

Technology matters clinically



Absorbs and locks in exudate, even under compression, to reduce risk of leaks and maceration^{3,4,9}



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



Promotes autolytic debridement to support a clean wound bed upon dressing removal⁴



Stays intact for clean and easy one-piece removal^{3,4,8,9}



With Hydrolock® technology

Unlike traditional gelling fibres, Exufiber® and Exufiber® Ag+ are non-woven polyvinyl alcohol fibre dressings. On contact with exudate they transform 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}

Ag+

Broad range antimicrobial effect

Exufiber® Ag+ contains fine silver sulphate crystals. These dissolve on contact with exudate, releasing silver ions, which are proven to kill a broad range of pathogens.^{12,13,14} The antimicrobial effect is rapid (from 3 hours, *in vitro*) and has a sustained effect (up to 7 days, *in vitro*).^{12,13,14} Exufiber® Ag+ prevents biofilm reformation** as part of a biofilm management approach.^{5,6}

* For Exufiber Ag+, when exposed to a flow rate of 0.6ml/h at 40 mmHg pressure for up to 7 days.¹⁷

** As part of a holistic biofilm management approach as per international guidelines (i.e. cleansing, debridement & reassessment).⁷

A cost effective approach

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

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

ONLY **14%**

Of wound care costs are spent on dressings¹⁵

Ordering Information

Order number	Size (cm)	Pcs/ret	Pcs/TRP
603421	5 x 5	10	40
603425	10 x 10	10	60
603423	15 x 15	10	60
603422	10x 12	10	40
603424	20 x 30	5	40
603420	2 x 45	5	40

Find out more at www.molnlycke.ae

References. 1. Molnlycke Health Care. Data on file. (2018). 2. Molnlycke Health Care. Data on file. (2020). 3. Chadwick P, McCordle 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., Suys, E., Henrickx, 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, 2015, Ghent, Belgium. 5. Gil et al. 2017. Evaluation of a Gelling Fiber Dressing with Silver to Eliminate MRSA Biofilm Infections and Enhance the Healing. Poster presented at the Symposium on Advanced Wound Care Spring meeting/Wound Healing Society (WHS) Annual Meeting 2017, Apr 05 - 09, 2017, San Diego, CA, USA. 6. Davis, S. C., Li, J., Gil, J., Head, C., Valdes, J., Ginos, G. D., Solis, M., Higa, A. and Pastar, I. (2019). Preclinical evaluation of a novel silver gelling fibre dressing on *Pseudomonas aeruginosa* in a porcine wound infection model. *Wound Rep Reg*, 27: 360-365. 7. Bjarnsholt T, Eberlein T, Malone M, Schultz G. Management of wound biofilm Made Easy. London: Wounds International 2017. 8. Surgical Materials Testing Laboratory. BS EN 13726-1:2002: Test methods for primary wound dressings. Molnlycke Health Care. Data on file. (2014). 9. Davies, P., McCarly, S., An in-use product evaluation of a gelling fibre dressing in wound management. E-poster presentation at Wounds UK Conference, 2017, Harrogate, United Kingdom. 10. Molnlycke Health Care. Data on file. (2014). 11. McGrath A (2011) Overcoming the challenge of overgranulation. *Wounds UK* 7(1): 42-9. 12. Molnlycke Health Care. CE. Performance of Exufiber Ag+ *in vitro*. Antimicrobial effect, silver release kinetics and minimal effective concentration. (Data on file, 2016). 13. Hamberg K, Gerner E and Falkbrink S, Molnlycke Health Care, Gothenburg, Sweden. "Antimicrobial effect of a new silver-containing gelling fibre dressing against common wound pathogens". Poster presented at the Symposium on Advanced Wound Care Spring meeting/Wound Healing Society (WHS) Annual Meeting 2017, Apr 05 - 09, 2017, San Diego, CA, USA. 14. Hamberg K, Gerner E and Falkbrink S, Molnlycke Health Care, Gothenburg, Sweden. "In vitro evaluation of the antimicrobial effect of silver-containing fibre dressings". Poster presented at the Symposium on Advanced Wound Care Spring meeting/Wound Healing Society (WHS) Annual Meeting 2017, Apr 05 - 09, 2017, San Diego, CA, USA. 15. 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* vol 26, no 6 June 2017. 16. Molnlycke Health Care AB. Data on file. (2020). 17. Molnlycke Health Care. Exufiber Ag+ Physical properties over time. Molnlycke Health Care. Data on file. (2019).

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Mepilex® Border Flex is the recommended secondary dressing for Exufiber® and Exufiber® Ag+. It combines innovative Flex Technology with our proven Safetac® Technology to create a secondary dressing that stays on and uniquely conforms.

Transfers efficiently Removes cleanly



Exufiber® Ag+

Optimising the space where healing happens



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 environment, without excess exudate. A clean wound bed, undisturbed by slough, residue or debris. And preventing biofilm reformation, which can be a barrier to healing.

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

The Exufiber® range offers a fresh take on the challenges of highly exuding and cavity wounds. The next generation of gelling fibres aim to optimise the space where healing happens by efficiently* transferring exudate^{1,2} and supporting a clean wound bed³. And Exufiber® Ag+ prevents biofilm**^{5,6} reformation.

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

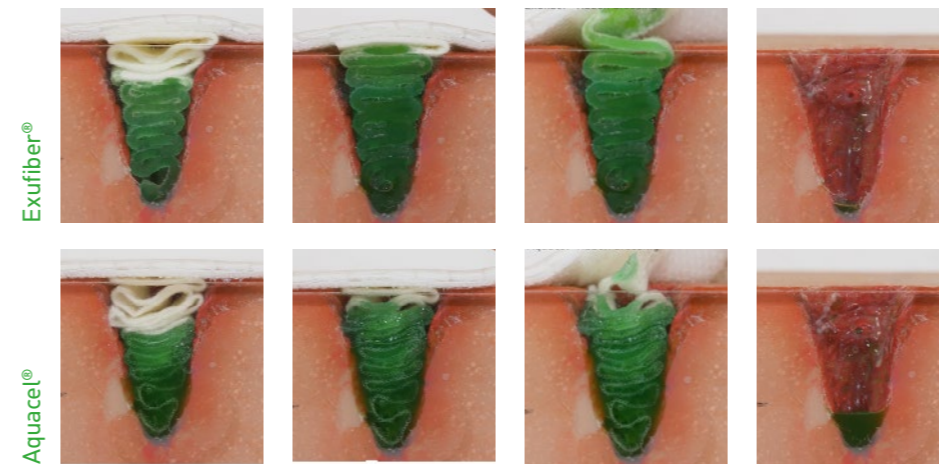
- Exudate pooling
- Slough
- Dressing residue
- Biofilm reformation*

* For Exufiber® Ag+, when exposed to a flow rate of 0.6ml/h at 40 mmHg pressure for up to 7 days.¹⁷
 ** Exufiber® Ag+ may be used as part of a biofilm management approach as per international guidelines⁷ (i.e.) cleansing, debridement & reassessment).



MODE OF ACTION

Proven Transfer Ability



Watch the full video at M6lnlycke.com

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. An additional 5 ml 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 healing.^{8,10}



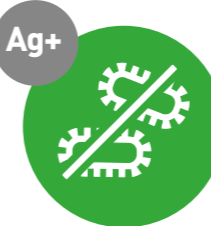
Supports a clean wound bed

Residues and debris left in the wound can trigger a foreign body response, and disturb healing.¹¹ Exufiber® dressings help break down slough through autolytic debridement.⁴ They can also be relied upon to stay intact both during use and at removal.^{3,4,9}



Prevents biofilm reformation

Biofilms are present in almost all chronic, non-healing wounds and their presence may prevent healing.⁷ Exufiber® Ag+ is shown to reduce biofilm bacteria and prevent reformation *in vivo*.^{***5,6}



EXUFIBER® AND EXUFIBER® AG+ HELP TO CREATE AN OPTIMAL HEALING ENVIRONMENT

LOCKS IN UP TO **23%**

More**** of the exudate absorbed than Aquacel® Extra™⁸

98%

Of clinicians rated Exufiber® as 'easy' or 'very easy' to remove in one piece⁹

98%

Of clinicians reported patient comfort as 'good' or 'very good' for Exufiber®⁹

* For Exufiber® Ag+, when exposed to a flow rate of 0.6ml/h at 40 mmHg pressure for up to 7 days.¹⁷
 ** Exufiber® and Exufiber® Ag+ can be left in place for up to seven days, depending on wound condition and clinical practice. In addition Exufiber® can be left in place for up to 14 days for donor sites.
 *** As part of a holistic biofilm management approach as per international guidelines (i.e. cleansing, debridement & reassessment)⁷
 **** 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 trial¹⁶ of 248 venous leg ulcer patients found that Exufiber® outperformed Aquacel® Extra™ across multiple measures:

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

PATIENT CASE STUDY

Manages wound and wound bed

An elderly patient presented with a large, heavily exuding wound on her heel and calcaneous, with approximately 50% sloughy tissue. Initially Exufiber® Ag+ was used as primary dressing to help manage the bioburden and high exudate levels. After two weeks, treatment continued with Exufiber® to manage exudate levels while assisting autolytic debridement. Following 8 weeks of therapy the wound had a 50% area reduction, was moving in positive trajectory and had no clinical signs of infection.



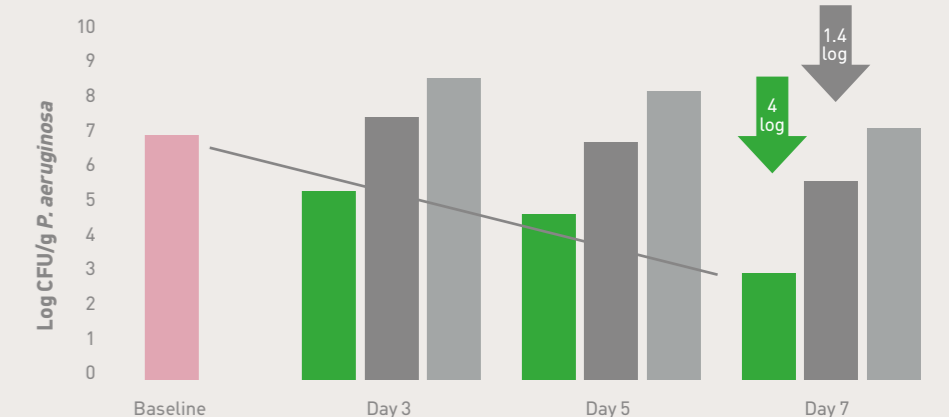
Photographs and case notes kindly supplied by Dr. Paulo Alves, Catholic University of Portugal, Porto, Portugal

Exufiber® Ag+ is superior in reducing biofilm* bacteria *in vivo*⁶

Ag+

Ag+

Bacterial counts of *Pseudomonas aeruginosa* biofilm after treatment



Exufiber® Ag+ performs better than Aquacel® Ag+ Extra™ in reducing biofilm bacteria *in vivo*.

* as part of a holistic biofilm management approach as per international guidelines (ie cleansing, debridement & reassessment)⁷