

MARATHON[®]

No-sting cyanoacrylate skin protectant

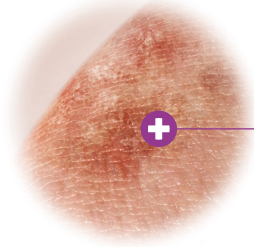


**The science
of skin
protection**

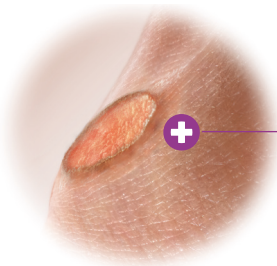


The deep impact of skin damage

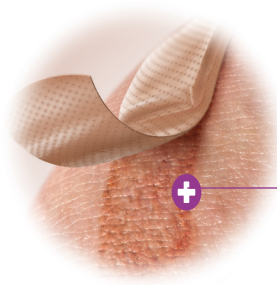
Prolonged exposure to friction, corrosive bodily fluids, adhesives and other irritants can have adverse effects on the skin, leading to various kinds of skin damage.



Moisture-Associated Skin Damage (MASD)



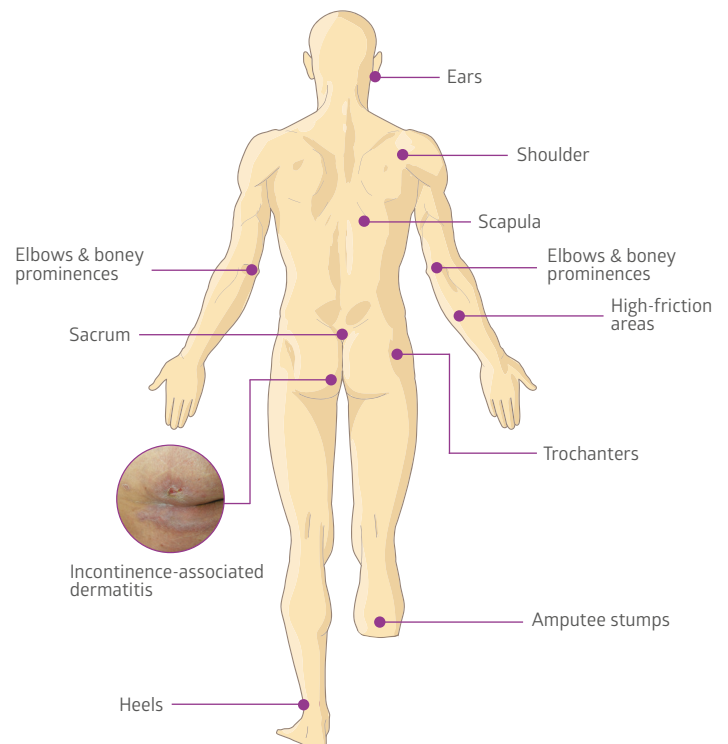
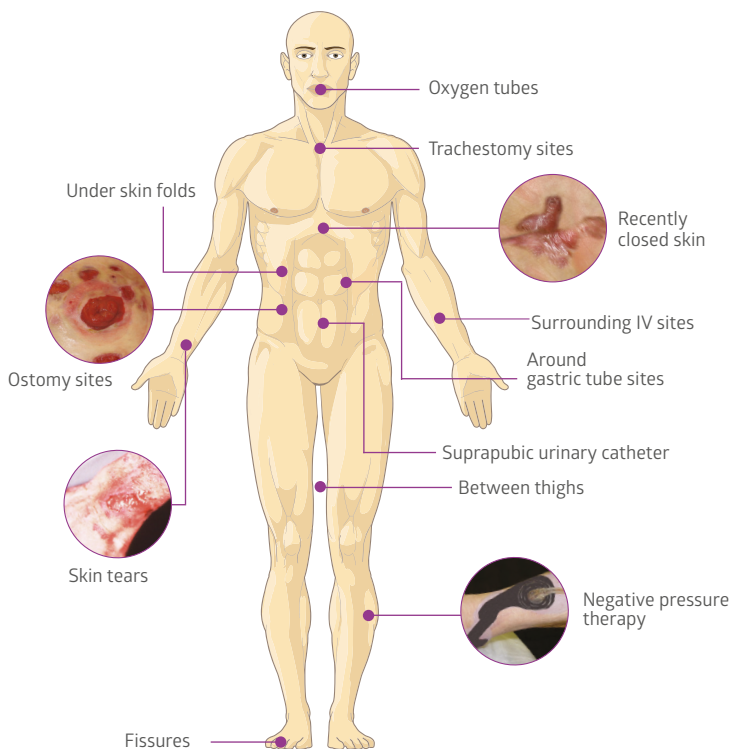
Pressure Injuries/ Ulcers (PI/PUs)



Medical Adhesive-Related Skin Injury (MARS)

Where can Marathon be used?

Marathon is designed to protect intact or damaged skin from breakdown caused by friction or moisture.



Pure skin 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.¹

Nurses can apply the barrier and know that it will consistently protect the patient's skin for up to 3 days.

Marathon helps prevent underutilisation and overutilisation of the product. This can help save nurses time by eliminating the need for reapplication.

Product benefits



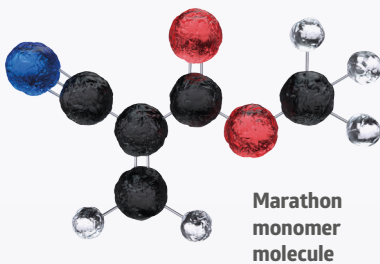
Marathon consists of 100% cyanoacrylate and forms a robust barrier that binds directly with the skin and is 5x thicker than solvent-based barriers.¹

You can trust Marathon to protect your patient's skin without you being present at every shift. Other methods are highly dependent on protocol compliance.

Marathon's barrier has a purple tint, to clearly indicate the presence of the barrier on the skin and when reapplication is needed.

The science behind our cyanoacrylate technology

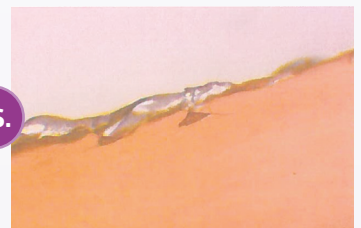
- Cyanoacrylate molecules are sensitive to moisture.
- They bind to each other and to molecules on the skin.



Marathon



Solvent-based cyanoacrylate skin protectant



VS.

How it works



Moisture on skin



Monomers polymerise
(e.g. bind to each other)



Monomers bind
to molecules on skin



Durable, flexible barrier that
is directly bonded to the skin

Clinical evidence

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 irritation, 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 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.

Marathon

Convenient size
for small areas



MSC093001

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.

Ordering information

Item number	Description	Packaging
MSC093001	Marathon cyanoacrylate skin protectant	5 ea/bx

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



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¹Data on file.

This product is a class I non-sterile medical device, intended to be used by healthcare professionals. Before use, please consult instructions and precautions on the corresponding labelling.



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