The difference **you can see.**

The Exufiber® Effect

The difference **they can feel.**

Exufiber® and Exufiber Ag+

Next generation gelling fibre

Mölnlycke®

The challenges of chronic wounds

Highly exuding wounds are challenging to treat. You may see exudate pooling, sloughy tissue and delayed healing due to the presence of biofilm. Open chronic wounds are at an increased risk of infection and can put additional demands on nurses' time and total healthcare costs.

Your patient's wellbeing will also be affected. Their wound may be painful and they may feel embarrassment and anxiety from leakage.

It is not the environment you want to see for optimum wound healing, nor what your patient will want to feel.

It is time for change

That is why we are looking at gelling fibres differently. Providing a wound healing solution that you want to see and that patients can feel.

A positive, shared experience for you and for them.

A gelling fibre which:

- Transfers exudate efficiently*[1,2]
- Supports a clean wound bed[3]
- Removes easily in one-piece[3-5]
- Prevents biofilm reformation[6,7]

Backed by clinical evidence

A recent Randomised Controlled Trial[9] of 248 venous leg ulcer patients found that **Exufiber® outperformed Aquacel® Extra™** across multiple measures:

- A positive trend for a better wound size reduction
- Clinician satisfaction for 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

*For Exufiber® Ag+ when exposed to a flow rate of 0.6ml/h at 40mmHg pressure for up to seven days[8].

The Exufiber® Effect

See one-piece removal. Patients feel relieved.

Traditional gelling fibres can leave debris and residue in the wound. This can trigger a foreign body response and disturb healing[14], leading to patient discomfort, infection and trauma.

Exufiber® stays intact during use[4] and removes cleanly and easily in one piece[3,5], so that you can see a wound bed without dressing residue or debris.

Your patients feel relief that dressing changes may be quicker and less stressful.

See the transfer of exudate. Patients feel comfort.

When gelling fibres do not work in the way you would like, it impacts your patients. Leakage can mean periwound maceration and potentially, social embarrassment.

Exufiber dressings efficiently* transfer exudate from the wound bed[1,2] to the secondary dressing. They can be left in place for up to seven days**, allowing undisturbed healing[11,12].

You will see less pooling[3,5] and a more optimal environment for healing.

Meaning your patients may feel more comfortable and confident.

See a cleaner wound bed. Patients feel less anxious.

Highly exuding wounds can often be sloughy, delaying healing and requiring mechanical debridement, which may cause patients additional distress. Exufiber promotes autolytic debridement, helping to break down slough[5] and reducing the need for further intervention.

You will see a wound bed ready for healing and your patients may feel less pain and anxiety at a dressing change.

See wound progression. Patients feel reassured.

With biofilm present in almost all chronic, non-healing wounds[11], it is important you have solutions to address this challenge.

Exufiber® Ag+ is proven to reduce biofilm bacteria and prevent reformation *in vivo****[6,7].

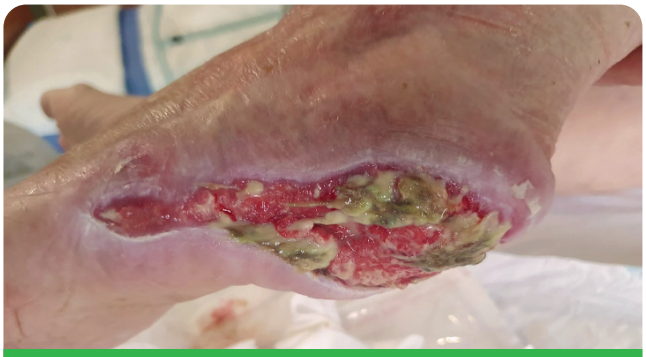
This means you can see a wound heading in the right direction.

Your patients feel reassured their wound is being supported to heal.

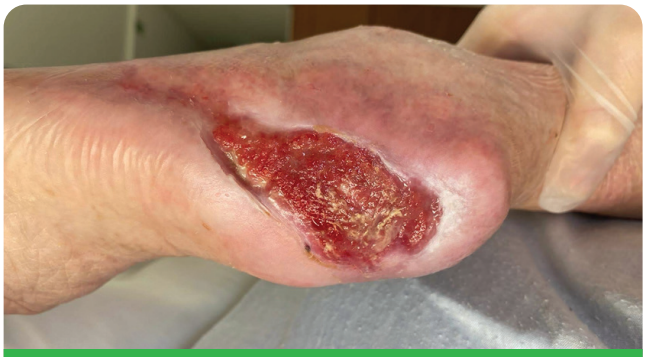
*For Exufiber Ag+ when exposed to a flow rate of 0.6ml/h at 40mmHg pressure for up to seven days[8].
**Exufiber and Exufiber Ag+ can be left in place for up to seven days depending on the condition of the wound and the local clinical practice. In addition, Exufiber can be left in place for up to 14 days on donor sites.
***As part of a holistic biofilm management approach as per international guidelines (i.e. cleansing, debridement and reassessment)[13].

The Exufiber® Effect
Patient case study

An elderly patient presented with a large, heavily exuding wound on her heel and calcaneus, with approximately 50% sloughy tissue. Initially, Exufiber® Ag+ was used as the 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 eight weeks of therapy, the wound had a 50% area reduction, was moving in a positive trajectory and had no clinical signs of infection.

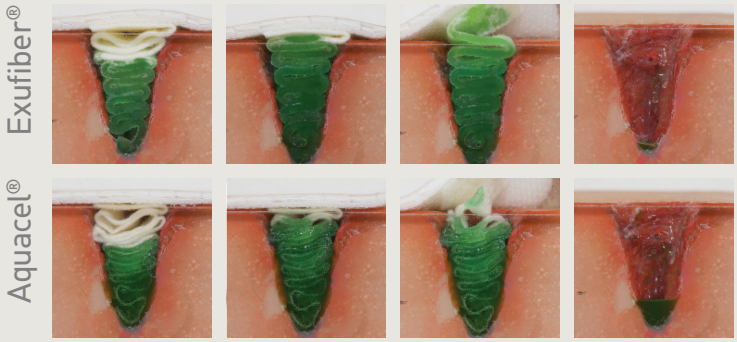


Baseline



After 8 weeks

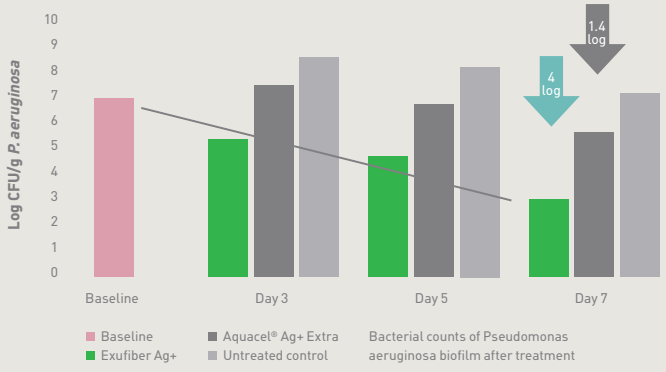
Photographs and case notes kindly supplied by
Dr. Paulo Alves, Catholic University of Portugal, Porto, Portugal



Proven transfer ability

Using a cavity model to simulate fluid transfer capability, Exufiber demonstrated better fluid transfer capability than Aquacel®, leaving less fluid in the cavity when the dressing was removed.

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



Bacterial counts of Pseudomonas aeruginosa biofilm after treatment

98%
of clinicians

Reported patient comfort as 'good' or 'very good' for Exufiber[4].

Rated Exufiber as 'easy' or 'very easy' to remove in one piece[4].

Next generation of gelling fibre with Hydrolock® Technology

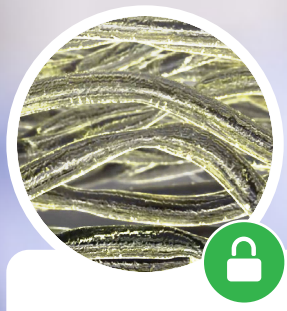
What is Hydrolock® Technology?

Unlike traditional gelling fibres, Exufiber® dressings are made from a non-woven material created from uniquely modified PVA* fibres. These tightly packed fibres form a fibrous structure that is able to transfer exudate[1,2] and maintain integrity, even when saturated.

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[10-12].

The antimicrobial effect is rapid (from three hours, *in vitro*) and has a sustained effect (for up to seven days, *in vitro*)[10-12].



Fluid absorption and retention

Hydrophilic fibres attract, absorb and lock-in high levels of exudate, transforming into a soft, conformable gel. This helps to break down slough by promoting autolytic debridement, and therfore supporting a clean wound bed[3].

Small spaces between the fibres result in less free fluid within the dressing, supporting fluid retention, even under compression, reducing the risk of leakage and maceration[3-5].

Fluid transfer

Fluid is transferred both vertically and laterally, utilising the full absorption capacity of the dressing.

Even when wet, the fibrous structure remains intact, enabling capillary action to continuously and efficiently** transfer fluid to a secondary dressing[1,2].

Stays intact

The fibrous structure has a high wet integrity without the need for additional strengthening fibres and threads, minimising shedding and supporting one-piece removal[3-5].

Locks in up to 23% more***

of the absorbed exudate than Aquacel® Extra™[11].

*Polyvinyl alcohol

**For Exufiber Ag+ when exposed to a flow rate of 0.6ml/h at 40mmHg pressure for up to seven days[8].

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

Discover how The Exufiber® Effect can make a difference to you and your patients at **molnlycke.com.au**

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The Perfect Family Solution

Granudacyn® and Mepilex® Border Flex are the recommended wound-cleansing solution and secondary dressing for Exufiber and Exufiber Ag+. Granudacyn cleanses, moistens and facilitates debridement. Mepilex Border Flex combines innovative Flex Technology with our proven Safetac® Technology, for a secondary dressing that stays on and uniquely conforms..

	Size (cm)	Product code	Pcs/Box
Exufiber®	5 x 5	709900	10
	10 x 10	709901	10
	15 x 15	709903	10
	4.5 x 20	709906	10
	20 x 30	709904	5
	1 x 45	709908	5
	2 x 45	709909	5

	Size (cm)	Product code	Pcs/Box
Exufiber® Ag+	5 x 5	603401	10
	10 x 10	603402	10
	15 x 15	603403	10
	4.5 x 20	603405	10
	20 x 30	603407	5
	2 x 45	603400	5

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, 25(4): 290-300 (2016). **4.** Davies P, McCarty 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. **5.** Smet S, Beele H, Saine L, Suys E, Henrickx B. Open, non-comparative, multi-centre post market clinician 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. **6.** Gil et al. 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. **7.** Davis S C, Li J, Gil J. Head C, Valdes J, Glinos G D, Solis M, Higa A, Pastar I. Preclinical evaluation of a novel silver gelling fiber dressing on Pseudomonas aeruginosa in a porcine wound infection model. Wound Rep Reg, 27: 360-365 (2019). **8.** Mölnlycke Health Care. Exufiber® Ag+: Physical properties over time. Data on file. (2019). **9.** Joergensen B, Blaise S, Svensson A-S. A randomised, open-label, parallel-group, multicentre, comparative study to compare the efficacy and safety of Exufiber® with Aquacel® Extra™ dressings in exuding venous and mixed aetiology leg ulcers. Int Wound J. 2022; 19(S1): 22-38. doi: https://doi.org/10.1111/iwj.13913. **10.** Mölnlycke Health Care. CE: Performance of Exufiber® Ag+ in vitro; Antimicrobial effect, silver release kinetics and minimal effective concentration. Data on file. 2016. **11.** Hamberg K, Gerner E, Falkbring S. 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, Apr 05 - 09, 2017, San Diego, CA, USA. **12.** Hamberg K, Gerner E, Falkbring S. 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, Apr 05 – 09, 2017, San Diego, CA, USA. **13.** Surgical Material Testing Laboratory BS EN 13726-1:2002: Test methods for primary wound dressings. **14.** Mölnlycke Health Care. Data on file. (2014). **15.** McGrath A. Overcoming the challenge of overgranulation. Wounds UK 7(1): 42–9 (2011). **16.** Mölnlycke Health Care. Data on file. (2014). Bjarnsholt T, Eberlein T, Malone M, Schultz G. Management of wound biofilm Made Easy. London: Wounds International 2017.

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