

CATEGORY: MOISTURE-ASSOCIATED SKIN DAMAGE (MASD)

MEDI DERMA-PRO Foam & Spray Incontinence Cleanser and Skin Protectant Ointment

MAKING THE CASE

INTRODUCTION

An important function of the skin is to act as a barrier to moisture, irritants and bacteria. Maintenance of the skin's integrity and preservation of its barrier function is a critical nursing responsibility to prevent potentially complex concerns, like **Incontinence-Associated Dermatitis (IAD)** and other types of Moisture-Associated Skin Damage (MASD; Fletcher et al, 2020).

The term IAD refers to skin breakdown caused by exposure to urine or faeces, while MASD is an umbrella term referring to damage caused by prolonged exposure to moisture from incontinence, exudate, stoma effluent, perspiration, or other bodily fluids (Fletcher et al, 2020).

IAD can be expensive and time-consuming to treat; as well as being painful and debilitating for patients, it is associated with reduced quality of life (Fletcher et al, 2020; Raepsaet et al, 2021). Moreover, the presence of IAD leads to a greater likelihood

of developing pressure ulcers due to increased susceptibility to damage from extrinsic factors such as pressure, friction and shearing (Freitas, 2021).

Management of potential skin breakdown requires the use of skin barrier products, such as Medi Derma-PRO Skin Protectant Ointment and Medi Derma-PRO Foam & Spray Incontinence Cleanser, which are part of the Total Barrier Protection Strategy from Medicareplus International (Freitas, 2021).

HOW IT WORKS: MEDI DERMA-PRO CLEANSER AND OINTMENT

Combined use of **Medi Derma-PRO Cleanser and Ointment** provides maximum barrier protection on moderate to severe skin damage associated with **incontinence, exudate and periwound maceration** to prevent the breakdown of skin. Starting Medi Derma-PRO at the first signs of further skin excoriation will improve

1

Trigger Modes:

- To use, turn the nozzle to the ☰ position.
- For Foam mode:** Ensure the nozzle flap is closed and pull the lever in firmly.
- For Spray mode:** Open the nozzle flap and pull the lever in firmly.

2

Application:

- Apply directly to the skin or onto a wash cloth.

For MEDI DERMA-PRO Cleanser:
Contraindications: 1. Do NOT use where there are any known allergies or sensitivity to the ingredients
Precautions: 1. Consult your clinician should any signs of skin reaction occur following product application; 2. For single patient, multiple use; 3. For external use only and as directed; 4. Do NOT use past expiry date or if product is damaged; once opened, product can be used through to expiry date; 5. Keep out of reach of children; 6. Do NOT use with adhesive dressings or appliances (Please refer to the Application Guide for detailed information on product application, contraindications & precautions).

3

Cleansing:

- Gently wipe the area clean, minimising application of pressure and/or friction. No rinse required.

4

Drying:

- Pat dry or leave to air dry where possible.

Figure 1. Application of Medi Derma-PRO Foam & Spray Incontinence Cleanser. For skin protection & moisturisation (after incontinence or when cleaning the periwound area).

1

Skin preparation:

- Ensure skin is clean and dry. Do NOT use MEDI DERMA-PRO Skin Protectant Ointment if an adhesive dressing or device is being applied to the treatment area.

For MEDI DERMA-PRO Skin Protectant Ointment:
Contraindications: 1. Do NOT use where there are any known allergies or sensitivity to the ingredients; 2. Do NOT use where there are any known allergies or sensitivity to the ingredients
Precautions: 1. Consult your clinician should any signs of skin reaction occur following product application; 2. For single patient, multiple use; 3. For external use only and as directed; 4. Do NOT use past expiry date or if product is damaged; once opened, product can be used through to expiry date; 5. Keep out of reach of children; 6. Do NOT use on uncovered areas of skin during phototherapy treatment.

2

Skin preparation:

- Apply by gently smoothing a thin uniform coating over the whole area to be treated. Avoid rubbing the skin. A more liberal application may be required for severely moist or damaged skin. Do NOT apply to an area with greater than superficial partial thickness skin damage.

3

5 min

PRECAUTION

- If using in conjunction with other topical treatments (eg. fungal cream), apply the antifungal cream first and allow at least 5 minutes for absorption before applying MEDI DERMA-PRO Skin Protectant Ointment.

4

Cleansing and Reapplication:

- Reapplication is recommended after each episode of incontinence, following cleansing. The ointment should also be reapplied when there is no visible sheen on the skin. For best results, use with MEDI DERMA-PRO Foam & Spray Incontinence Cleanser.

Figure 2. Application of the Medi Derma-PRO Skin Protectant Ointment. For skin protection and restoration - following cleansing.

MAKING THE CASE

Explanation of how to use this guide: This document can be used to make the case for implementing effective prevention and management measures and may be supported by data from your own care setting. As well as economic impact, it is important to know the impact of interventions on patient quality of life and outcomes.

clinical outcomes and enhance the patient's quality of life. Most clinicians in the UK rely on Medi Derma-PRO for both adult and paediatric/neonatal skin care and have them listed on their pathways.

Medi Derma-PRO Cleanser [See Figure 1] gently cleanses the skin in incontinence and wound care before applying Medi Derma-PRO Ointment or other barrier products like Medi Derma-S Barrier Cream or Medi Derma-S Barrier Film.

It effectively removes even dried-on bodily fluids, such as urine, faeces, blood, exudate, or any residual barrier product. As a no-rinse and non-sting formulation, it minimises skin rubbing and potential friction damage, enhancing patient comfort.

The cleanser has been designed as an ergonomic spray bottle with foam and spray modes for ease of use:

- a spray, which is suitable for lighter soiling, and
- a foam that stays on the skin more easily, for use on heavy soiling and difficult-to-reach areas (refer to Instructions for Use)

Medi Derma-PRO Ointment [See Figure 2] forms a long-lasting, resilient, hydrophobic protective barrier that protects skin from moisture and irritants, such as urine and faeces, and prevents trauma and irritation (Waller and Cole, 2023). Its tacky consistency ensures adherence to moist and dry skin and on the periwound. The ointment should be evenly applied across the treatment area without rubbing it in, with more ointment needed for particularly wet or sore areas of skin.

BENEFITS OF MEDI DERMA-PRO

The Total Barrier Protection strategy intends to support users in selecting the right product for the right level of skin damage, reducing the use of expensive products when they are not clinically indicated [See Figure 3].

Clinical and Patient Benefits

Various sources of evidence support Medi Derma-PRO's efficacy and patient benefits [See Box 1]. For example, Medi Derma-PRO has been shown to effectively reduce pain and improve skin integrity in end-of-life (EOL) patients at increased risk of MASD (Mahan and Cole, 2022). A recent case study has also shown that Medi Derma-PRO can be used to treat IAD in darker skin tones, where erythema of the skin may appear paler, darker, purple, dark red or yellow (Waller and Cole, 2023) [Figure 4].

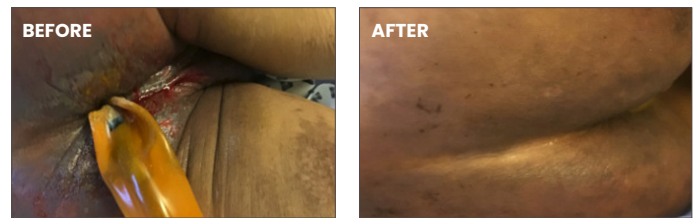


Figure 4. Treatment of IAD on dark skin tone (Before and After) (Waller and Cole, 2023)

BENEFITS OF MEDI DERMA-PRO OVER COMPETITOR PRODUCTS



MORE PRODUCT MORE APPLICATIONS

MEDI DERMA-PRO CLEANSER contains 250ml, compared to only 235ml with the competitor foam and spray incontinence cleanser



VALUE-ADDED SERVICES CORRECT PRODUCT USAGE

Our clinical resources, training and value-added services support correct product range



LOWER COST COST SAVINGS

MEDI DERMA-PRO CLEANSER is **14% cheaper*** than the competitor foam and spray incontinence cleanser
MEDI DERMA-PRO OINTMENT is **18% cheaper*** than the competitor skin protectant ointment

Box 1. Evidence of efficacy benefits of Medi Derma-PRO

- Four case studies indicated that Medi Derma-PRO was more effective than the existing treatments for severe skin damage, leading to reduced pain, elevated mood, improved quality of life, quicker healing, and potentially less hospital admission and nursing care (Waller and Cole, 2023)
- In a study with **110 evaluations (n=85 clinicians)**, **71%** noted skin improvement with Medi Derma-PRO Ointment and Cleanser, while **28%** reported comparable results to previous barrier products (Freitas, 2021)
- In a case series evaluation of **50 patients** with varying degrees of IAD and conditions such as erythema and excoriation, Medi Derma-PRO

* Drug Traffic Pricing August'24 data (National Health Service Business Services Authority, 2024)

- showed a trend towards improved overall skin condition, effectively providing skin barrier protection (Bradbury et al, 2017)
- In a study examining product transfer and urine absorption, Medi Derma-PRO Ointment performed similarly to market-leading products, with minimal impact on incontinence pad absorbency (Dykes and Bradbury, 2016)
- Best Practice states that using Medi Derma-PRO Cleanser instead of soap and water retains healthy skin, improves patient outcomes, prevents further skin breakdown and saves carer time (National Institute for Health and Clinical Excellence, 2007)

Figure 3. Benefits of Medi Derma-PRO over competitor products

For more information on Medi Derma-PRO ointment and cleanser, please email marketing@medicareplus.co.uk

References

Bradbury S, Price J, Gaffing J, Yoro E (2017) Evaluating an incontinence cleanser and skin protectant ointment for managing incontinence-associated dermatitis. *Wounds UK* 13(1): 79-85

Dykes P, Bradbury S (2016) Incontinence pad absorption and skin barrier creams: a non-patient study. *Br J Nurs* 25(22): 1244-8

Fletcher J, Beekman D, Boyles A et al (2020) International Best Practice Recommendations: Prevention and management of moisture-associated skin damage (MASD). *Wounds International*. Available online at www.woundsinternational.com

Freitas A (2021) Evaluation of a skin protectant ointment and an incontinence cleanser. *Journal of Community Nursing* 35(5): 46-51

Mahan S, Cole N (2022) End-of-life skin care: what every clinician should know. *Journal of Community Nursing* 36(5): 44-9

National Health Service Business Services Authority (2024) Drug Tariff. Available at: <https://www.nhs.uk/nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff> (accessed 08.08.24)

National Institute for Health and Clinical Excellence (2007) Faecal incontinence: the management of faecal

incontinence in adults. Available at: <https://www.nice.org.uk/guidance/CG49>

Raepsaet C, Fourie A, Van Hecke A et al (2021) Management of incontinence-associated dermatitis: A systematic review of monetary data. *Int Wound J* 18(1): 79-94

Southgate G, Bradbury S (2016) Management of incontinence-associated dermatitis with a skin barrier protectant. *Br J Nurs (Urology Supplement)* 25(9): S20-9

Waller S, Cole N (2023) Versatility of a skin protectant ointment in managing moisture-associated skin damage caused by incontinence. *Wounds UK* 19(1): 82-9