



**LEADING  
WITH DRYNESS.**

**Ultrasorbs® Drypads**

Effective Moisture Management Products for Promoting Skin Integrity

# Skin Breakdown Is a Common, Costly and Painful Problem.

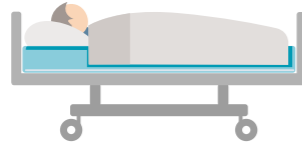
The need for protection is real.

As a caregiver, you encounter many different skin conditions. Among the most common are those caused by prolonged exposure to moisture: incontinence-associated dermatitis, intertriginous dermatitis or periwound moisture-associated dermatitis (IAD). Moisture-associated skin damage (MASD) negatively impacts the physical health of your patients and the financial health of your facility.

## PATIENT/RESIDENT STATS

**37.5%**

Greater risk of pressure ulcers in individuals with both incontinence and immobility<sup>1</sup>



**60,000**

Approximate number of individuals who will develop a new pressure ulcer annually in the UK<sup>3</sup>



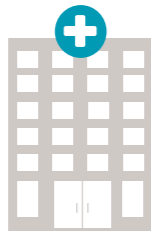
IAD is prevalent in up to:

**42%** of hospitalised adults<sup>2</sup>

**83%** of incontinent ICU patients<sup>2</sup>

**41%** of residents in long-term care<sup>2</sup>

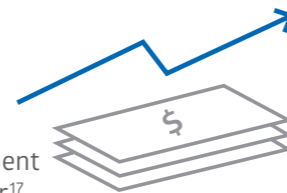
Double incontinence is **50 TO 70%** more common than urinary or faecal incontinence alone.<sup>1</sup>



## FACILITY STATS

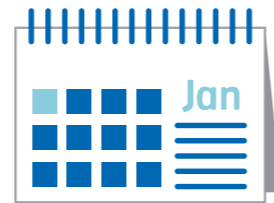
**£1,214 TO £14,108**

Approximate cost of treatment per individual pressure ulcer<sup>17</sup>



**£3 BILLION**

Estimated yearly cost of treating pressure ulcers<sup>3</sup>



# Causes of MASD

MASD encompasses distinct skin conditions caused by excessive and continued exposure to moisture: wound exudate, urinary and/or faecal incontinence or perspiration.<sup>4</sup> Identifying the cause of skin damage helps ensure appropriate management and prevention interventions.<sup>4</sup>

### ITD

ITD or intertrigo happens when perspiration becomes trapped in skin folds and can't evaporate.<sup>4</sup> The stratum corneum becomes overly hydrated and macerated, enabling friction damage to both sides of the fold.<sup>4</sup> This inflames and denudes the skin, making it more prone to infection.<sup>4</sup> Incontinence, immobility and obesity increase the risk of ITD.<sup>4,6</sup>

### Shear Strain

Shear occurs when the bone moves in an opposite direction to the skin surface, for example when a patient or resident slides down in bed.<sup>9,10</sup> Shear forces distort deep tissues, especially those near bony prominences.<sup>10</sup> Incontinence and perspiration can intensify shear forces.<sup>11</sup>

### IAD

IAD occurs when urine and/or faeces come into sustained contact with skin.<sup>4</sup> Ammonia from urine and enzymes from faeces can disrupt the skin's acid mantle, causing maceration and impairing its abilities to withstand microorganisms.<sup>1</sup> The prolonged result is painful, weepy partial-thickness erosions.<sup>4</sup>

### Pressure Ulcers

Incontinence, moisture, friction and shear increase the risk of pressure ulcers.<sup>12</sup> Incontinence and moisture contribute to maceration, which can make skin more sensitive to breakdown from pressure.<sup>12</sup> Friction and shear may remove epidermal layers, reducing dermal tissue protection and making skin vulnerable to injury and pressure.<sup>12</sup>

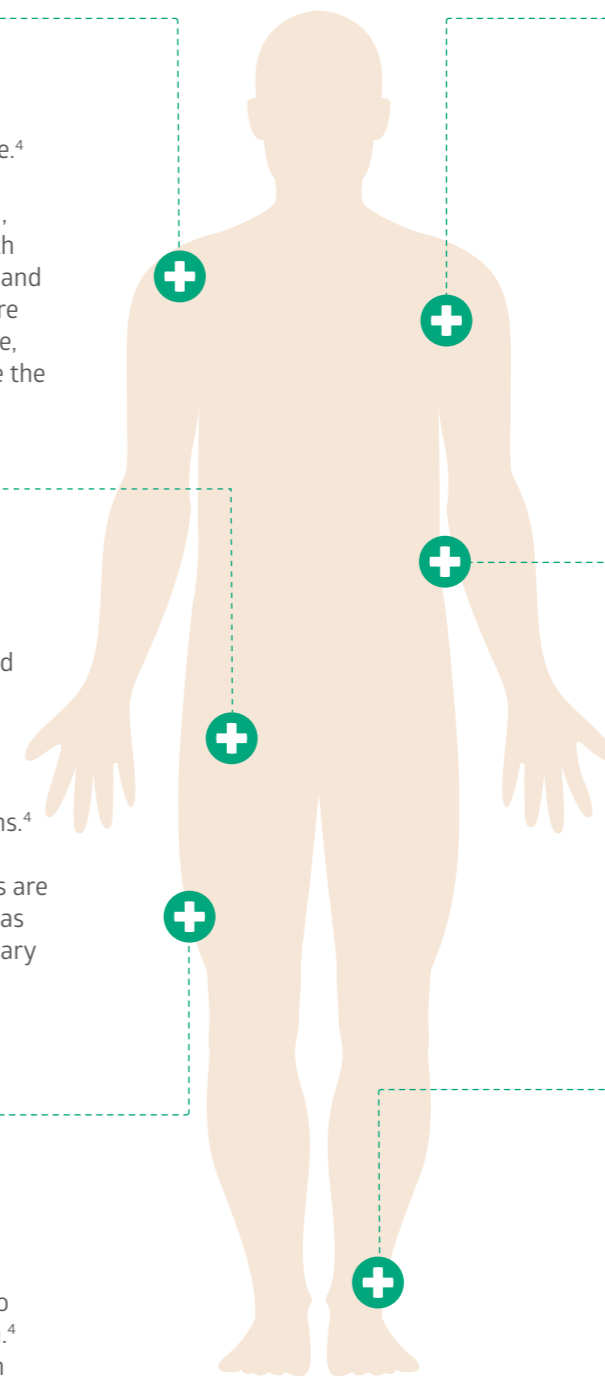
Once IAD has occurred, patients are at high risk for pressure ulcers, as well as increased risk of secondary infection and morbidity.<sup>5</sup>

### Periwound Moisture-Associated Dermatitis

Drainage is normal during the inflammatory stage of wound healing. But excessive drainage can cause the periwound skin to macerate and even break down.<sup>4</sup> This is especially a concern with chronic wounds, which contain a higher concentration of proteolytic enzymes than acute wounds.<sup>4</sup>

### Friction Injury

Friction is the resistance to motion in a parallel direction relative to the common boundary of two surfaces.<sup>7</sup> Friction increases when skin rubs against a bed sheet or other surface.<sup>8</sup> Wet skin is easily abraded or blistered by friction, so minimising or eliminating skin exposure to friction is important in preventing IAD, as well as pressure ulcers.<sup>1</sup>



# Don't Be Reactive: Be Proactive.

To help prevent and manage MASD, it's important for caregivers to use products that absorb and hold moisture and keep it away from the skin.<sup>4</sup> Unlike conventional underpads, our Ultrasorbs drypads feature advanced polymers that help ensure the ongoing dryness of skin,<sup>13</sup> help reduce friction and shear, allow air circulation and support low-air-loss mattresses.

## CONVENTIONAL PRACTICE

### Standard Disposable and Reusable Underpads

- » Shield linens and furniture from fluids, but may hold moisture against skin
- » Require frequent changing, adding to caregiver workload and laundry costs
- » May leak, causing additional work for caregiver and increasing laundry costs
- » Linen changes are disruptive to ICU/CCU patients who should not be moved more than necessary.
- » Layering pads for added absorbency increases the sacral pressure.<sup>16</sup>
- » May ball up or adhere to skin, putting patient at risk for friction and skin shear
- » Offer minimal odour control
- » Standard disposable pads are not air permeable, preventing heat from escaping.
- » Wetness, leakage, odour, multiple layers and frequent linen changes may cause patients discomfort and threaten their dignity.

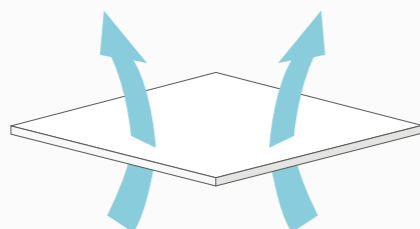
## BEST PRACTICE

### Ultrasorbs Disposable Drypads

- » Draw in moisture, lock it away from skin and feel dry to the touch within minutes<sup>13</sup>
- » Can manage multiple voids without leaking,<sup>13</sup> minimising laundry costs
- » Don't separate, bunch up or adhere to skin when wet, helping reduce friction and shear
- » Offer a soft and low profile, helping reduce pressure build-up beneath the patient's body
- » Are air permeable for enhanced skin dryness and comfort
- » Are effective for use with low-air-loss mattresses
- » Help improve staff efficiency and reduce laundry costs
- » Help enhance patient comfort and preserve patient dignity

### The Importance of Air Permeability

Many patients require the use of specialty support surfaces such as low-air-loss mattresses. Using an air-permeable drypad such as Ultrasorbs helps maximise air circulation, drying the skin and reducing potential maceration from moisture build-up.



# Industry-Leading Moisture Management

## Patient and Resident Benefits

- » Super absorbent core draws in moisture and locks it away from skin.<sup>13</sup>
- » Feels dry to the touch within minutes<sup>13</sup>
- » Maintains core integrity, reducing friction and shear
- » Ultra-soft, non-woven top sheet for greater patient comfort
- » Air-permeable back sheet for exceptional skin dryness with zero strikethrough

## Caregiver Benefits

- » Micropore film protects against leakage for fewer linen changes without double padding.
- » Exclusive fold-over edges\* help prevent fluid overflow.
- » Compatible with low-air-loss mattresses
- » Extra-strong option available for repositioning of individuals weighing up to 375 lb (170 kg)<sup>14</sup>

**Ultra-soft, breathable top sheet** provides increased patient and resident comfort.

**High-strength back sheet** provides exceptional resistance to tearing.\*\*

**AquaShield film** traps moisture for better leakage protection.

**Fold-over edges\*** increase protection against leaks.

**Advanced super-absorbent core** lies flat when wet without bunching, swelling or disintegrating.

**High-performing, super-absorbent polymer** locks in wetness and odour.

**Air-permeable, cloth-like back sheet** can be used with low-air-loss mattresses, with zero strikethrough.

\*Exclusive to Ultrasorbs

\*\*Extra-strength options available



# Choose the Drypad That Fits Your Patient's Needs.

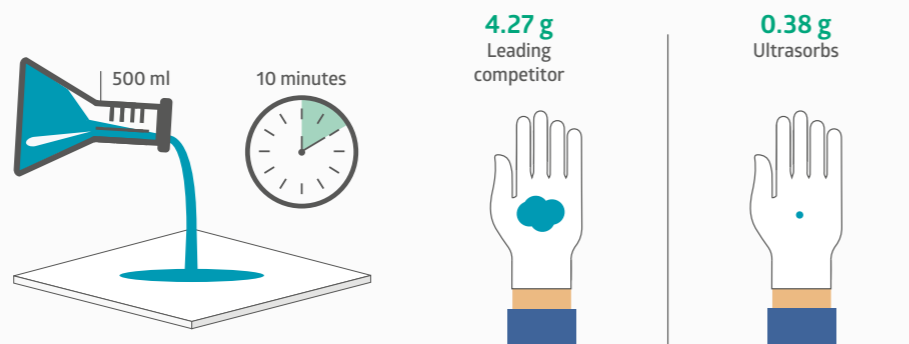
Ultrasorbs manage moisture to help maintain skin integrity and provide superior dryness and containment. They absorb large amounts of moisture, have a large absorbent area and feature exclusive fold-over edges to prevent fluid overflow.

**Ultrasorbs are ideal for patients with continuous exposure to excessive moisture from wound drainage, increased perspiration or incontinence.**



## 10-Minute Test for Dryness

A drypad's ability to withstand multiple insults is determined using the 're-wet' test. The test is done by pouring 500 millilitres of water onto a drypad, waiting 10 minutes and then measuring how much water returns to the surface. The lower the number, the drier the pad will be against the patient's skin.<sup>13</sup>



# SUPPORT FOR SUCCESS

We understand that introducing new protocols or products can be a significant investment in time and effort. We can help. Our team of experts offers you clinical and product support to help ensure successful implementation. They can provide you with:

- Product in-services and training
- Specialised education in product usage and best practices
- Comprehensive skin management programme.

**Find out more about our clinical and educational support services; contact your Medline representative today.**

# Satisfy Multiple Moisture Management Needs.

## Ultrisorbs AP

Item No.	NPC Code	Description	Packaging
ULTRASRBE2540	VJD3119	Ultrisorbs AP, 25 x 40 cm	100/cs, 10/bg
ULTRASRBE4561	VJD3121	Ultrisorbs AP, 45 x 61 cm	60/cs, 10/bg
ULTRASRBE6191	VJD3124	Ultrisorbs AP, 58.4 x 90 cm	70/cs, 10/bg



## Ultrisorbs ES

Item No.	NPC Code	Description	Packaging
USAPE6191ES	VEB792	Ultrisorbs ES, 58.4 x 90 cm	60/cs, 10/bg
USAP4090ES	VEB791	Ultrisorbs ES, 228 x 101 cm	25/cs

## Specialty Drypads: Operating Theatre Table Cover

Item No.	NPC Code	Description	Packaging
MSCE4090PUPS	VEB677	Ultrisorbs OR, 101 x 228 cm	30/cs
MSCE4090PUSPB	VEB678	Ultrisorbs OR, 101 x 228 cm, single packed	1/bg, 30/cs



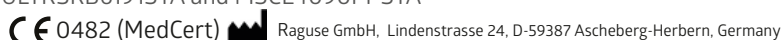
## Sterile Versions

Item No.	NPC Code	Description	Packaging
ULTRSRB4561ST	VEB789	Ultrisorbs AP, 45 x 61 cm, sterile	160/cs
ULTRSRB6191STA	VEB790	Ultrisorbs AP, 61 x 91 cm, sterile	50/cs
MSCE4090PPSTA	VEB676	Ultrisorbs AP, 228 x 101 cm, sterile	25/cs

Ultrisorbs AP, ES and Drypads are medical devices in class I non-sterile.



Sterile underpads ULTRSRB4561ST, ULTRSRB6191STA and MSCE4090PPSTA are medical devices in class I sterile.



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

See how effectively our Ultrisorbs drypads manage moisture and dryness. Contact your Medline account manager for a product trial at your facility.



**Medline Industries Ltd**  
3rd Floor  
Quayside Wilderspool Business Park  
Greenalls Avenue  
Warrington WA4 6HL  
United Kingdom  
Tel.: +44 844 334 5237  
Fax: +44 844 334 5238

**ALWAYS ON.**

[www.medline.eu/uk](http://www.medline.eu/uk)  
[uk-customerservice@medline.com](mailto:uk-customerservice@medline.com)

References: 1. Langemo D, Hanson D, Hunter S, et al. Advances in Skin & Wound Care. The Journal for Prevention and Healing. 2011;24(3):126-140. Available at <http://www.nursingcenter.com/cearticle?tid=11302472/P181> Accessed November 9, 2015. 2. Ermer-Seltun J. Practical Prevention and Treatment of Incontinence-Associated Dermatitis – a Risk Factor for Pressure Ulcers. Ostomy Wound Management. February 18, 2011. Available at <http://www.o-wm.com/content/practical-prevention-and-treatment-incontinence-associated-dermatitis-risk-factor-pressure-accessed-november-9-2015>. 3. Wound Care Today, 2013, p.7. Pressure ulcer prevention in the current NHS: setting the scene. Rosie Callaghan. Rosie Callaghan is Tissue Viability Nurse Specialist, Worcester CCG Nursing Homes and Worcester Health and Care Trust. Worcester. 4. Dowsett D, Allen L. Moisture-Associated Skin Damage Made Easy. Wounds UK. 2013;9(4):1-4. Available at [http://www.wounds-uk.com/pdf/content\\_10961.pdf](http://www.wounds-uk.com/pdf/content_10961.pdf) Accessed November 9, 2015. 5. Beckman D, Campbell J, Campbell K, et al. Incontinence-Associated Dermatitis: Moving Forward. Proceedings for the Global IAD Expert Panel. Wounds International. 2015. Available at [http://www.woundsinternational.com/media/other-resources/2\\_1154/files/iad\\_web.pdf](http://www.woundsinternational.com/media/other-resources/2_1154/files/iad_web.pdf) Accessed November 9, 2015. 6. Sibbold R, Kelley J, Kennedy-Evans K, et al. A Practical Approach to the Prevention and Management of Intertrigo, or Moisture-Associated Skin Damage, due to Pepsiporation. Expert Consensus on BestPractice. A Supplement of Wound Care Canada. 2013;11(2):1-21. Available at <http://www.woundcarecanada.ca/wp-content/uploads/WCCv11n2SUPPLEMENT-Intertrigo.pdf> Accessed November 9, 2015. 7. Terms and Definitions Related to Support Surfaces. National Pressure Ulcer Advisory Panel Support Surfaces Standards Initiative. National Pressure Ulcer Advisory Panel. Available at [http://www.npuap.org/wp-content/uploads/2012/03/NPUAP\\_S3I\\_TD.pdf](http://www.npuap.org/wp-content/uploads/2012/03/NPUAP_S3I_TD.pdf) Accessed November 9, 2015. 8. Dean J. Skin Health: Prevention and Treatment of Skin Breakdown. The Transverse Myelitis Association Newsletter. January 15, 2011. Available at [https://myelitis.org/living-with-myelitis/resources/resource-library/#/wp\\_search-skin%20health](https://myelitis.org/living-with-myelitis/resources/resource-library/#/wp_search-skin%20health) Accessed November 9, 2015. 9. Sibbold R, Goodman L, Norton L, et al. Prevention and Treatment of Pressure Ulcers. Skin Therapy Letter. 2012;17(8):47. Available at [http://www.medscape.com/viewarticle/770625\\_5](http://www.medscape.com/viewarticle/770625_5) Accessed November 9, 2015. 10. MASD vs Pressure Ulcer: What Is That Yellow Stuff? Presented at WOCN 46th Annual Conference. June 24, 2014. Available at <http://wocnconference.com/wocn2014/CUSTOM/Handouts/G55%20-%20Yellow%20Stuff.pdf> Accessed November 9, 2015. 11. Care of the Older Person's Skin. Best Practice Statement. Wounds UK. 2012 (Second edition). Available at <http://www.wounds-uk.com/best-practice-statements/care-of-the-older-persons-skin/best-practice-statement-second-edition> Accessed November 9, 2015. 12. Cooper K. Evidence-Based Prevention of Pressure Ulcers in the Intensive Care Unit. Critical Care Nurse. 2013;33(6):57-66. Available at <http://ccn.aacnjournals.org/content/33/6/57> Accessed November 9, 2015. 13. Data on file. Available upon request. 16. Williamson R, Lochenbruch C, Vanspider C. The Effect of Multiple Layers of Linens on Surface Interface Pressure: Results of a Laboratory Study. Ostomy Wound Management. 2013;59(6):38-48. Available at [www.ncbi.nlm.nih.gov/pubmed/23749661](http://www.ncbi.nlm.nih.gov/pubmed/23749661) Accessed November 12, 2015. 17. Journal of Wound Care. 2012 Jun;21(6):261-2, 264, 266. The cost of pressure ulcers in the United Kingdom. Dealey CI, Posnett J, Walker A | University Hospital Birmingham NHS Foundation Trust, Queen Elizabeth Medical Centre, Birmingham, UK.

We reserve the right to correct any errors that may occur within this brochure.

© 2019 Medline Industries, Inc. Medline and Ultrisorbs are registered trademarks of Medline Industries, Inc. ML556-EN02/AP 01/2019.