

# Key facts guide



Exufiber®

With Hydrolock® Technology

  
Mölnlycke®

# Exufiber®

Leakage. Maceration. Residue. Key challenges for gelling fibre dressings<sup>1</sup> which can impact healing, cause anxiety and pain for the patient, and take up nurse time.

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Exufiber® is a non-woven gelling fibre dressing with Hydrolock® Technology designed to lock in exudate<sup>2</sup> and stay intact for easy, one-piece removal<sup>3</sup>

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LOCKS  
IN UP TO **23%**

More of the exudate absorbed than Aquacel® Extra™<sup>2</sup>

**98%**

Of clinicians rated Exufiber® as 'easy' or 'very easy' to remove in one piece<sup>3</sup>

**98%**

Of clinicians reported patient comfort during wear as 'good' or 'very good'<sup>3</sup>

## Advanced features:

- Exufiber® is a non-woven PVA dressing that transforms into a gel upon contact with exudate, helping it to softly conform to the wound bed<sup>3</sup>
- The tightly packed fibres minimise the free space for exudate to flow, keeping it locked in and giving the dressing high structural integrity to stay intact
- Locks in exudate to reduce the risk of leaks and maceration
  - Locks in up to 23% more of the exudate absorbed than Aquacel® Extra™<sup>2</sup>

## Real-world benefits:

- Stays intact for clean and easy, one-piece removal<sup>3</sup>
- Softly conforms for greater comfort<sup>3</sup>

## Designed for a wide range of wounds

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Exufiber® is suitable for a wide range of exuding and cavity wounds. By reducing the risk of leakage and residue, Exufiber® could save time and resources

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### Exufiber® has:

- Ability to absorb exudate. Also locks in exudate more securely than other dressings\*<sup>2</sup>
- High wet tensile strength for removal in one piece<sup>4</sup>, minimising the risk of residue in the wound bed<sup>5</sup>

### Exufiber® is:

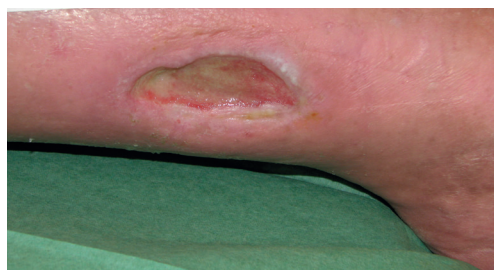
- Highly absorbent<sup>5,6</sup>, and absorbs even under compression<sup>7</sup>
- Soft and conformable, making it easy to apply<sup>6</sup>
- Can be left in place for up to 7 days and up to 14 days on donor sites<sup>8</sup>

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

### Diabetic foot ulcer



### Venous leg ulcer



### Surgical wound



### Pressure ulcer



Exufiber® is intended to be used on a wide range of exuding wounds. In addition to the above, it is also indicated for partial thickness burns, donor sites and malignant wounds.

## Locks in with Hydrolock® Technology

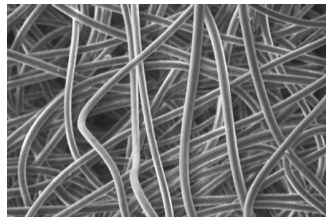
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Unlike more traditional gelling fibres on the market (made of CMC fibres), Exufiber® is a non-woven PVA dressing. It transforms into a gel upon contact with exudate, helping it to softly conform to the wound bed<sup>6</sup>

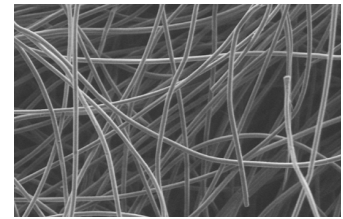
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### Under the microscope:

- The tightly packed fibres of Exufiber® minimise the free space for fluid or exudate to flow, keeping it locked in. This structure increases the integrity of the entire dressing, without the need for reinforcing threads to hold it together



Exufiber®  
gelling fibre dressing



Aquacel®  
gelling fibre dressing

### Hydrolock® delivers:

- Hydrolock® Technology means that Exufiber® is a dressing that:
  - Locks in exudate to reduce the risk of leaks and maceration<sup>5</sup>
  - Stays intact for clean and easy, one-piece removal<sup>3</sup>

## Superior\* ability to lock in exudate

Exufiber® locks in exudate to reduce the risk of leakage and maceration and create an optimal healing environment

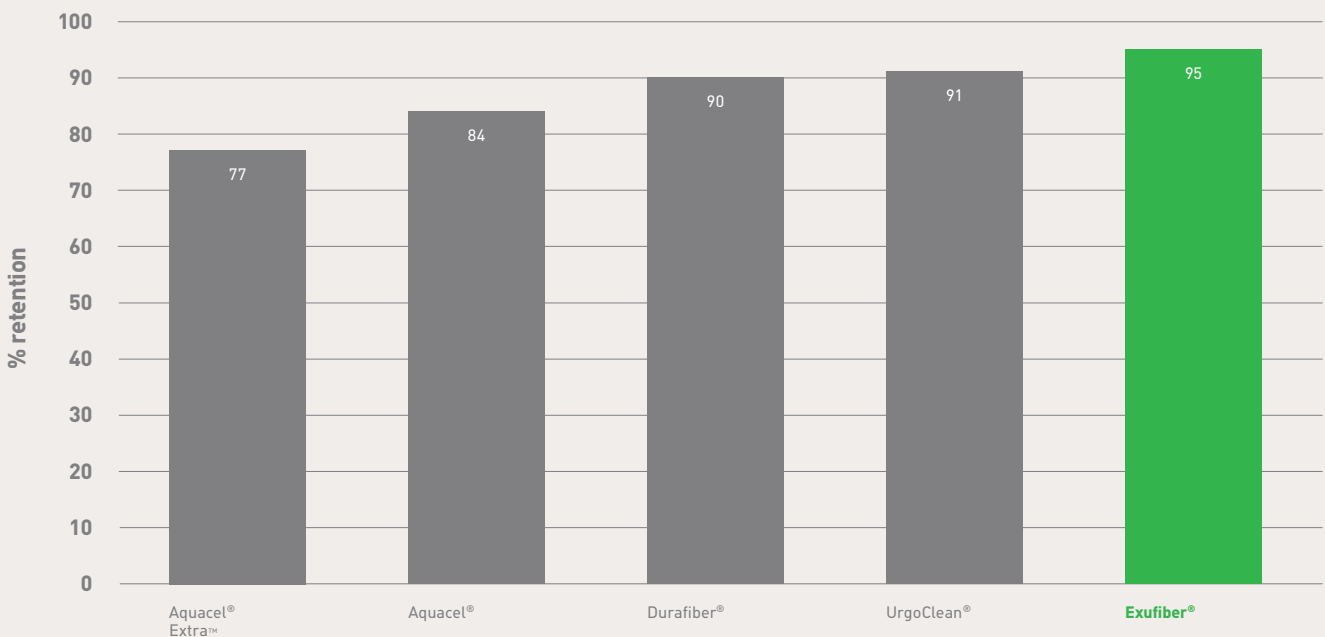
### Study design:

- SMTL method TM-404 Free Swell Absorption Capacity and Fluid Retention — A dressing is allowed to absorb fluid to its maximum capacity and subjected to a static pressure similar to that when applying compression to a wound
- Determination of fluid retention capacity of a product when exposed to a pressure of 40 mmHg — The pressure is applied for two minutes before the weight difference of the dressing is measured and the retention capacity is calculated

### Results:

- Exufiber® was shown to lock in up to 23% more of the exudate absorbed than Aquacel® Extra™<sup>2</sup>

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



## Locks in exudate: clinical evidence

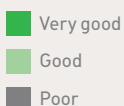
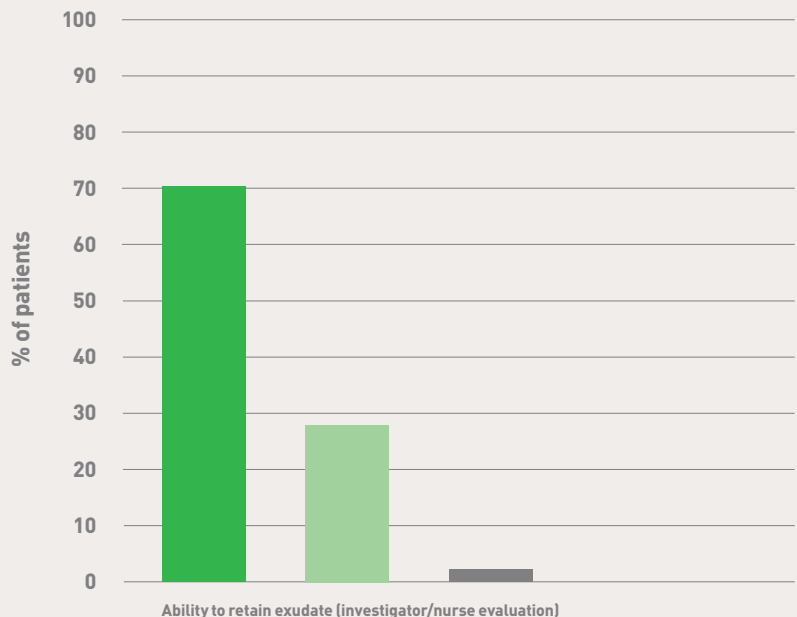
Exufiber® has been shown to lock in exudate while minimising damage to the peri-wound skin, with very low levels of dressing-associated pain in diabetic foot ulcer patients<sup>5</sup>

### Study design:

- An open, non-comparative multi-centre study with 21 diabetic foot ulcer patients
- Patients were assessed at baseline and again at 1, 2, 4, 6, 8 and 12 weeks
- At each assessment pain before, during and after dressing change was recorded, as well as condition of the wound, any residue left after dressing removal and the dressing's ability to handle exudate

### Results:

- In a large majority of cases (70.1%) the nurses and investigators rated Exufiber® as 'very good' at retaining exudate



## Locks in exudate: clinical evidence

A study of pressure ulcers reported improvements in the condition of the wounds and a reduction in the number of patients with signs of peri-wound skin damage, highlighting Exufiber®'s effective exudate management<sup>6</sup>

### Study design:

- An open, non-comparative study of pressure ulcers in 21 patients (15 of which completed the 6-week study)
- Assessments of the peri-wound skin, pain levels at dressing change, wound condition and performance of the dressing were made at baseline and weeks 1, 2, 4 and 6

### Results:

- Investigators rated Exufiber®'s ability to lock in exudate as 'good' or 'very good' in all patients



## Locks in exudate: clinicians' experience

In a survey of clinicians' experience of Exufiber® in practice, 98.6% found its ability to retain exudate as 'good' or 'very good'. Several clinicians also noted 'less maceration' with Exufiber®<sup>3</sup>

# 98.6%

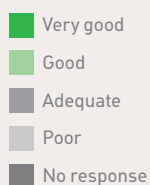
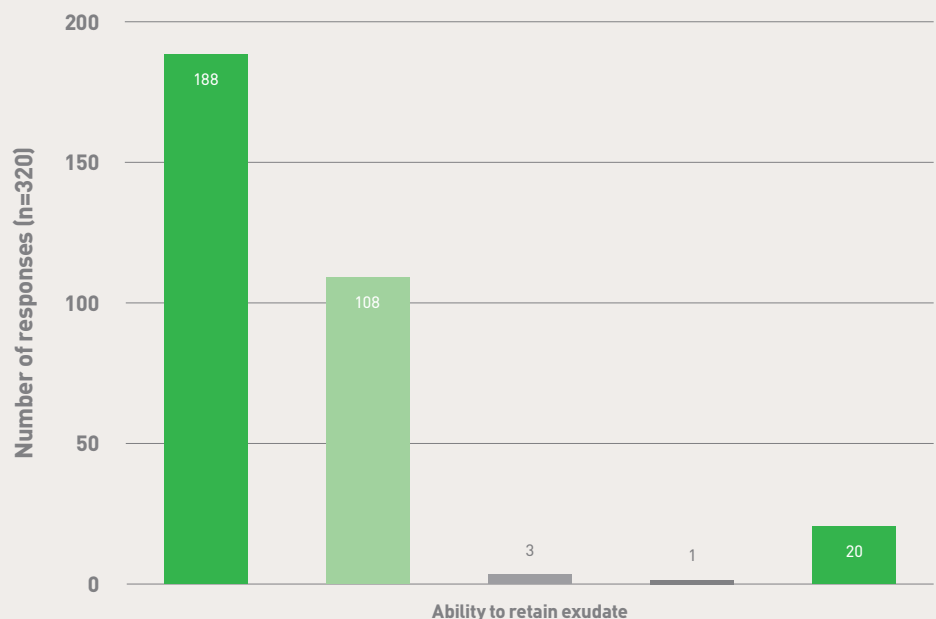
Of clinicians found Exufiber's® ability to lock in exudate as 'good' or 'very good'<sup>3</sup>

### Study design:

- 320 clinicians from across Germany responded to a survey to assess several performance characteristics of Exufiber®, including:
  - Ease of handling
- Ability to be removed in one piece
- Simple/fast absorption and retention of exudate
- Reduction of pain during removal
- Patient comfort during wear

### Results:

- Exufiber® was used for a variety of wound types, primarily leg ulcers, followed by pressure ulcers and diabetic foot ulcers
- Over 89% of clinicians said that they would consider using Exufiber® on other suitable patients
- Over 85% said that they would recommend Exufiber® to other clinicians





# Stay intact for one-piece removal

With Hydrolock® Technology, Exufiber® has the strength to stay intact during dressing changes<sup>4</sup>

### Results – 10 x 10cm dressings:

- Exufiber® showed similar wet tensile strength to Aquacel® Extra™, although it doesn't contain reinforcement threads
- UrgoClean® is different from Exufiber®, Aquacel® and Durafiber®. It is an adherent dressing mainly used for highly exuding shallow wounds, not cavities

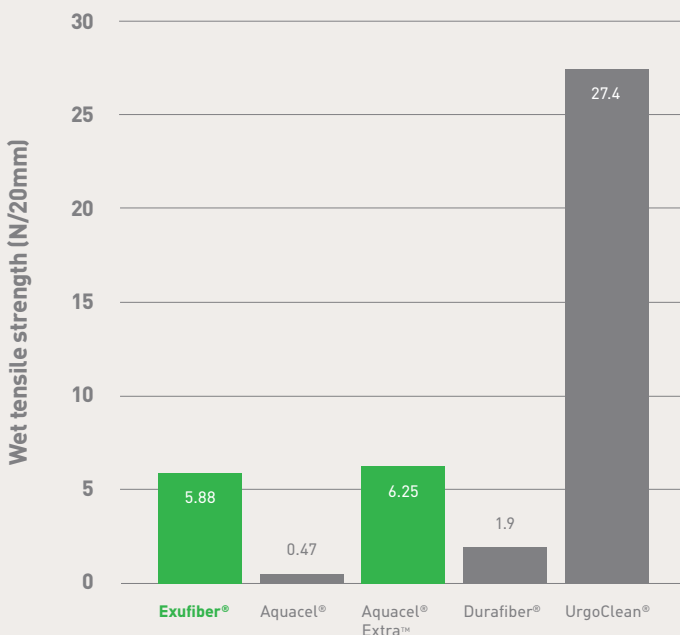
### Study design:

- The wet tensile strength of dressings was tested in accordance with Mölnlycke test method T-1117 rev.0
- Product is immersed in test liquid until fully gelled
- Soaked dressing is clamped in a tensile testing machine and force is applied until the specimen breaks
- Maximum force and elongation are measured

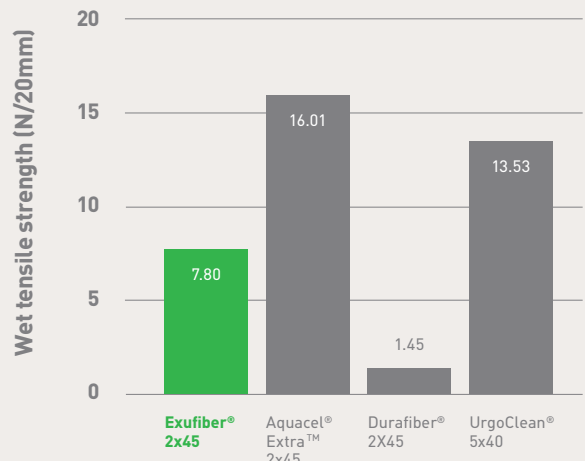
### Results – ribbon dressings:

- Exufiber® demonstrated high wet tensile strength
- The strength of Aquacel® Extra™ comes from its threads. It doesn't show if any gel is left in the wound
- UrgoClean® ribbon is 5cm wide, the other products are only 2cm wide

Wet tensile strength 10x10 cm dressing, weakest direction



Wet tensile strength ribbon dressing



## Stays intact: clinical evidence

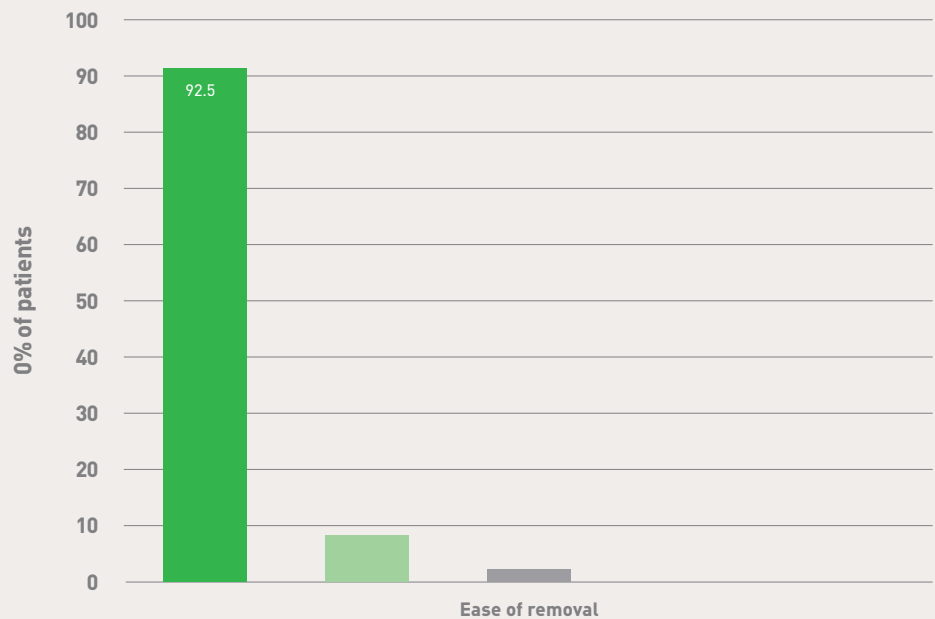
Clinicians found that Exufiber® was easy to remove and did not adhere to either the wound bed or healthy, intact skin when being changed<sup>5</sup>

### Study design:

- An open, non-comparative multi-centre study with 21 diabetic foot ulcer patients
- Patients were assessed at baseline and again at 1, 2, 4, 6, 8 and 12 weeks
- At each assessment pain before, during and after dressing change was recorded, as well as condition of the wound, any residue left after dressing removal and dressing's ability to handle exudate

### Results:

- In 92.5% of cases Exufiber® was rated as 'very good' for ease of removal



Very good  
Good  
Very poor

## Stays intact: clinical evidence

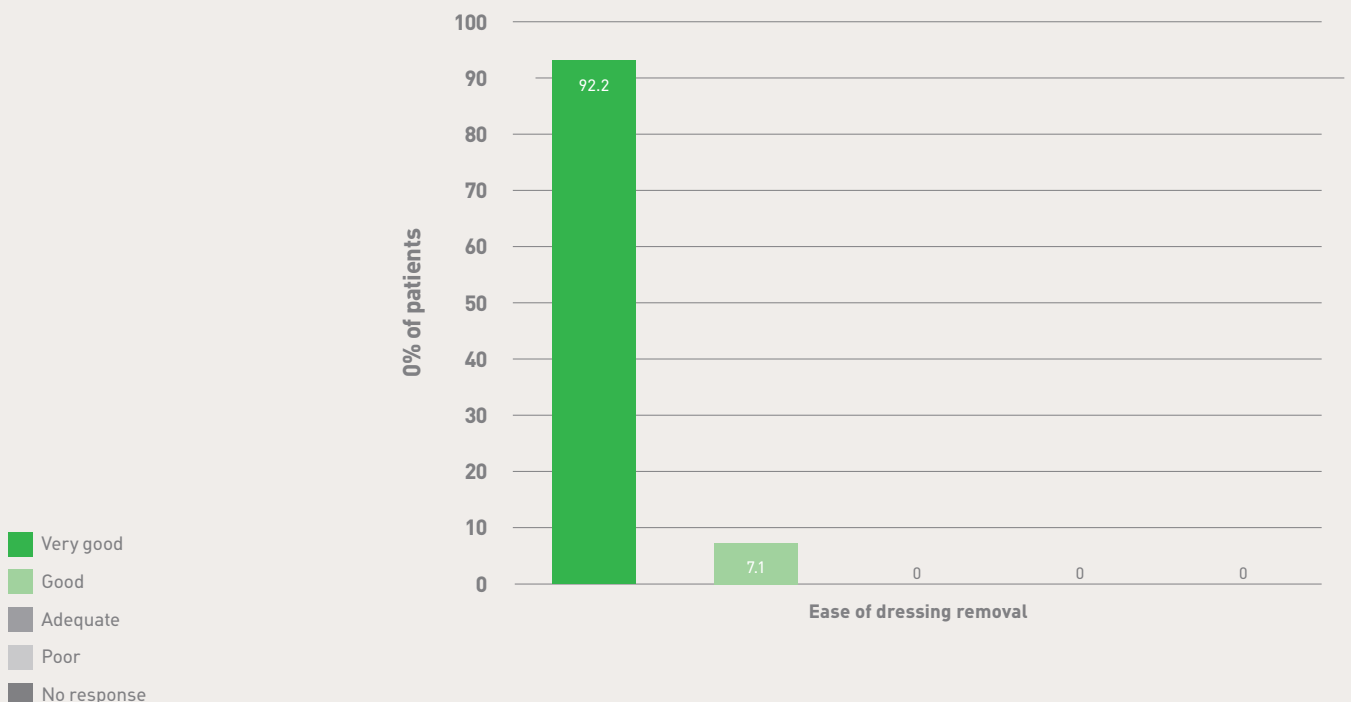
In a study of pressure ulcers, researchers noted that Exufiber® was easy to remove and reported that no dressing residue was left in the wound<sup>6</sup>

### Study design:

- An open, non-comparative study of pressure ulcers in 21 patients (15 of which completed the 6-week study)
- Assessments of the peri-wound skin, pain levels at dressing change, wound condition and performance of the dressing were made at baseline and weeks 1, 2, 4 and 6

### Results:

- In 92.9% of cases Exufiber® was rated as 'very good' for ease of removal



## Stays intact: clinicians' experience

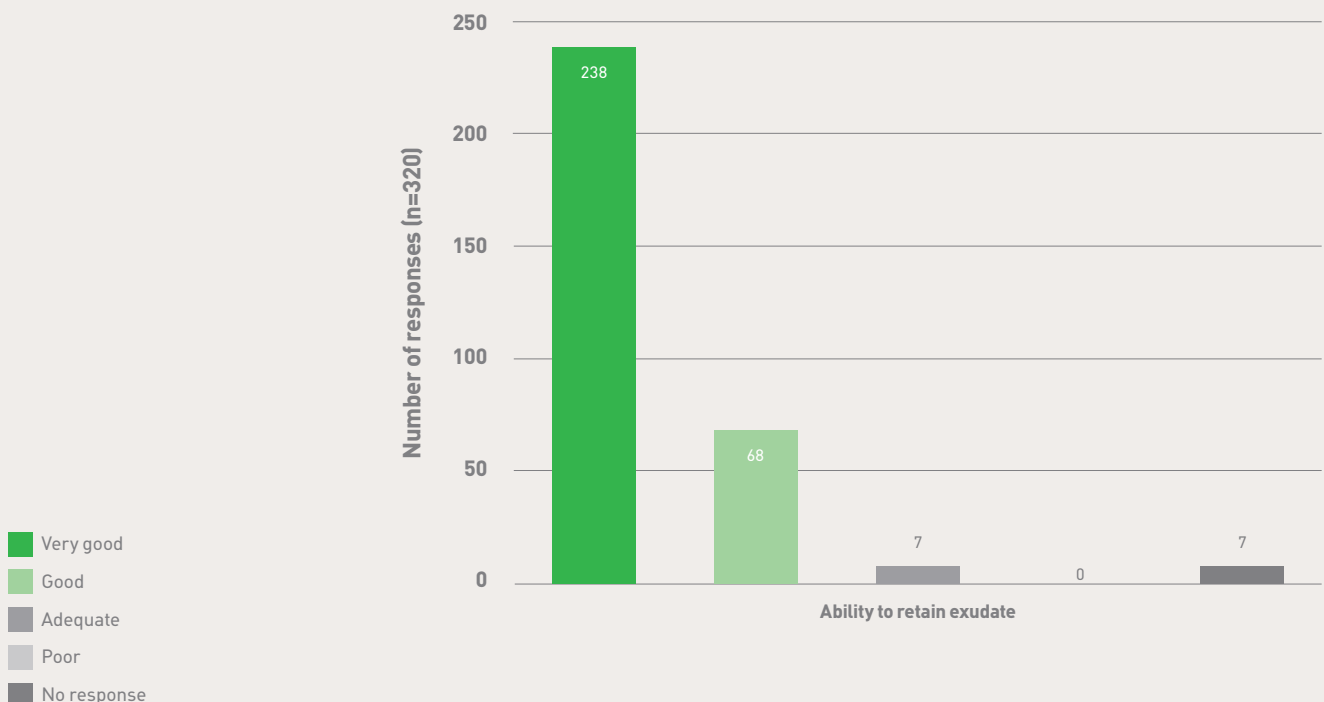
Exufiber® stays intact when wet<sup>4</sup>, to allow for removal in one piece<sup>3</sup>. This minimises the risk of dressing residue being left in the wound<sup>5</sup>, simplifying the dressing change and supporting undisturbed healing

### Study design:

- 320 clinicians from across Germany responded to a survey to assess several performance characteristics of Exufiber®, including<sup>3</sup>:
  - Ease of handling
  - Ability to be removed in one piece
- Reduction of pain during removal
- Patient comfort during wear

### Results:

- Exufiber® was used for a variety of wound types, primarily leg ulcers, followed by pressure ulcers and diabetic foot ulcers
- 97.4% of clinicians found Exufiber®'s ability to be removed in one piece as 'good' or 'very good'
- 98.1% of clinicians rated Exufiber®'s ease/speed of removal as 'good' or 'very good'
- Over 89% of clinicians said that they would consider using Exufiber® on other suitable patients



## Wearability: patients' experience

Patients consistently rate Exufiber® as 'very good' or 'good' over all tested\* measures<sup>5</sup>

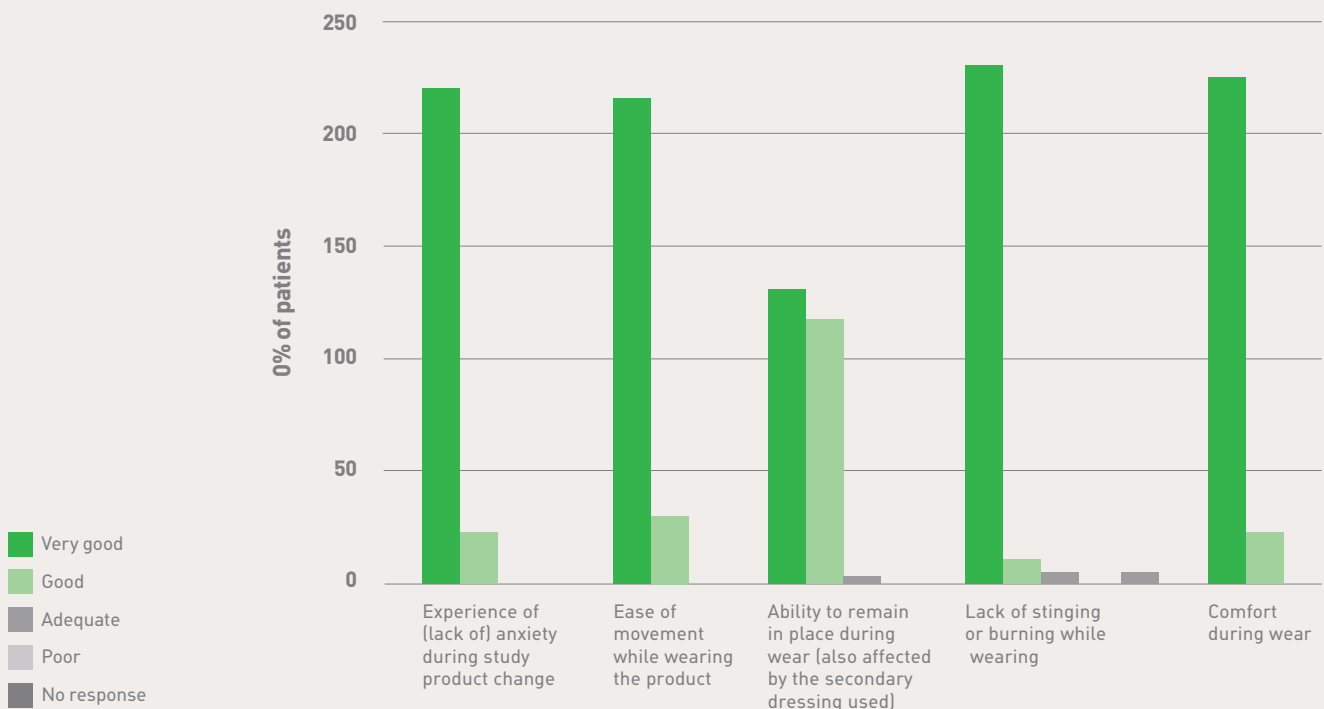
### Study design:

- An open, non-comparative study of 21 patients with diabetic foot ulcers
- Average duration of ulcer was 29.1 weeks

### Results:

- 89.9% of patients found Exufiber® comfortable to wear
- All patients said they would use the dressing again

\*Results for all 'tested measures' are shown in the graph



## Cost-effective wound care

Wound care makes up a significant portion of healthcare budgets. Only 14% of the overall cost is due to wound care products – the majority is driven by the provision of care for patients<sup>9</sup>. Management of leakage, residue and maceration requires nurse time and resources. By locking in exudate and staying intact for one-piece removal<sup>5,6</sup>, Exufiber<sup>®</sup> with Hydrolock<sup>®</sup> Technology can support undisturbed healing as well as a reduction in costs.

**Less leakage** + **Reduced nursing time at dressing change** = **Cost-efficiency**

## KEY FACTS



### ABSORPTION

Exufiber® locks in more of the absorbed exudate than key competitors<sup>2</sup> to reduce the risk of leaks and maceration



### REMOVAL

Exufiber® stays intact for clean and easy, one-piece removal<sup>3</sup>, minimising residue in the wound<sup>5</sup>



### HYDROLOCK®

Exufiber® is made with Hydrolock® Technology to keep the dressing intact, even when wet<sup>4</sup>



### CONFORM

Exufiber® softly conforms for a dressing that patients find comfortable<sup>3</sup>

# Proving it every day

At Mölnlycke®, we deliver innovative solutions for managing wounds, improving surgical safety and efficiency and preventing pressure ulcers. Solutions that help achieve better outcomes and are backed by clinical and health-economic evidence.

In everything we do, we are guided by a single purpose: to help healthcare professionals perform at their best. And we're committed to proving it every day.

**References:** **1.** Mölnlycke Health Care. Report PD-532221 (unpublished report). Data on file. 2014. **2.** Surgical Materials Testing Laboratory. TM-404 Free Swell Absorption and Retention. Report 20140806-001 (unpublished). **3.** 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. **4.** Swerea IVF/Mölnlycke Health Care. Test method T-1117 rev. 0. Report 20140820-003 (unpublished). **5.** 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. J Wound Care 2016; 25(4): 290-300. **6.** Smet S et al. 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. **7.** Mölnlycke Health Care. Test method T-1058 rev. 0. Report 20140805-001 (unpublished). **8.** Mölnlycke Health Care. Test method T-1058 rev 0, T-1108 and T-1117. Report 20160921-006 (unpublished). Data on file. 2016. **9.** 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. J Wound Care 2017; 26(6): 292-303. **10.** Mölnlycke Health Care. Exufiber. Gesellschaft für Versorgungskonzepte in der Wundbehandlung (GVW) mbH, Stuttgart, Germany. Data on file (unpublished report), 2017.

## Find out more at [www.molnlycke.com](http://www.molnlycke.com)

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