March 28, 2008



Almost complete disappearance of hypertrophy, significant reduction of keloid. May 3, 2008

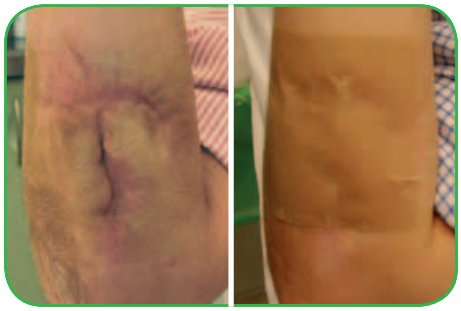
Comments: Despite the complexity of treatment for keloids, extraordinary results have been obtained. The patient reports that the **Mepiform®** treatment carried out was easy for her to use, as it is very thin and self-adherent and requires no additional fixation, which means that it did not disrupt her daily activities.



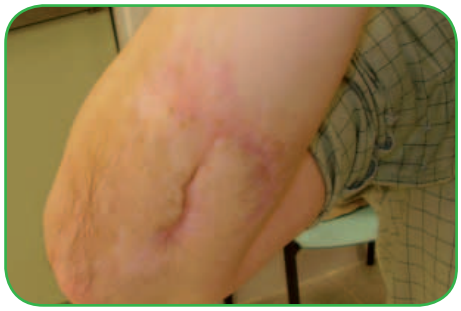
End of treatment, January 24, 2009

Case Study 2: Trauma Scar

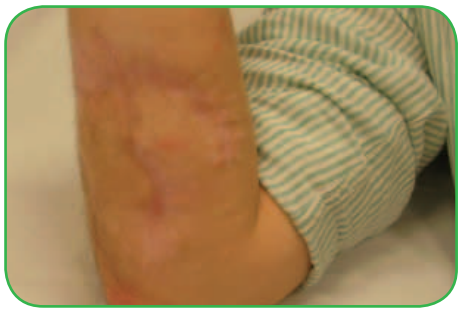
Berta Montaner Farrera, Hospital de Igualada, Barcelona, Spain



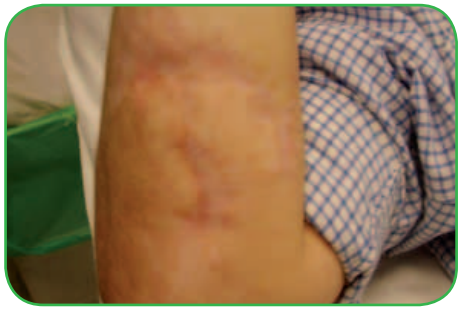
After 2 months of treatment, Mepiform® treatment is begun, December 2008



March 2009: after three 3 months' treatment, the scar is flatter, with significantly reduced pigmentation



June 2009: after 6 months' treatment the scar continues to fade



July 2009, after 7 months' treatment: the scar is now completely flat, with smooth edges. Pigmentation has almost disappeared.

53-year-old patient hit by an automobile. The emergency diagnosis was Traumatic Brain Injury. A brain CT showed no traumatic lesions, and recovery was relatively fast. Contusion to the shoulder and large lacerated contused wound to the right forearm.

Surgical cleansing was carried out in the E.R. More than 40 stitches were needed, and a Penrose drain was inserted. There was no vascular-nervous involvement. Once the patient's overall condition had stabilized, he was discharged and treated as an outpatient. We were presented with a traumatic contused wound to the right forearm, of substantial size and depth, which required various treatments over several weeks. As healing advanced, we were in no doubt as to the need to apply effective treatment to correct the rigidity, tautness, grooving, etc. of the scar.

Development: Development was favorable although, due to the nature of the wound, complete epithelialisation took two months from the time of the injury.

This was when treatment with a Mepiform® dressing was begun. The dressing was changed every 10–12 days, and the patient wore it 24 hours a day.

There was soon evidence of a reduction in thickness, smoothness to the touch, greater flexibility, and over time a reduction in the initial grooving and unevenness of the scar.

Comments: The patient has now undergone nearly eight months' **Mepiform®** treatment. The results are spectacular, both functionally and aesthetically. The patient is very grateful and pleased with the results. Dressings were discontinued in September 2009.

Case Study 3: Laceration Scar

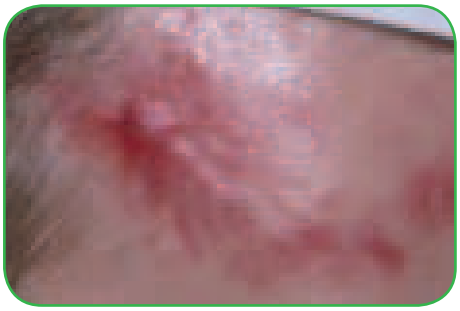
Frans Meuleneire, W.C.C. St. Elisabeth Zottegem, Belgium

A 24-year-old woman suffered a severe laceration to the forehead and right supraorbital area as a result of a motorcycle accident. After moist treatment using **Mepitel®** for 10 days to close the wound, there was a hypertrophic keloid scar, leaving the patient very anxious about its appearance.

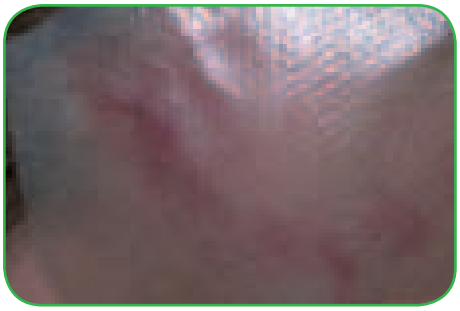
Mepiform® treatment was begun. During treatment, the patient did not report any pain when the dressing was removed, and treatment was discreet because the dressing was the same colour as her skin. Also, as it was waterproof, she was able to shower and lead a normal life. The dressing was changed every 10 days on average.

Development: After four months' treatment there was already a significant change in the texture and coloring of the scar.

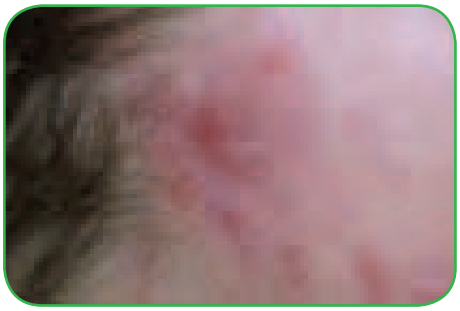
After seven months, the scar was flat, with only isolated areas of pigmentation. After 11 months, pigmentation had almost disappeared, and the patient was very pleased with the final appearance.



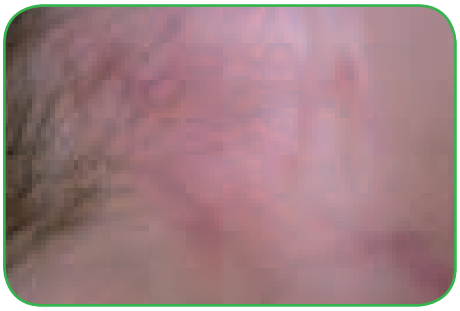
Beginning of Mepiform® treatment



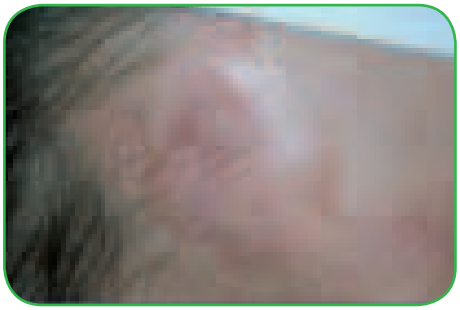
Mepiform® applied to the scar



After 4 months' treatment



After 7 months' treatment

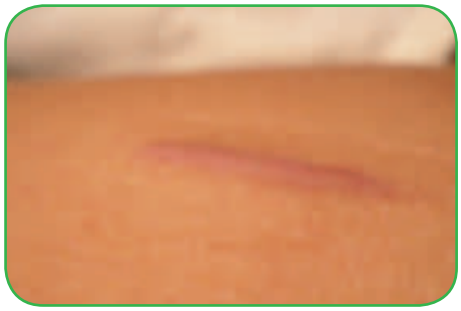


After 11 months' treatment

Comments: The patient reflects the benefit of the clear aesthetic improvement in her scar. She reports that the dressing was very easy and discreet to use, which made it easier for her to continue treatment without interfering with her daily activities.

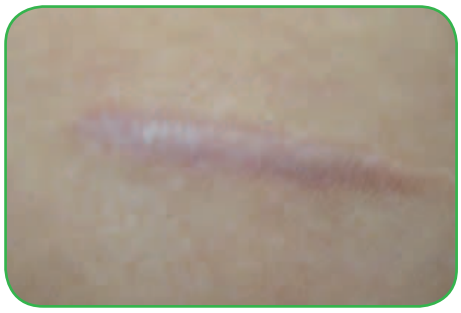
Case Study 4: Incision Scar

Emilio Serrato, Cruz de Humilladero Health Center, Minor Surgery Unit, Málaga, Spain

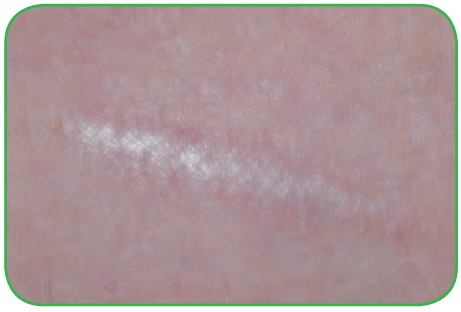


Beginning of Mepiform® treatment, September 17, 2007

2 months' treatment, November 27, 2007



After 5 months' treatment, February 14, 2008



End of treatment after 6 months, March 19, 2009

A 34-year-old woman with an incision wound to the leg, treated at her health centre using a *Sterip-strip*. Wound healing was complicated by infection, and full healing took around three weeks.

A keloid measuring 4 cm x 2 mm x 2 mm appeared after around 6 months, with no itching or stinging.

Development: Mepiform® treatment was begun in the year in which the keloid appeared, leaving a 0.5 mm overlap around the area treated. The dressing was removed every 24 hours and the same dressing was reapplied, each one lasting an average of 2 weeks. Treatment lasted for 6 months, and the patient then continued with rosehip oil.

The patient did not report any irritation or problems using the dressing. The treatment was very well tolerated.

Comments: It is important to treat keloids as soon as possible. In this case, one year after the keloid appeared, **Mepiform®** proved its effectiveness as monotherapy.

Case Study 5: Burn Scar

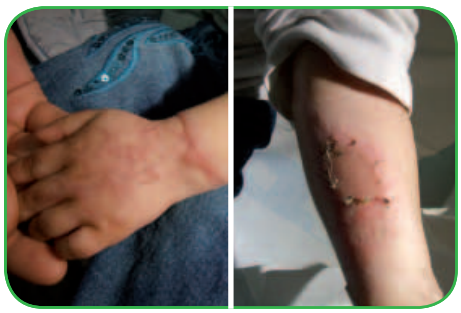
Belén Gómez Gil, Plastic Surgery Unit, Son Dureta University Hospital, Majorca, Spain

A 15-month-old patient scalded on December 15, 2006, causing first- and second-degree burns to the left upper limb. This resulted in a substantial scar on the hand, and a skin graft was required on the forearm, carried out on April 10, 2007.

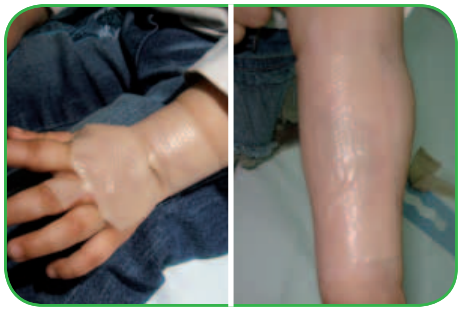
Development: Mepiform® treatment of the wound was begun on April 24, 2007. After the first fifteen days, both scars had improved considerably.

Finally, 2 months, 9 days later (11 weeks of treatment), the appearance of the scars had greatly improved. The hypertrophy and pigmentation of the scar on the hand had disappeared. On the forearm, the hypertrophy had disappeared and the scar had faded significantly.

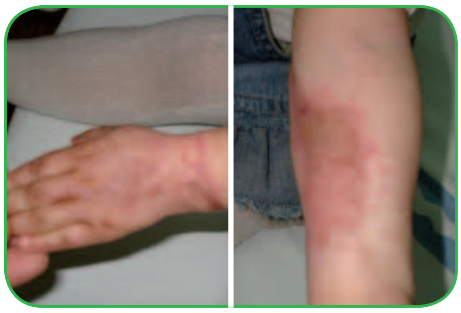
There was no pain at any time when dressings were removed. There were no allergic reactions, and the dressing was easy to apply and reuse.



April 2007: Beginning of treatment

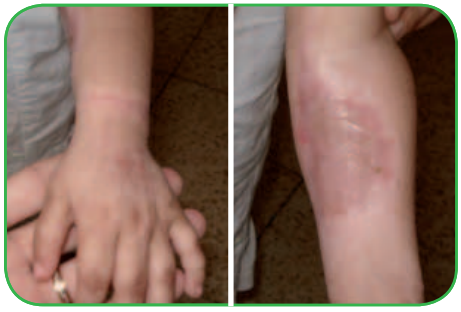


First application of Mepiform®



Both scars after 15 days' treatment

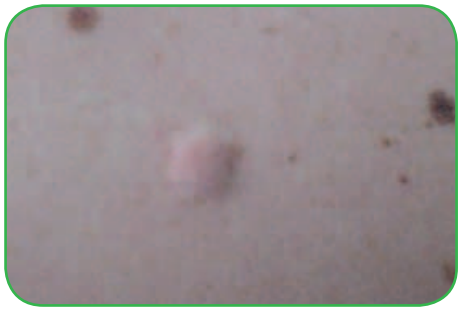
Comments: There is considerable difference in appearance after treatment. For paediatric patients, it is recommended that the dressing be covered with an elastic gauze dressing that does not apply any pressure, to avoid the wound being rubbed or the child removing the dressing.



End of treatment, after 2 months, 9 days (11 weeks)

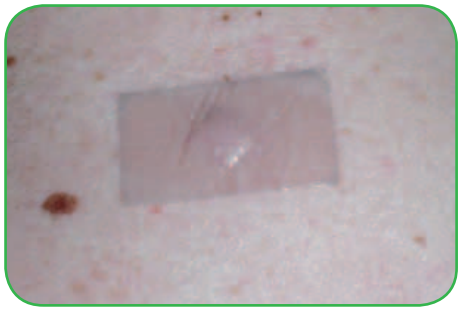
Case Study 6: Post-Nevus Surgery Scar

Emilio Serrato, Cruz de Humilladero Health Center, Minor Surgery Unit, Málaga, Spain



March 17, 2009

A 27-year-old woman who underwent surgery for a nevus on her left shoulder blade subsequently presented a hypertrophic scar measuring 1.2 cm x 1 cm x 2 mm. The scar caused stabbing pain, and was also painful when rubbed. One year after surgery, she consulted a doctor and was referred to the Minor Surgery Unit.

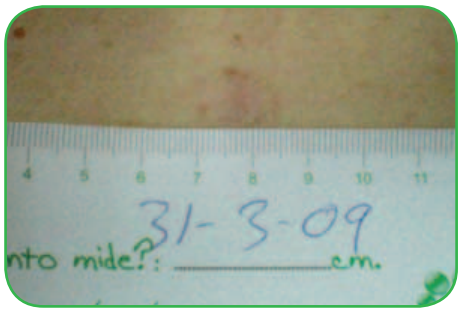


March 31, 2009

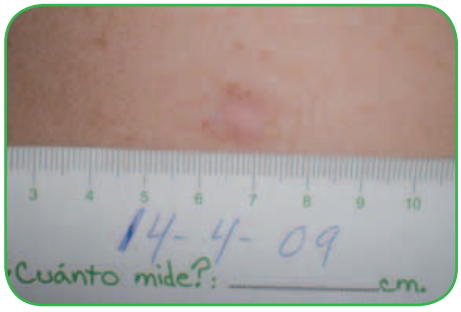
Development: Injectable *Graphite Homaccord* solution treatment was begun, infiltrated into the lesion. At the same time treatment with steroid cream was administered for one week.

The week following steroid treatment, Mepiform® treatment was begun. The patient reports that the scar was no longer painful when rubbed, and there was no more stabbing pain. There was significant reduction in hypertrophy until treatment was ended after 2 months.

Inspection of the area every 24 hours was prescribed, reusing the same dressing while it remained adhesive. The dressing was changed on average once a week, with no reddening or irritation caused by the dressing in the area around the lesion. The patient did not report any pain when the dressing was changed. The dressing required no additional fixation.



March 31, 2009



April 14, 2009

Comments: The patient was very pleased with the aesthetic result achieved, and the associated symptoms disappeared.

Case Study 7: Trauma Wound

Yolanda Guillén Beltrán, Virgen de la Victoria University Hospital, Málaga, Spain

A 37-year-old patient with a trauma wound to the left of the forehead, causing unevenness in the skin in this part of the forehead. Mass suturing was carried out, causing an atrophic scar after the stitches were removed. The area was indurated, with altered pigmentation and raised skin.

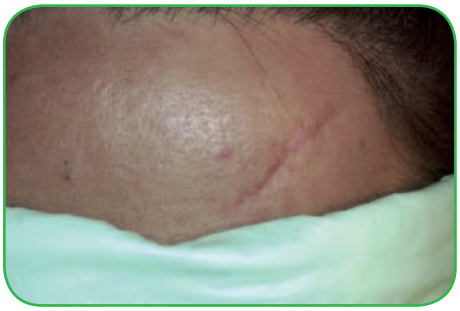
The patient displays a psychological complex due to an altered body image.

Treatment: Mepiform® silicone dressing treatment was begun after stitches were removed.

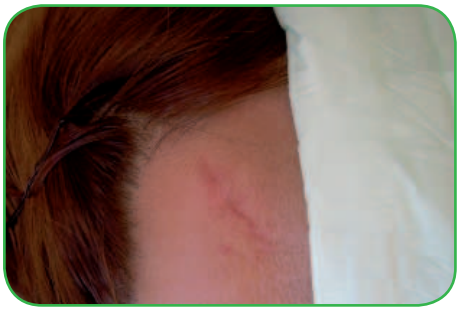
Treatment duration: 1 year.

Application: There were no problems on application, as this is simple for the patient and for the treating physician. The patient was taught to apply the dressing herself at any time, and to remove it when it lost its adhesion.

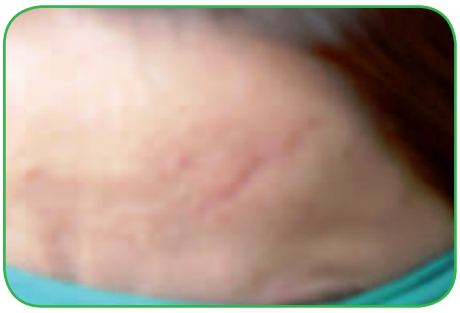
Contraindications: No adverse reactions to treatment were observed. There was no itching, irritation or rash in the area treated or the surrounding area.



November 2007, after 5 months' treatment

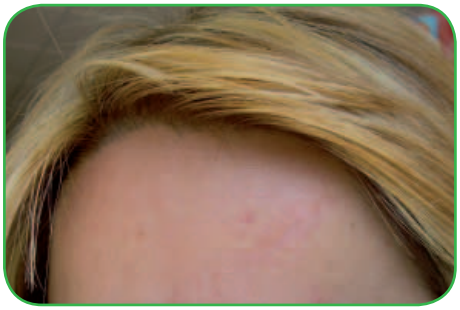


December 2007



January 2008

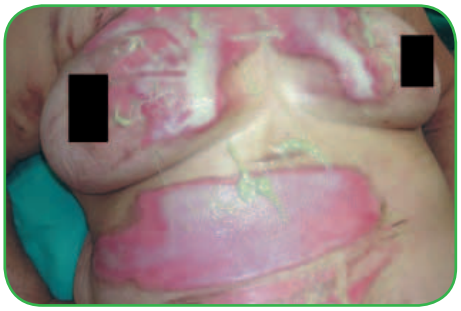
Comments: At the end of treatment, the scar is completely flat and the same color as the surrounding skin. The patient has lost her complex, as there are no longer any signs of atrophy or disfigurement in the area treated.

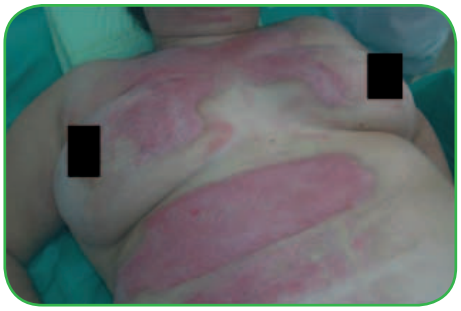


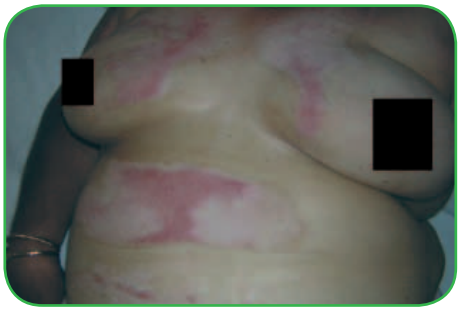
End of treatment, June 2008

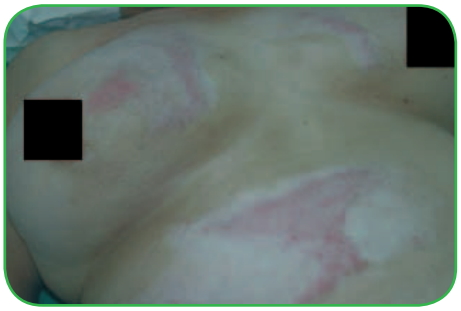
Case Study 8: Scalding Scar

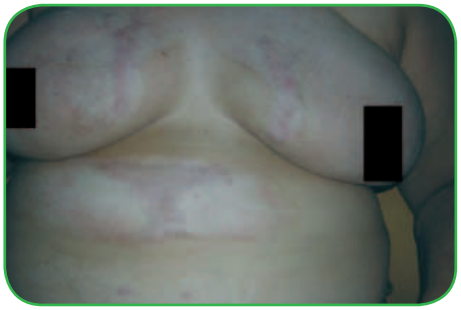
Manuel Gago Fornells, Puerto Chico Health Center, Cádiz, Spain
Fernando García González, Puerto Real Hospital, Cádiz, Spain


Before treatment


1 weeks


6 months


8 months


12 months

A 62-year-old woman scalded in a household accident. She had first-degree burns to the neck and face, superficial second-degree burns to the hands and abdomen and deep second-degree burns to the breasts and abdomen.

After treatment with **Mepitel®** and silver sulfadiazine, Mepiform® treatment was begun to reduce the resulting scar.

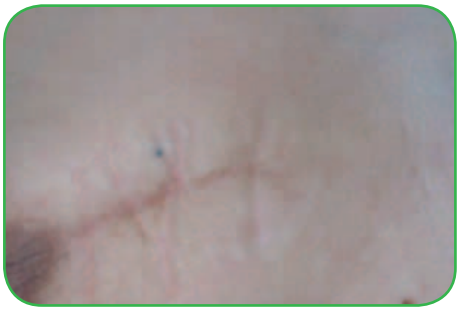
Development: After 6 months' treatment, positive development of the scar was observed. Treatment was continued up to 12 months, achieving a clear improvement in appearance which improved the patient's self-esteem.

Comments: Treating keloids and hypertrophies with **Mepiform®** improves patients' self-esteem by minimizing the undesirable appearance after wounds with this type of clinical manifestation heal.

Case Study 9: Post-Carcinoma Surgery Scar

Belén Gómez Gil, Plastic Surgery Unit, Son Dureta University Hospital, Majorca, Spain

A 38-year-old woman who underwent surgery in June 2006 for a breast carcinoma, after which she received several radiotherapy sessions. As a result of the surgery she presented a pigmented hypertrophic scar with various depressions created by stitches, resulting in psychological distress due to the adversely affected appearance of the area.

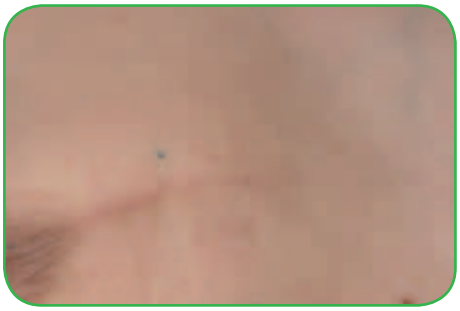


April 23, 2007

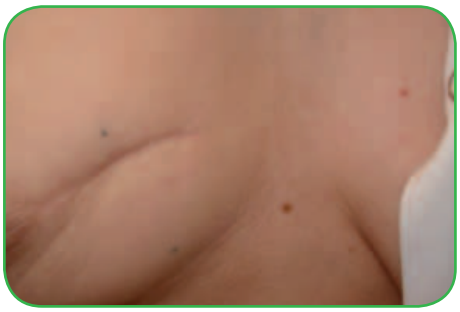
Development: 8 months after surgery, Mepiform® treatment was begun.

The patient did not report any pain when the dressing was removed. She reported ease of use and reuse of the dressing.

After 4 months of treatment, the area treated was much more discreet in appearance. The scar had flattened and was much less noticeable than before treatment. The patient was very pleased with the aestetic result of treatment.



15 days later, May 7, 2007

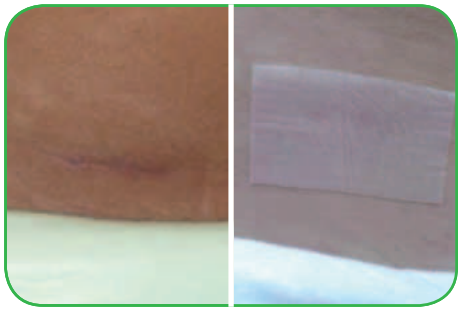


After 4 months' treatment, July 3, 2007

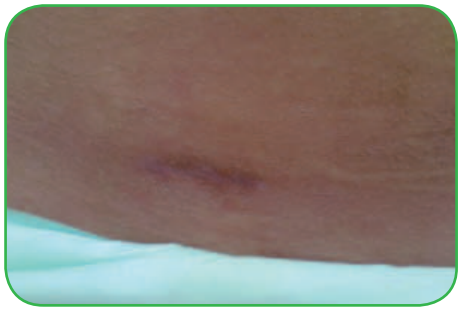
Comments: Mepiform® treatment improved the patient's appearance and psychological wellbeing by reducing the aesthetic effects of this type of breast pathology.

Case Study 10: Post-Carcinoma Surgery Scar

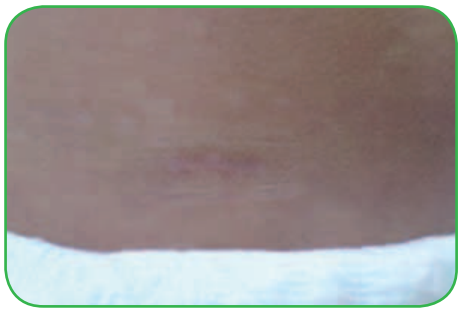
Yolanda Guillén Beltrán, Virgen de la Victoria University Hospital, Málaga, Spain



Beginning of Mepiform® treatment, January 2009



March 2009



April 2009

End of treatment, June 2009

A 19-year-old patient who had undergone emergency surgery for appendicitis with continuous reabsorbable stitching. Good clinical development of patient, no complications after surgery.

Once the stitches had been reabsorbed, the patient presented a keloid scar at the site of surgery, with significant pigmentation. The site also showed slight hypertrophy.

Development: Mepiform® treatment was begun in January 2009 due to altered body image, which affects the patient as a reduction in her own physical perception of herself.

Throughout treatment application was convenient and simple, and easy for the patient herself and the researcher to handle. The patient stated that she found it very easy to carry out the treatment. She said she was very pleased with the aesthetic results achieved. There were no complications in the form of pain or discomfort at any time, either with the dressing in place or when it was removed. There was no alteration in the area around the scar, and no allergic reaction to the treatment.

After six months of treatment the keloid had completely flattened and the pigmentation of the whole sutured area had decreased. The skin in the area was the same color as the surrounding skin.

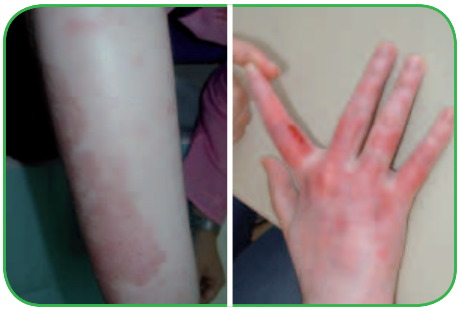
Comments: The patient said that she found it very easy to carry out the treatment, not only because the dressing was so comfortable and discreet but also because it did not cause her any discomfort.

Case Study 11: Burn Scar

Elodia Dumont Lupiañez and José Maria Carrasco Herrero,
Ronda-Sur Health Center, Málaga, Spain

A 33-year-old patient diagnosed with HBP who in March 2005 suffered a household accident when a butane cylinder exploded, leaving the patient with burns to the right hand and arm. She was transferred to the Burns Unit of the Carlos Haya Hospital in Málaga. where after the lesion was assessed and treated she was referred to her health centre to continue treatment of the affected hand, and later on to consider the possibility of a skin graft on her index finger.

She was cared for at the nursing station of her health centre for the lesions on her index, middle, ring and little fingers, the back of her hand and her right arm.



Before treatment

Development: After various months of treatment, due to the positive development of her injuries, the Burns Unit decided not to carry out a skin graft, and the patient continued treatment in the Primary Care Unit until the burn had healed. After the injuries had epithelialised, a large keloid remained on the arm, the back of the hand and the fingers. We began treating this with Mepiform® from June 27, 2005 to December 15, 2005.

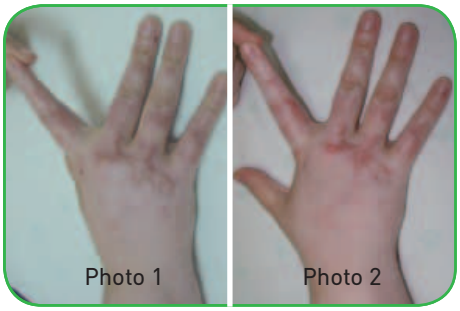


Photo 1: 2 months' treatment
Photo 2: 4 months' treatment

During treatment, the patient reported good tolerance of Mepiform®. Dressing changes were painless, with no irritation of the scar or the skin around it. It was also convenient to use, even though the area treated was in constant movement. The patient was very pleased with the resulting appearance.

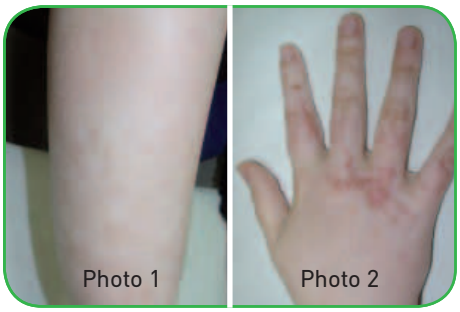
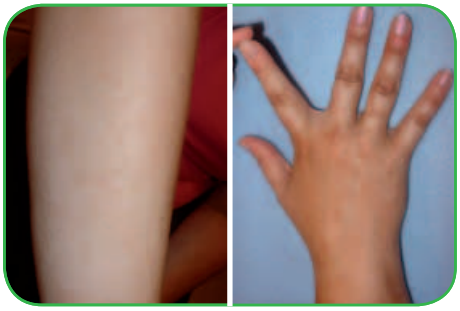


Photo 1: months
Photo 2: months.

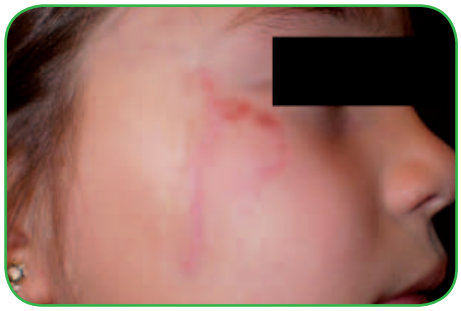
Comments: The ease of use of **Mepiform®** means that treatment does not affect the patient's quality of life during treatment. This has a positive effect on completion and non-abandonment of treatment by the patient. Nursing staff describe the result of treatment as excellent.



After 4 years, no sign of keloid pigmentation or hypertrophy remains.

Case Study 12: Cheekbone Laceration Scar

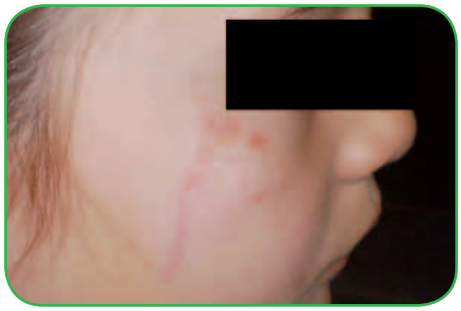
Inmaculada Carrera Illera and Antonia Odena Oliva,
Brain Damage Unit, Dr. Moliner Hospital, Valencia, Spain



After 2 months' treatment, March 2009

A 6-year-old outpatient of the hospital who suffered a household accident in November 2008 when she hit the windows of her house with her knee, breaking them. Glass from the top part of the windows fell onto her face, cutting the area around her right cheekbone and leaving a wound with a skin flap in the shape of a figure 7.

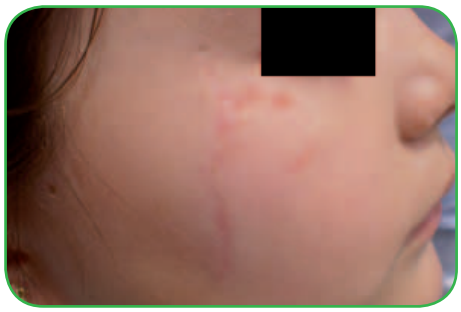
She was treated at the E.R. of La Fe Hospital, Valencia, where she was given intradermal suturing via plastic surgery.



After 4 months, in May 2009, hypertrophy has disappeared and pigmentation has faded substantially.

Development: Mepiform® treatment was begun in January 2009 and ended in June. Throughout treatment, sun protection was applied before the dressing to protect the scar, due to the high level of solar radiation in the area where the patient lives.

The Mepiform® laminate was changed every four days, as the patient attends swimming lessons.



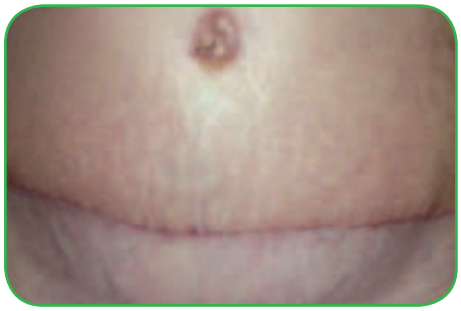
End of Mepiform® treatment in June: the keloid is now much paler.

Comments: In the opinion of the assessing physician the scar has improved substantially due to the reduction in scar pigmentation and absence of hypertrophy.

Case Study 13: Liposuction and Abdominoplasty Scar

Ana María Bastias Sarmiento, Esporlas Health Center, Majorca, Spain

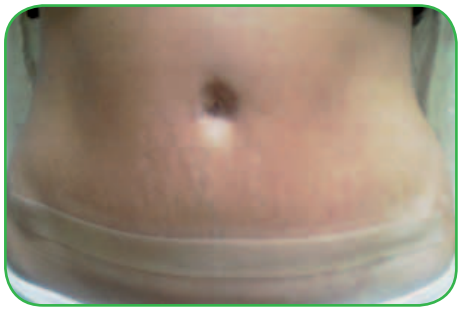
A 32-year-old woman who had suffered eventration at an abdominal scar after liposuction and abdominoplasty with intradermal stitches on February 4, 2009. A very dark keloid developed, with irregular, somewhat hypertrophic edges of the resulting scar.



Before Mepiform® treatment, March 2009

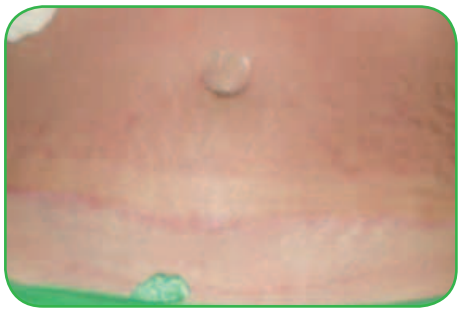
Development: Mepiform® treatment was begun on March 20, 2009. Due to the excellent results being achieved, treatment was continued in July 2009 until the end of September.

The patient reported that the product is very easy to use, and did not experience any pain when the dressing was changed or reaction in the scar or surrounding skin. She is very pleased with the appearance achieved, as the keloid is now paler.



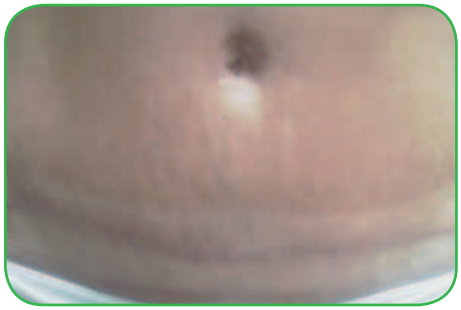
The patient with the dressing in place on the scar. Each dressing was used for an average of 10 days.

The evaluating nurse reports that the Mepiform® treatment was very effective, as the patient was anxious about the aesthetic results of surgery. After it was explained how treatment should be carried out, she described this as very easy for the patient. Examinations of the scar have not revealed any alterations to it or to the surrounding skin. The patient did not report any pain when the dressing was changed, which was done every 10 days.



After 2 months of treatment the edges have flattened and the keloid has faded substantially.

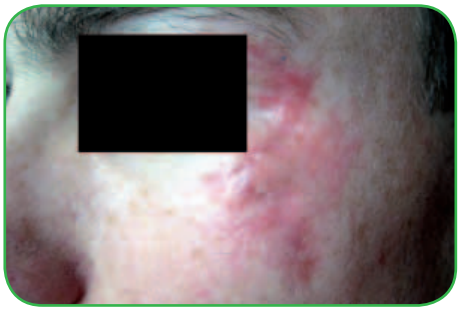
Comments: The fact that the keloid has faded means that the scar is less obvious, losing its unattractive appearance. This has increased the patient's self-esteem.



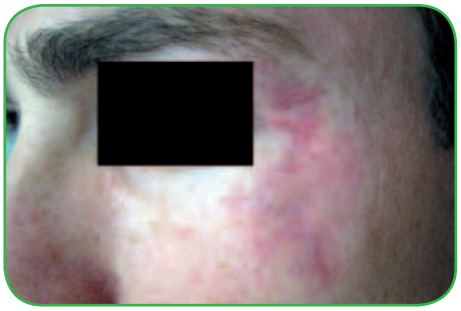
After 4 months' treatment

Case Study 14: Burn Scar

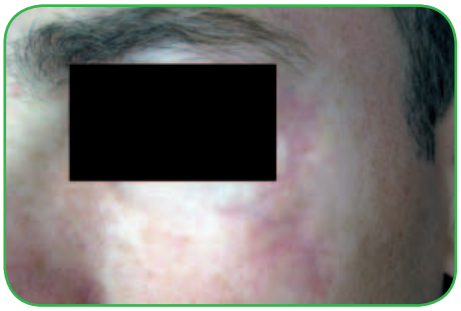
Lourdes Ruiz España, El Palo Health Center, Málaga, Spain



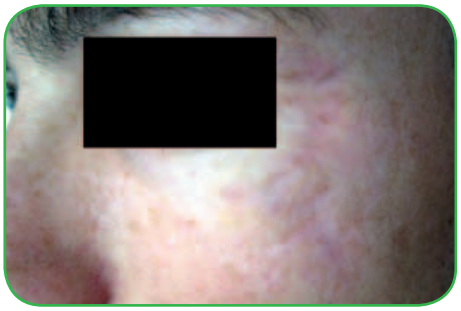
Before treatment



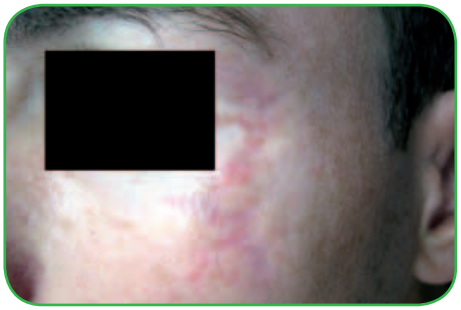
Week 5



Week 10



Week 15



Week 21

A 28-year-old male patient with a left periorbital post-traumatic scar after falling off his bicycle on March 19, 2003.

After the wound had healed, there was a hypertrophic keloid scar with considerable erythema around the lesion and uneven areas within and around the scar.

Mepiform® treatment was begun in May, with an average of 5 days' use for each dressing. Although this is an area of the anatomy which is difficult to cover with a dressing, the patient does not report any discomfort during treatment, and he found the dressings easy to apply. As it is a thin, flexible laminate, he did not report any discomfort during his daily activities due to the dressing.

Development: After 5 months (22 weeks) of treatment, there is a clear aesthetic improvement. The scar is now uniform, with no hypertrophy remaining and significantly reduced reddening of the keloid.

The patient reports that he is very pleased with the treatment, because the appearance of the scar has improved significantly.

Comments: Mepiform® treatment was very simple and convenient to use for the patient, because the dressing is self-adhesive and so no additional fixation is needed. The colour of the dressing, which is similar to that of skin, made it more discreet, and it did not interfere with the patient's daily activities.

Case Study 15: Scalding Scar

Miguel Javier Martínez Varón and José Carrión Sánchez, Caniles Practice, Granada, Spain

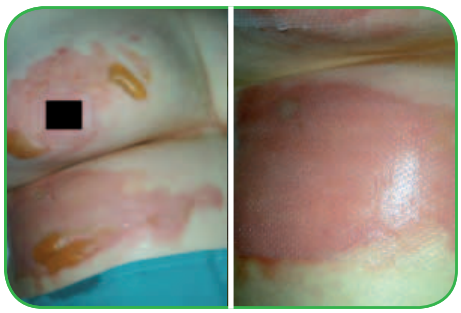
A 57-year-old woman with second-degree burns due to scalding on July 5, 2008. She was treated in the E.R. with antitetanus prophylaxis, analgesic and antibiotic treatment, phlyctenae were evacuated and she was given topical Furacin-type gas treatment.

This treatment was abandoned at her primary care centre. Sterile phlyctena debridement was prescribed, with **Mepitel®** as primary dressing. After 2 days the lesion was reassessed after wound cleaning, and shows a clean wound bed with slight exudate. The dressing was replaced with **Mepilex®** Lite to handle the exudate and avoid the patient's clothing rubbing against the wound.

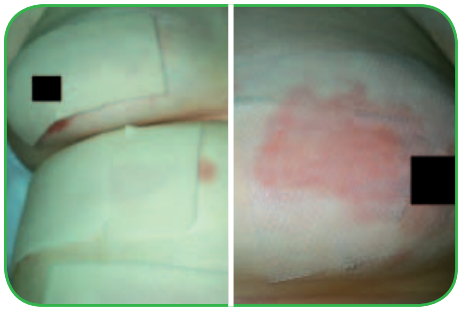
Development: The patient presented large areas of pigmentation. It was decided to begin treating the various burnt areas with Mepiform®.

After one and a half months of Mepiform® treatment, there was a major reduction in the reddening of the wounds. The patient did not report any discomfort when the dressing was changed, or any skin problems in the areas treated with the product.

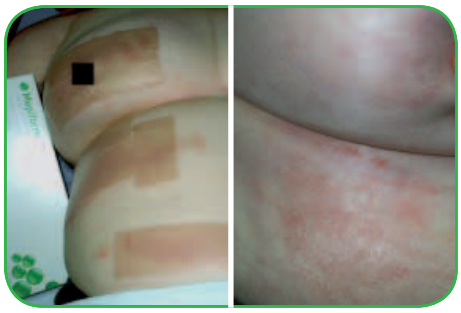
In the opinion of the nursing staff who assessed the treatment, prompt Mepiform® treatment significantly reduces the pigmentation of burns, resulting in increased self-esteem and quality of life for patients.



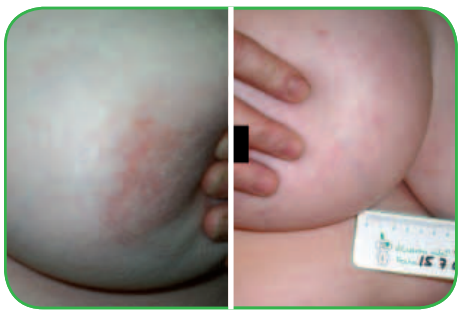
Beginning of case, Mepitel® prescribed as primary dressing



After two days, the dressing is replaced with Mepilex® to handle the exudate. After 7 days the burn is almost fully epithelialised.



Beginning of Mepiform® treatment. One and a half months later, pigmentation has decreased considerably.

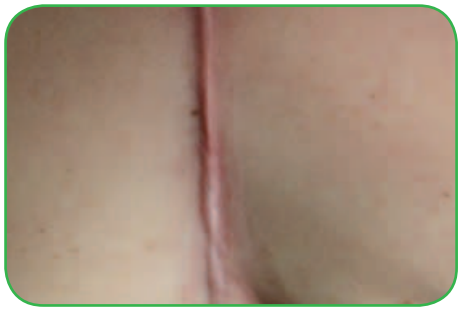


One year after injury there are no after-effects. The pigmentation of the damaged skin has disappeared completely.

Comments: Early use of **Mepiform®** dressings yields positive aesthetic results for the pigmentation typical of this type of injury.

Case Study 16: Scar Following Cardiopathy Surgery

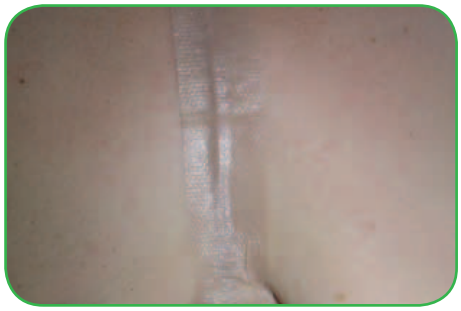
Belén Gómez Gil, Plastic Surgery Unit, Son Dureta University Hospital, Majorca, Spain



Beginning of Mepiform® treatment, April 23, 2007

A 56-year-old woman who had undergone thoracic surgery for cardiopathy. The operation was carried out in July 2006.

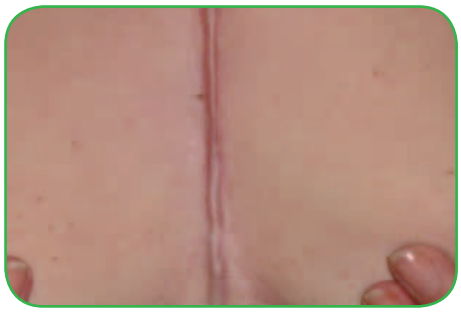
After surgery a large keloid was observed, accompanied by hypertrophy. This was very traumatic for the patient, due to its unattractive appearance. Eight and a half months later, after recovery from surgery, Mepiform® treatment was begun.



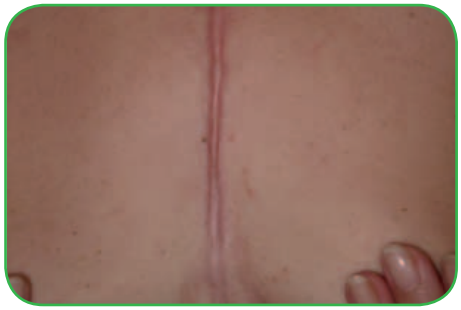
Mepiform® applied to the affected area

Development: The patient was shown how to apply Mepiform® to the affected area so that she can continue treatment herself. At 15 days there is already a reduction in the hypertrophy of the scar.

After 3 months of treatment, the hypertrophy had decreased considerably, as had the pigmentation of the keloid, particularly at the centre of the scar.



After 15 days' treatment, May 7, 2007



After 3 months' treatment

Comments: Mepiform® treatment of the scar improved the patient's appearance and psychological wellbeing.