MARATHON® Liquid Skin Protectant
Supreme Protection from Friction and Moisture that lasts and lasts
What is MARATHON?

MARATHON Liquid Skin Protectant is a non-stinging, cyanoacrylate-based monomer that forms a remarkably strong protective layer over skin. As the cyanoacrylate polymerizes, it bonds to the skin surface and integrates with the epidermis, supporting the natural integrity of the skin.\(^1\) It resists external moisture, yet it allows the skin to breathe.

MARATHON forms a remarkably STRONG film that:

- Minimizes friction and reduces the risk of developing skin tears
- Protects skin from prolonged exposure to moisture, which weakens and damages the skin surface and makes it more susceptible to breakdown\(^2\)
- Resists the onslaught of corrosive body fluids such as urine, faeces, digestive juices and wound drainage
- Maintains skin surface cell integrity

When should MARATHON be used?

MARATHON Liquid Skin Protectant is designed to protect skin that is intact or damaged from the effects caused by friction or moisture, resulting from the following situations and areas.

**Under Medical Devices**
- Ostomy care, including G-Tubes and tracheostomy
- Negative pressure wound treatment
- Tapes and adhesive dressings
- \(O_2\) tubing

**Fragile and Compromised**
- Skin tears
- Perineal and perianal area
- Periwound area
- Intertrigo
- Fistulas
- Heels

![Skin tear, wrist](image1)

![Ostomy site](image2)

![Buttocks region](image3)

![Closed skin](image4)
How does **MARATHON** work?

**MARATHON Liquid Skin Protectant** consists of individual molecules (cyanoacrylate-based monomers) that polymerize when they come in contact with moisture on the skin surface. This reaction continues until 100% of the monomer molecules have joined either to each other (cohesion) or to molecules of substances present in skin (adhesion).

This type of bonding with skin at a molecular level ensures that the product remains in place until the epidermal cells naturally slough away, enhancing skin integrity.

Because no solvents are used, there is no evaporation and 100% of the product remains on the skin.
How does MARATHON work? (continued)

An independent test involving 12 people over age 60 compared how bare skin, skin with an application of MARATHON Liquid Skin Protectant, and skin with an application of 3M Cavilon resisted the effects of abrasion (friction).4, 5

Transepidermal Water Loss (TEWL) was measured at the application sites as a gauge of skin injury. High TEWL post abrasion is a known measure of the extent of skin damage.6

Results:
Areas where MARATHON was applied showed better protection of skin from frictional forces and from TEWL compared to Cavilon or no treatment at all.

Abrasional Damage to Skin Test

![Bar graph showing results of abrasion damage to skin test]

Independent lab testing data on file.4

<table>
<thead>
<tr>
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<th>P value</th>
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<tr>
<td>Cavilon vs MARATHON</td>
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An independent test involving 12 people over age 60 compared how bare skin, skin with an application of MARATHON, and skin with an application of Cavilon resisted exposure to a corrosive fluid (synthetic urine).

**Results:**
Areas where MARATHON was applied showed better resistance after each of the five urine and washoff cycles compared to the areas where Cavilon or no product at all were applied. Therefore, MARATHON shows greater protective capabilities than Cavilon against corrosive fluids (synthetic urine) and washoff.

**Percentage of retained dye after all five urine and wash-off cycles: (mean percentage)**
- MARATHON: 94%
- Cavilon: 66%
- Skin with no treatment: 18%

**Corrosive Fluids and Wash-off Resistance Test**

Independent lab testing data on file.™

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Protection from the effects of moisture and friction

Managing Skin Tears

The management of skin tears in the elderly is an area of concern for Healthcare personnel. Skin tear incidence rate in the elderly ranges from 0.9 to 2.5% per person/year\(^1\). One study reports an acute care incidence range of 14-24\%\(^2\). Skin tears usually result from shear, friction or blunt trauma related insult to the skin\(^1,2\). Marathon is a viable option for protection against the effects from friction.

References:

Managing Peristomal Skin Irritation Under Ostomy Skin Barrier Wafers

Peristomal irritation in ostomy patients is a common occurrence\(^1,2,3\) and it has been reported that 10 to 70\% of ostomy patients experience some type of peristomal skin problems\(^4,5\). Leakage of urine, undigested food matter, and feces are the major cause of peristomal irritant dermatitis\(^2\). Prompt management of affected peristomal skin leads to improvement in ostomy barrier wafer efficiency and patient comfort, both of which significantly upgrade the quality of life.

References:

Managing Skin Protection against bodily fluids in the perineal area

The corrosive nature of bodily fluids requires a greater amount of protection than what conventional skin preps can provide\(^1\). Marathon acts an exceptional barrier against corrosive bodily fluids when used as a skin protectant (independent lab test results on file) for patients with stage II pressure ulcers and incontinence-associated skin irritation.

References:
1. Mary Webb, BSN, MA, RN, CIC San Mateo Medical Center Long Term Care Services, San Mateo, CA
Preventing Superficial Tissue Injury

Mechanical forces such as friction and moisture applied to the buttocks, coccyx, heels and elbows are especially prone to superficial tissue injury that present as dermal erosions.¹

Marathon has proven to provide extra-protection against abrasive forces and can be used on the areas above to prevent skin injury related to friction.

References:

Managing Skin Damage in Neonates and Infants

Peristomal skin damage in neonates and infants is a common occurrence that can lead to further complications. Given the fragility of the infant or neonatal skin, which is still not fully developed at birth, the clinician’s options in terms of choosing a skin protectant are very limited. Denuded skin prevents containment devices from adhering appropriately to the skin.

Marathon forms a flexible yet strong barrier that can protect the skin against the effects caused by moisture / corrosive bodily fluids.

Due to the fragility of the nascent skin structure, the use of adhesive dressing type barriers which are frequently used present potential trauma injury risk to skin during adhesive removal. Spreadable ointment type barriers for protection and management of at risk or damaged skin tend to have transient presence on skin, and are prone to removal with movement of the skin relative to its surrounding because by their very nature, ointments are not totally adherent to skin.

Marathon provides a dependable, non-removable barrier that lasts longer.¹

References:
How to apply **MARATHON**

1. Clean and dry the skin, making sure that no moisturizer or ointment is left on the skin.
2. Hold the applicator upright with the sponge tip at the top. Crush the sealed inner tube by firmly squeezing the middle of the tube. 
   **Note:** If additional pressure is needed, include your other hand. Do not try to break the tube by holding with both hands on the ends.
3. Turn the applicator upside down and gently squeeze it to allow the liquid to soak through the sponge tip.
4. Once the sponge is wet, slowly and gently spread a thin, even coat of Marathon that extends about 2.5 cm beyond the affected area.

**Informative Video**
Visit [www.medline.com/wound-skin-care/marathon](http://www.medline.com/wound-skin-care/marathon) to watch a video showing the proper use of Marathon’s applicator along with other valuable information.

**How to Order**
Contact your Medline Representative or call 1-800-MEDLINE. For direct sales to patients, visit shop4remedy.com.

**ORDERING INFORMATION**

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**References**

2. The Merck Manuals Online Medical Library. Pressure Sores. Available at: http://www.merck.com/mmhe/sec18/ch205/ch205a.html?qt=m
   moisture%20skin%20damage&alt=sh#sec18-ch205-ch205a-262.