Key steps for DFU treatment

1. Cleanse and debride

Select a gentle skin cleanser with a pH close to that of the skin. Debride the wound if required. Remove slough and devitalized tissue including dry skin. Follow your local policy.

Granudacyn®

Mepi™ Debripad

2. Oxygenate

Healing is strongly dependent on adequate blood flow and oxygenation. If the wound is not healing in 4 weeks, consider topical oxygen therapy for non-healing hypoxic wounds.

Granulox®

3. Dress the wound

Choose a highly comformable dressing with a silicon interface to protect the wound and the surrounding skin, while effectively managing exudate.

Dressing selection factors:

I. Infection

II. Exudate level

III. Wound depth

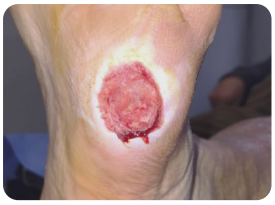
- Superficial
- Cavity

[a] Follow guidelines for wound infection protocols[4]. Topical antimicrobial agents, e.g. in cleansers or dressings, may be used in combination with systemic antibiotics depending on the severity of infection. Active spreading infection must be referred as a matter of urgency to a multidisciplinary team or a medical practitioner.

[b] Available also in oval and heel sizes.

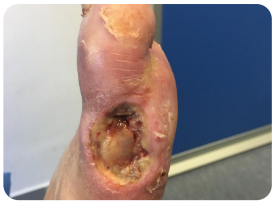
Need of antimicrobial?[a]

No



High	Low
Mepilex® Border Flex[b] or Mepilex® Up	Mepilex® Border Flex Lite or Mepilex® Lite
Combine with Exufiber®: Mepilex® Border Flex[b] or Mepilex® Up	

Yes



High	Low
Mepilex® Border Ag[c]	Mepilex® Ag [b]
Combine with Exufiber® Ag+: Mepilex® Border Flex[b] or Mepilex® Up	

4. Offloading

Offloading is essential in DFU treatment.
Encourage patients to use pressure-relieving footwear as appropriate.

Engage with your patient

Encourage patients to stay active and mobile, and offer advice on nutrition and healthy life style.

Safetac® technology. Less damage. Less pain.
Dressings with Safetac® technology are clinically demonstrated to minimise damage to the wound and skin at removal[1-8]. Pain at dressing change is minimised[1-6,9].

*https://www.magonlinelibrary.com/doi/full/10.12968/jowc.2023.32.5.264

1. 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. **2.** 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. **3.** Gee Kee E.L. et al. Randomized controlled trial of three burns dressings for partial thickness burns in children. Burns, 2014. **4.** 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. **5.** 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 **6.** Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopedic Surgery. Deutsche Arzteblatt International, 2018. **7.** 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. **8.**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. **9.** 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.

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