LIQUID SKIN PROTECTANTS
For Intact to Damaged Skin

Choose Your Level of Protection.
A Variety of Protectants for Intact to Damaged Skin

To ensure the right level of protection for every patient, Medline® offers a range of products. Our complete selection provides clinicians with the flexibility to choose the best protectant for each patient’s skin.

Skin Protectant Applications

Protection

- **Adhesives**.............. Protect skin from adhesive stripping from dressings, tape and negative pressure therapy devices.

- **Friction**................. Protect skin from breakdown caused by friction on heels, buttocks, elbows and other high-risk areas, including amputee stump sites.

- **Incontinence**............ Protect skin from breakdown caused by urine and feces.

- **Skin Tears**.............. Protect against skin tears and protect torn skin from further damage.

Management

- **Denuded Skin**......... Protect skin while preventing additional breakdown.

- **Healing Wounds**...... Provide an additional barrier to the delicate skin around a wound during the healing process.

- **Macerated Skin**...... Protect the skin around wounds from maceration caused by drainage and corrosive fluids.

- **Ostomy Sites**......... Improve adhesion of ostomy appliances. Help protect skin from the corrosive material when a leak is present.
When to use Sureprep® or Marathon®

Although Sureprep® provides adequate protection in many clinical situations, sometimes you need the next level of protection: Marathon®

When choosing a skin protectant, consider the following factors:

**Skin Condition Severity**
When a skin condition is more problematic or carries a more substantial risk for breakdown, Marathon is recommended.

**Degree and Type of Moisture**
Within the range of moisture problems, from perspiration to urine to caustic drainage, Marathon is recommended for more challenging circumstances.

**Location of Problem Area/Frequency of Care**
For less accessible areas of the body or for patients who see a clinician less frequently, Marathon is likely a better solution as its longer wear time may alleviate the need for repeated applications.
Sureprep

**Sureprep Skin Protectant**
Protect skin without irritation or allergic reaction. Forms a clear, vapor-permeable, water-resistant coating. Contains alcohol.

Use on intact skin to protect from breakdown due to:
- Adhesive trauma
- Moisture
- Incontinence
- Friction

Change Frequency:
With every dressing change.

Contraindications:
- Direct application to a wound bed.
- As a barrier to bacterial contamination.
- On infected skin.

<table>
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<tr>
<th>Item #</th>
<th>Description</th>
<th>Pkg</th>
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<tbody>
<tr>
<td>MSC1500</td>
<td>Sureprep Skin Protectant Wipes</td>
<td>1,000/cs</td>
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<tr>
<td>MSC1500Z</td>
<td>Sureprep Skin Protectant Wipes</td>
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Sureprep No-Sting Skin Protectant
Water-based no-sting formula contains no alcohol or synthetic solvents,* for painless application on damaged or compromised skin. Forms a long-lasting, clear, vapor-permeable, water-resistant coating. For use on all skin types.¹

Use on damaged or intact skin to protect from breakdown due to:
- Adhesive trauma
- Moisture
- Incontinence
- Friction

Change Frequency:
With each dressing change or within 72 hours, depending on frequency of cleansing. If cleansing is very frequent, more frequent application may be necessary.

Contraindications:
- Direct application to a wound bed.
- As a barrier to bacterial contamination.
- On infected skin, or on or near the eye.

<table>
<thead>
<tr>
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<td>Sureprep No-Sting Spray, 28 ml</td>
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* Sureprep No-Sting Spray contains a solvent
Sureprep No-Sting Evidence

Adhesive Trauma Protection
In controlled trials, Sureprep No-Sting® was found to be significantly better than 3M Cavilon™ No-Sting, with respect to erythema, redness and skin stripping associated with adhesive removal. See graphs below for details.

Expert Grader Assessment of Erythema
By day 5, the grader noted significantly less redness on the subject using Sureprep No-Sting® (3.6) than the subject using 3M Cavilon No-Sting (5).

Transepidermal Water-Loss (TEWL)
On day 4 and day 5 subjects using Sureprep No-Sting® experienced significantly less water loss than subjects using 3M Cavilon No-Sting; indicating that Sureprep No-Sting provides greater protection from adhesive stripping.

Stinging Assessment
Sureprep No-Sting spray is as gentle as the 3M Cavilon No-Sting.

Test data from an independent lab. Results on file and will be sent upon request.

Sureprep No-Sting Wipes were tested.
Marathon Liquid Skin Protectant

Cyanacrylate-based, no-sting formula binds to the skin at a molecular level to create a long-lasting, breathable barrier. Marathon forms a fully flexible, clear and remarkably strong protective layer on skin.

Use on intact skin to provide a barrier to breakdown, or to protect injured skin from:
- Adhesive trauma
- Moisture
- Incontinence
- Friction

Change Frequency:
Up to three days, reapply as needed.

Contraindications:
- Direct application to a wound bed.
- As a barrier to bacterial contamination.
- On infected skin.

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<td>MSC093005</td>
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<tr>
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<td>Marathon Liquid Skin Protectant, 0.5 g Vial</td>
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Marathon Liquid Skin Protectant Evidence

Marathon’s strength is evidenced in the skin’s resistance to external friction and moisture, especially when compared to other solvent-based no-sting barriers.

**Abrasion Resistance Test**

Marathon helps reduce damage caused by friction. In abrasion resistance testing, areas where Marathon was applied showed significantly better protection of skin from frictional forces and from TEWL compared to 3M Cavilon™ or no treatment at all.

*Test data from an independent lab. Results on file and will be sent upon request.*

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

Marathon provides protection from moisture. In corrosive fluids and wash-off resistance testing, areas where Marathon was applied showed better resistance after each of the five urine and wash-off cycles compared to the areas where 3M Cavilon or no product at all were applied. Marathon shows greater protective capabilities than 3M Cavilon against corrosive fluids (synthetic urine) and wash-off.

*Test data from an independent lab. Results on file and will be sent upon request.*
Marathon Liquid Skin Protectant Evidence

Evaluation of a Cyanoacrylate Protectant* to Manage Skin Tears in the Acute Care Population

During a study for the management of skin tears, Marathon required only a one-time application during the documentation period. Its application involved significantly less costs and staff time. Nurse satisfaction with Marathon was high. There were no complications, and patient discomfort was minimal.

![Day 1](image1.png)  ![Day 8](image2.png)

Evaluation of a Cyanoacrylate Protectant* to Manage Peristomal Skin Irritation Under Ostomy Skin Barrier Wafers

For patients using ostomy wafers, Marathon helped reduce discomfort levels at initial assessment from 9.5 to 0 by the second wafer change (1-10 scale). With Marathon, the length between wafer changes also increased. Because of the skin protectant action of Marathon, immediate adherence of the wafer was reported at all wafer changes. Epidermal restoration occurred within 10 days, and patients reported high satisfaction with this method of peristomal skin irritation management.

![Day 1](image3.png)  ![Day 10](image4.png)

Skin Protection for Indigent Residents with a Novel Product* (Cyanoacrylate) at one County Long-Term Care Facility

Marathon proved to be an exceptional barrier against corrosive bodily fluids when used as a skin protectant for several indigent patients with incontinence-associated skin irritation. The staff commented that the added degree of strength compared to traditional protectants prevented further damage without affecting limited economic resources available for the treatment of these patients.

![Day 1](image5.png)  ![Day 16](image6.png)

* Marathon Liquid Skin Protectant


8. Webb M. Skin Protection for Indigent Residents with a Novel Product (Cyanoacrylate) at one County Long Term Care Facility. Paper presented at: American Professional Wound Care Association Annual Conference; April 2010; Philadelphia, PA.