Marathon®

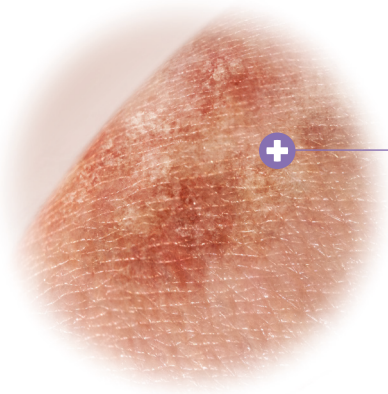
No-sting cyanoacrylate skin protectant

Advanced barrier protection



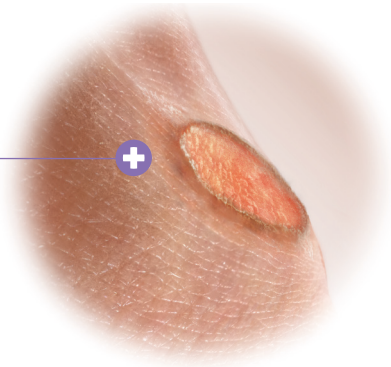
The deep impact of skin damage

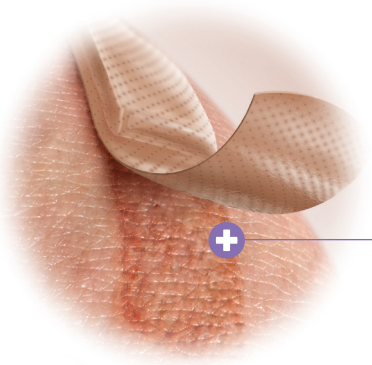
Prolonged exposure to friction, corrosive bodily fluids, adhesives and other irritants can have adverse effects on the skin, leading to various kinds of skin damage.[1]



Moisture-Associated Skin Damage (MASD)

Pressure Injuries/ Ulcers (PI/PUs)





Medical Adhesive-Related Skin Injury (MARSI)

Greater skin protection with Marathon

Marathon is available in two sizes: Marathon XL and Marathon

Both offer the same reliable cyanoacrylate formula. The only difference is the delivery: Marathon XL features a larger ampule and a wide sponge tip—specifically designed for efficient application over larger areas of skin prone to incontinence-associated dermatitis (IAD).
A thin layer of Marathon forms a remarkably strong protective film that:

- Guards against the effects of corrosive body fluids including urine, feces, digestive fluids and wound drainage
- Protects skin from frictional forces, which can lead to tissue breakdown

The science of skin protection. Now available in a larger size.

Marathon XL is designed for protecting large areas of skin from damage to incontinence-associated dermatitis (IAD), which impacts greater than 45% of patients with incontinence.[2]



No-sting
+
Breathable
+
Long-lasting

Where can Marathon be used?

Marathon is designed to protect intact or damaged skin from breakdown caused by friction (rubbing), moisture, or shear (tearing).

The barrier guards against the effects of corrosive body fluids including urine, feces, digestive fluids and wound drainage. It also protects skin from frictional forces, which can lead to tissue breakdown.

Marathon is a non-cytotoxic, fast drying, liquid barrier film for the protection of damaged or intact skin. It is applied as a liquid and dries, within a minute. Marathon will wear off naturally as the skin regenerates.

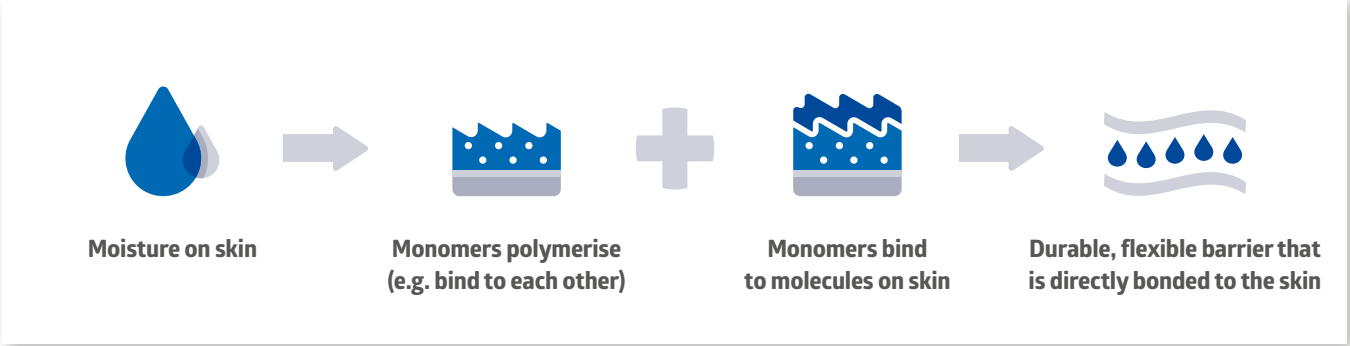
Application Across Skin Area

- Peristomal skin
- Periwound skin
- Pressure areas.

Cyanoacrylate Technology

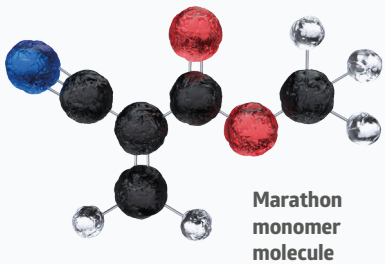
Marathon skin protectant uses a 100% cyanoacrylate formula to produce a durable but breathable barrier.

How it works

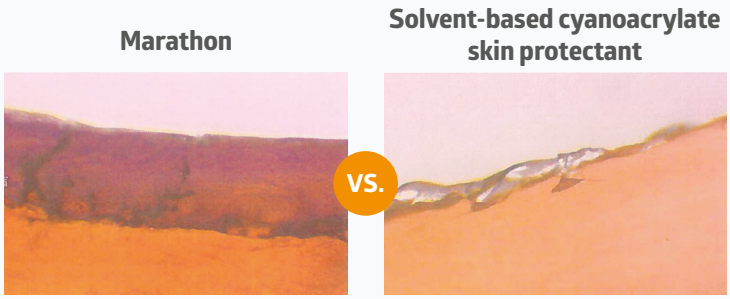


The science behind our cyanoacrylate technology

- Cyanoacrylate molecules are sensitive to moisture.
- They bind to each other and to molecules on the skin.



Marathon monomer molecule



Optimal Protection

Marathon Liquid Skin Protectant consists of a unique **100% cyanoacrylate** formula.

Clinical impacts	Marathon provides superior protection against moisture and friction, compared to traditional solvent-based skin protectants.[3,4]	Marathon helps prevent underutilisation and overutilisation of the product. This can help save nurses time by eliminating the need for reapplication.
Product benefits	Marathon consists of 100% cyanoacrylate and forms a robust barrier that binds directly with the skin and is 5x thicker than solvent-based barriers.[3]	Marathon's barrier has a purple tint, to clearly indicate the presence of the barrier on the skin and when reapplication is needed.

Clinical evidence

Incontinence-Associated Dermatitis (IAD)*

Skin Protection for Residents with Cyanoacrylate at one Long Term Care Facility

Clinical problem: In long term care, skin damage may result from incontinence, friction, pressure, trauma and skin stripping, which can lead to pain and increased costs.

Purpose of study: To test the efficacy of cyanoacrylate liquid skin protectant on several residents with IAD and denuded skin.

Method: The cyanoacrylate protectant was applied on affected areas, with no other secondary dressings. Patients were monitored periodically, and the barrier was reapplied if it was seen to flake off.

Conclusion: The cyanoacrylate did not cause stinging, and it stood up to bodily fluids. It provided residents with strong protection from further skin damage.

Webb M. Healing and skin protection for indigent residents with a novel product (cyanoacrylate) at one county long term care facility. Presented at: American Professional Wound Care Association Annual Conference; April 2010; Philadelphia, PA.

Ostomy*

Evaluation of a Cyanoacrylate Protectant to Manage Peristomal Skin Irritation under Ostomy Skin Barrier Wafers

Clinical problem: Approximately 10–70% of ostomy patients experience peristomal skin problems due to mechanical and chemical causes.

Purpose of study: to evaluate the efficacy of a cyanoacrylate liquid skin protectant in managing peristomal skin irrritation under ostomy wafers in acute care and outpatient settings.

Methods: Marathon was applied to 11 patients with peristomal skin irritation under ostomy wafers and reapplied with each wafer change. Several factors were assessed including patients' discomfort level using Likert scale, closure time and number of wafer changes.

Conclusion: The patient-reported discomfort levels decreased from 9.5–10 to 3.5 during the first wafer change and was absent by the second change. Epidermal resurfacing occurred within 10.2 days in outpatients and 7 days in acute care patients. The cyanoacrylate was found to be a viable option to manage peristomal skin irritations under ostomy wafers in these settings.

Milne CT, Saucier D, Trevellini C, Smith J. Evaluation of a cyanoacrylate protectant to manage peristomal skin irritation under ostomy skin barrier wafers. Presented at: Presented at the Clinical Symposium on Advanced Skin and Wound Care; September 2010; Orlando, FL.

*For more clinical evidence support, please check out our Studies Monograph.

Two sizes to meet your needs



MSC093001XL



MSC093001

Ordering information

Item number	Description	Packaging
MSC093001	Marathon Cyanoacrylate Skin Protectant, 0.5g	5/bx
MSC093001XL	Marathon XL Cyanoacrylate Skin Protectant, 1.5g	5/bx

Marathon

Convenient size
for smaller areas



Marathon XL

3x more product
per applicator than traditional Marathon



Wide sponge tip

One application covers an area **greater than 20 x 25 cm**

For more information, please contact your Medline account manager or visit our website: www.medline.eu/uk

Medline Industries Ltd.
3rd Floor
Quayside Wilderspool Business Park
Greenalls Avenue
Warrington WA4 6HL
United Kingdom
Tel.: +44 844 334 5237

www.medline.eu/uk
uk-customerservice@medline.com

Medline Ireland Ltd.
1 Grant's Row
Mount Street Lower
Dublin 2
Ireland
Tel.: +353 1 691 73 06

www.medline.eu/ie
ie-customerservice@medline.com

FOLLOW US

[1] Parnham, A, Copson D, and Loban T. Moisture-associated skin damage: causes and an overview of assessment, classification and management. Br J Nurs, 2020. 29(12): p. S30-S37.
[2] Gray M and Giuliano KK. Incontinence-associated dermatitis, characteristics and relationship to pressure injury. Journal of Wound, Ostomy, and Continence Nursing. 2018;45(1):63-67. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5757660/. Accessed August 29, 2019.
[3] Gibson, DJ. An Ex Vivo Comparison of 2 Cyanoacrylate Skin Protectants. J Wound Ostomy Continence Nurs, 2018. 45(1):p.31-36.
[4] Pradhan MA, Nicholson LM, Coles LS, Campbell JJ, and Curtis BJ. Comparative Analyses of Cyanoacrylates for Barrier Protection and Incontinence-Related Wash-Off Resistance. Int Wound J, 2026. 23(1): p. e70807.

Before use, consult instructions and precautions on the corresponding labelling.

We reserve the right to correct errors that may occur within this brochure.
© 2026 Medline. ML1756_EN 11/2026.