Mepiform Case Studies

Case Study #1

An Evaluation of Mepiform for the Management of Hypertrophic Scars

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LW is a 32 year old female who had a partial liver resection for a large benign tumor. Initial scar assessment indicated height less than 2mm, vascularity was red with flexible pliability. Half the scar was treated with Mepiform and the remainder of the scar was not treated.

After fourteen days of treatment the patient observed that the scar was becoming softer under Mepiform. On day 57, compression therapy was added to the scar regime. By day 84, scar vascularity changed from red to pink. LW noted the scar area treated with Mepiform felt smoother than the non-treated area. By day 112, the scar height decreased to Imm as compared to 2mm on the control site. Mepiform was rated positively for ease of application, repositioning and removal, overall appearance, quality, ability to cut the dressing and low dressing profile.

The progress continued and by day 273 the patient reported that the scar's appearance continued to improve and the scar under Mepiform was smooth and moist. At day 360, it was noted the scar's vascularity was pink and normalizing.

At the conclusion of the study, LW rated Mepiform's overall performance as good. The dressing exceeded expectations in the following areas: ease of application and removal, dressing appearance, quality, ability to reapply and reposition the dressing, dressing profile and color. The dressing met her expectations in the following areas: ability to use with a compression device, average dressing wear time (minimum of 3 days) and ability of the dressing to remain in place during activities of daily living.

Case Study #2

An Evaluation of Mepiform for the Management of Hypertrophic Scars

'Mepiform saved me from having an operation to release the webbing between my fingers on both my hands. The web spaces have become softer and decreased in size. I can move my fingers better and I have improved hand function. The dressing remains in place under my compression gloves. Mepiform works great!' –GM

GM is a 55 year old male admitted to the Burn Center on 7/15/96 with a 40% TBSA including deep second degree and third degree burns on the upper body following an explosion with flames. He had major cardiovascular complications, undergoing a total of five surgeries from 8/12/96 through 11/4/96 for triple coronary artery bypass surgery

(CABG) and skin grafting. GM was two years post injury and had been treated with a regime of compression therapy. GM continued to experience decreased range of motion in both hands. It was anticipated on 2/16/98 that GM would require syndactly contracture release and Z-plasty surgery to improve his hand function.

Baseline scar assessment indicated hypopigmentation, height less than 2mm and vascularity was both pink and red. The scar pliability was rated as firm and inflexible, as well as, yielding to pressure. The left hand was treated with Mepiform, the right hand served as control and both hands were treated with compression gloves.

On day 22, the syndactly scar of the left hand was moist in comparison to the right hand that was dry in appearance. The left hand was also supple and flexible with softer 4th web space. By day 50, the left hand continued to be moist in appearance, softer and pliable while the right hand remained dry.

It was determined on day 85 that the right hand should be treated with Mepiform due to significant improvement in function and appearance of the left hand. Documentation on day 150 indicated the syndactly continued to resolve and that there was increased finger abduction and flexion in both hands. It was noted on day 234 that the syndactly continued to soften and by day 353 abduction of all digits was within normal limits.

GM stated that Mepiform met or exceeded his expectations in terms of dressing wear time, ease of application, repositioning and removal. The dressing adhered very well to his skin while bathing and remained in place during activities of work and daily living. The dressing did not feel bulky or dislodge when used with the compression glove. He especially liked the low profile of Mepiform and was extremely pleased with the appearance, quality and ability to cut it.

In conclusion, when Mepiform was introduced to the plan of care, the scar responded by softening, decreasing in height and becoming more pliable. The end result was that hand function and range of motion was restored and the anticipated surgery was avoided. GM rated the dressings' overall performance as excellent and was extremely pleased with the clinical outcome.