

3M™ Tegaderm™ +Pad
Film Dressing with Non-Adherent Pad

Got it
Covered

3M™ Tegaderm™  PAD
Dressing



Full-surround protection Fewer barriers to healing

In the fight against surgical site infections (SSIs), anything less than an all-in-one wound care solution is all but ineffectual. Unlike traditional sponge gauze and tape dressings, Tegaderm™ +Pad Dressings are proven to provide a viral* and bacterial barrier, helping to reduce the risk of infection. It is waterproof yet breathable, absorbent yet non-adherent, and is easily applied. Better yet, it's from 3M — a company you know has it covered when it comes to quality. So you can go about the business of healing with confidence.

Improved Infection Control

Tegaderm™ +Pad Dressings create a transparent, sterile, barrier that is impervious to liquids, bacteria, and viruses,* providing an effective barrier to external contaminants. The adhesive is gentle to the skin, yet has good adherence.

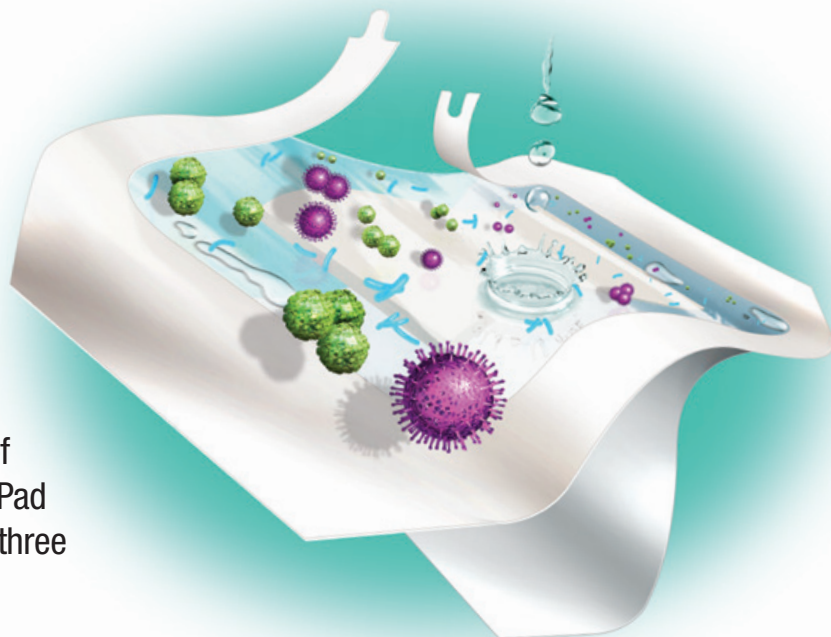
Simple Cost Control

Tegaderm™ +Pad Dressings decrease the amount of nursing time spent on dressing application and changes.⁶ Less frequent dressing changes save time, supply costs and reduce the potential for site contamination.

* In vitro testing shows that the transparent film dressing provides a viral barrier from viruses 27 nm in diameter or larger while the dressing remains intact without leakage.

Covering your SSI prevention needs

Protecting your patients and organization from surgical site infections (SSIs) never comes down to just one thing. It's recommended to use a sterile dressing to help reduce the risk of infection.⁷ So we engineered 3M™ Tegaderm™ +Pad Film Dressing with Non-Adherent Pad to include three advanced performance features.



Clear Difference

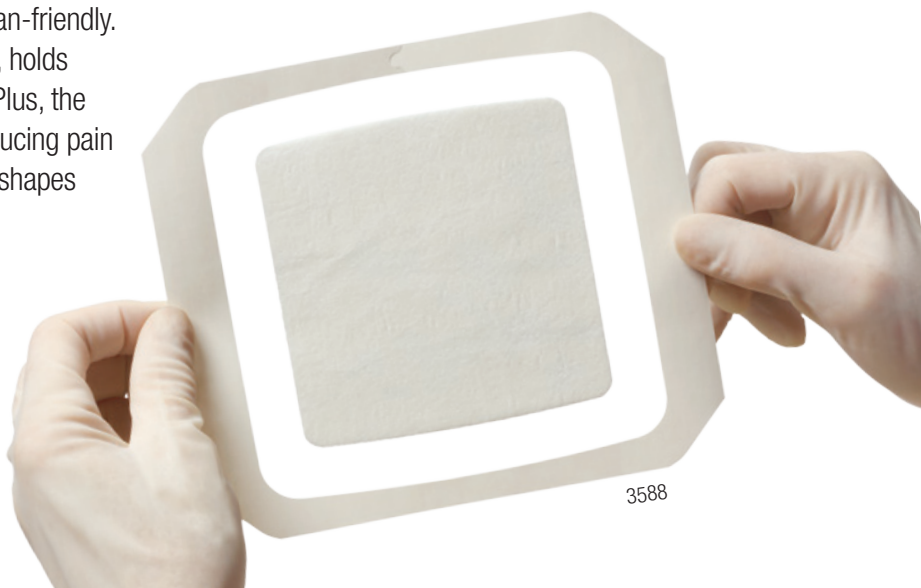
Unlike gauze dressings, Tegaderm™ +Pad Dressings offer a transparent, waterproof film that serves as a barrier. Tegaderm™ +Pad Dressings are breathable, letting oxygen in and moisture vapor out, allowing the skin to function normally.

Dual Purpose Barrier

Testing has demonstrated that Tegaderm™ +Pad Dressings provide a bacterial barrier, even against some of the most common organisms associated with SSI: *Staphylococcus aureus*, *Enterococcus faecalis*, *Escherichia coli* and *Pseudomonas aeruginosa*.^{*} Tegaderm™ +Pad Dressings also provide a viral barrier against HIV-1 and HBV and other potentially infectious body fluids while the dressings remain intact without leakage.^{**}

Easy Does It

Latex-free, hassle-free design is both patient and clinician-friendly. The pressure-sensitive adhesive film conforms naturally, holds strongly and releases gently — ensuring skin integrity. Plus, the non-adherent pad will not adhere to the wound bed, reducing pain upon removal. And a wide variety of standard sizes and shapes ensure timely, accurate placement.



^{*} 3M Data on File.

^{**} In vitro testing shows that the transparent film dressing provides a viral barrier from viruses 27 nm in diameter or larger while the dressing remains intact without leakage.

Impact of SSI

Surgical site infections (SSIs) are the second most common hospital-acquired infection¹ (HAI) costing up to \$29,000 depending on the pathogen and procedure.² Patients who develop a SSI after hospital discharge are five times more likely to be readmitted to the hospital and are more than twice as likely to die as those who don't.³

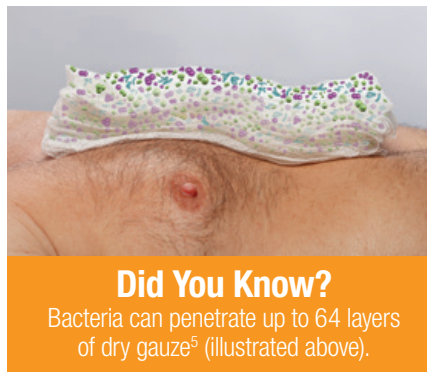
CDC Guidelines for Prevention of SSI (1999)

Postoperative Incision Care: Protect with a sterile dressing for 24 to 48 hours postoperatively an incision that has been closed primarily – Category IB.

Gauze Dressings: No Barrier to Bacteria

Clinical studies have shown higher infection rates in chronic and complex wounds for which gauze dressings were used compared to wounds dressed with transparent films.⁴

Gauze dressings do not present a barrier to bacteria, and one in vitro study demonstrated that **bacteria can pass through up to 64 layers of dry gauze**. Once gauze is moistened, it's even less effective as a barrier to bacteria.⁵



Application Instructions



1. Open the package and remove sterile dressing. Peel the paper liner from the paper-framed dressing, exposing the adhesive surface.



2. Position the framed window over the wound site and apply dressing. Do not stretch the dressing during application as tension can cause skin trauma.



3. Press the dressing into place. Remove the paper frame from the dressing while smoothing down the edges.



4. Seal securely around wound site. Firmly smooth adhesive border to the skin.



5. Finished Tegaderm™ +Pad Dressing on laminectomy.

Removal Instructions



1. **Low and slow:** Using a tape strip to aid in lifting a dressing edge, secure a piece of medical tape to one edge of dressing and rub firmly.



2. Support the skin with your fingers while slowly peeling the dressing back over itself, rather than pulling it up from the skin. Gently remove the entire dressing.

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Film Dressing with Non-Adherent Pad



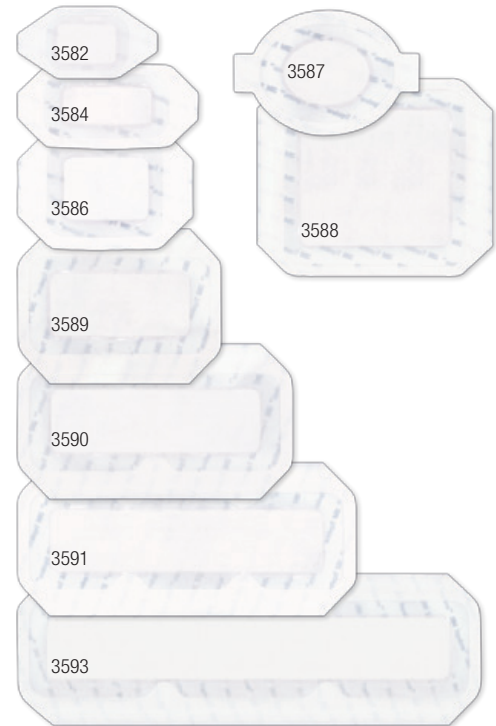
Suggested Applications

Simple solution. Multiple applications.

- Post-operative wounds
- Acute wounds such as abrasions and lacerations
- Superficial and partial thickness burns
- Light-to-moderately-draining chronic wounds
- I.V. catheter sites

Ordering Information

Catalog No.	Dressing Size	Pad Size	Dressings/Box	Boxes/Case
3M™ Tegaderm™ +Pad Film Dressing with Non-adherent Pad				
3582	2 in. x 2-3/4 in. 5 cm x 7 cm	1 in. x 1-1/2 in. 2,5 cm x 4 cm	50	4
3584	2-3/8 in. x 4 in. 6 cm x 10 cm	1 in. x 2-3/8 in. 2,5 cm x 6 cm	50	4
3586	3-1/2 in. x 4 in. 9 cm x 10 cm	1-3/4 in. x 2-3/8 in. 4,5 cm x 6 cm	25	4
3587 Oval	3-1/2 in. x 4-1/8 in. 9 cm x 10.5 cm	1-3/4 in. x 2-3/8 in. 4,5 cm x 6 cm	25	4
3588	6 in. x 6 in. 15 cm x 15 cm	4 in. x 4 in. 10 cm x 10 cm	25	4
3589	3-1/2 in. x 6 in. 9 cm x 15 cm	1-3/4 in. x 4 in. 4,5 cm x 10 cm	25	4
3590	3-1/2 in. x 8 in. 9 cm x 20 cm	1-3/4 in. x 6 in. 4,5 cm x 15 cm	25	4
3591	3-1/2 in. x 10 in. 9 cm x 25 cm	1-3/4 in. x 8 in. 4,5 cm x 20 cm	25	4
3593	3-1/2 in. x 13-3/4 in. 9 cm x 35 cm	1-3/4 in. x 11-3/4 in. 4,5 cm x 30 cm	25	4



References

1. Klevens RM, Edwards JR, et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. *Public Health Reports* 2007;122:160-166.
2. Surgical Site Infection Toolkit, Berrio-Torres, *CDC Division of Healthcare Quality Products*, 2009.
3. Kirkland KB, Briggs JP, Trivette SL, et al. The impact of surgical-site infections in the 1990s: attributable mortality, excess length of hospitalization, and extra costs. *Infect Control Hosp Epidemiol.* 1999;20:725-730.
4. Hanging wet-to-dry dressings out-to-dry. Ovington LG. *Advances in Skin and Wound Care* 15(2):79-84, March-April 2002.
5. Dressings and wound infection. Lawrence JC. *Am J Surg*; 1994;167:(Suppl 1A):21S-24S.
6. Kahl, Ann Marie, *Evaluation of Composite Dressings on Post-Operative Wounds: Clinical Outcomes, Cost-Effectiveness and Labor Savings*, 1999.
7. Mangram, AJ, et al. *Guideline for the Prevention of Surgical Site Infection*. Centers for Disease Control and Prevention (CDC) Hospital Infection Control Practices Advisory Committee. Vol. 20, No.4; 268, 1999.

3M™ Tegaderm™ SIMPLE. DEPENDABLE. TRUSTED.
Dressings

To learn more about Tegaderm™ products, visit www.3M.com/tegaderm. For more information about the 3M Critical & Chronic Care family of products, visit 3M.com/C3SD, contact your 3M Critical & Chronic Care representative or call the 3M Health Care Customer Helpline at 1-800-228-3957. Outside of the United States, contact your local 3M subsidiary.



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