

# 3M™ Medipore™ Soft Cloth Pre-cut Dressing Covers

## Commonly Asked Questions

**Question:**

Are Medipore dressing covers hypoallergenic & natural rubber latex free?

**Answer:**

Yes.

**Question:** Are Medipore dressing covers sterile? Can they be sterilized?

**Answer:**

Medipore dressing covers are sold clean, not sterile.

Medipore dressing covers may be sterilized by ethylene oxide but NOT by steam (autoclave). Although 3M provides guidelines, it is up to the facility to ensure sterility. At this time, Sterrad™ processing with hydrogen peroxide is not recommended for Medipore products.

3M™ Medipore +Pad Soft Cloth Adhesive Wound Dressings are sterile dressings made of an “island” of a 3M™ Microdon™ pad covered by Medipore tape.

**Question:**

Why doesn't 3M use the same adhesive for all Medipore products?

**Answer:**

Unlike the Medipore tapes and pre-cut dressing pads, both Medipore +Pad dressings and 3M™ Steri-Strip™ Adhesive Skin Closures undergo gamma irradiation for sterilization. Gamma sterilization makes the adhesive firmer. So if you start off with a softer adhesive, the firmness will be just right after the gamma irradiation. Because the rolls of Medipore tape are not sterilized prior to sale, they use an adhesive that is firmer to start with.

**Question:**

Is there a special way to apply Medipore dressing covers?

**Answer:**

The direction of the stretch should be considered when securing a dressing or tubing to an area that is at high risk for distention, edema, hematoma formation, or movement. Anecdotally, applying soft cloth tape parallel to the incision appears to be associated with fewer skin injuries than taping perpendicular to the incision. When distention or movement under the dressing is not anticipated, the direction of the stretch of the Medipore dressing cover is not known to make a difference.

**Question:**

Why do we have an expiration date for tape products? What happens when tape products “expire”?

**Answer:**

Although an expiration date is not required for surgical tapes in the U.S., an expiration date is required by a number of other countries. You might think of it as a “best quality if used by...”. In general, we do not expect changes in performance shortly after the expiration date, but 3M ensures performance within that time frame. The recommended shelf life for Medipore tape and the Medipore pre-cut dressing covers is 3 years under normal storage conditions. The Medipore +Pad dressings shelf life is 3 years or sooner, if sterility is broken.

**Question:**

Does 3M™ DuraPrep™ Surgical Solution increase adhesion of Medipore dressing covers?

**Answer:**

We do not have adhesion data specific for Medipore dressing covers applied over DuraPrep solution. DuraPrep solution is alcohol based which generally does increase adhesion, and the acrylate-based polymer in the DuraPrep film appears to have a high affinity to medical adhesives, so in theory, for some patients and some products, adhesion may increase. But the effects on the level of adhesion and sensations associated with dressing removal (the “ouch” factor) may vary with many factors such as the type of dressing, duration of wear, and characteristics of the patient.

**General Question on Taping****Question:**

Which of the surgical tapes are the most gentle?

**Answer:**

The most gentle tapes for repeated taping are 3M™ Medipore™ H, Micropore™, Medipore, and Transpore™ White tapes.

**Question:**

Is there anything more to know than “sticky side down”?

**Answer:**

Yes, after choosing the appropriate tape, place the tape without tension onto the skin. In general, do not encircle a limb completely with tape since subsequent swelling or an infiltration may compromise circulation. The adhesives on the surgical tapes are “pressure sensitive”. This means that they are designed to adhere best when gentle, but firm, finger or hand pressure is applied to the tape, rubbing it into place. Skin has hills and valleys. Just laying a piece of tape on the

skin only gives you contact with the top of the hills. Gentle, but firm strokes along the tape allows the adhesive to come into contact with more of the skin surface. This will increase initial adhesion and decrease the risk of “rolling” or losing your tape to friction. Usually, the tackier - or stickier - the tape, the less pressure is needed.

**Question:**

How can I increase tape adhesion?

**Answer:**

**The key concepts to maximize adhesion are:**

- Start with clean, dry skin
- Touch the sticky surface of the tape as little as possible
- Apply sufficient pressure to the tape to get the adhesive into the nooks and crannies of the skin
- Cover adequate surface area so that the tape can support the tubing or dressing
- Obtain full contact between the tape and the skin or tubing so that moisture cannot slip between the two and loosen the tape

Most adhesives stick best to clean, dry surfaces so try to minimize moist conditions as much as possible.

- Remove substances that contain emollients or oils, such as most lotions and adhesive tape removers.
- If the skin is very oily, use a mild soap and water to remove the excess oil and pat dry. An alcohol wipe may also be used to remove the excess oil, but since it is very drying, it should be used with care
- To protect at-risk skin, 3M™ Cavilon™ No Sting Barrier Film may be used under the tape.
- If you are using a prep solution, let it dry completely before applying the tape.

**Question:**

How can I get tape to let go of my gloves?

**Answer:**

We tend to hold tape tightly, especially when tearing it off the roll and when gauging where we plan to put the tape. Because the tapes have pressure sensitive adhesives, when we hold them tightly, they stick even more to our gloves. The adhesives were designed to release from gloves so try holding the tape a little less tightly, and it will usually “let go”.

**Question:**

What is the best way to remove tape?

**Answer:**

Proper tape removal is critical in reducing the occurrence of traumatic skin injuries such as skin stripping. First, loosen the edges of the tape. You may “start” an edge of the tape by pressing a small piece of tape onto the corner, like a pop tab, and lifting – pressure sensitive adhesive! Stabilize the skin with one finger. Remove the tape “low and slow” in the direction of hair growth. Keep the tape close to the skin surface and pulled back over itself. Removing tape at an angle will increase tension on the epidermis and increase the risk of mechanical trauma. As the tape is removed, continue to support the newly exposed skin. Support close to the “peel edge” is particularly important for thin or easily distensible skin.

For tape that is strongly adhered to skin or hair, you may consider using a medical grade adhesive remover or lotion to soften the adhesive. 3M tape adhesives are not readily dissolved in alcohol.

Hair presents special challenges. It can be difficult to obtain good initial adhesion over hair and yet difficult to remove tape from hair after a time. Hair tends to grow medial to lateral, sometimes downward. A technique that may be helpful in removing tape from hair is to catch the upper, medial edge of the tape. Peel the edge of the tape back, forming a small triangle. Supporting the skin adjacent to the tape, glide a small amount of lotion on the leading (peel) edge of the tape. This is often enough to soften the adhesive and release it from hair. Continue to remove the tape “low and slow, back over itself” while gliding the lotion along the edge.

**Question:**

What if I used a lotion or an adhesive remover and need to tape over the same area?

**Answer:**

Reassess the skin. If you wish to retape over an area where you used adhesive remover or lotion, you will either need to remove the lotion or adhesive remover or use a lotion that allows you to tape over it. Some lotions that allow you to retape may actually increase adhesion of some tapes on some people, so it is important to use good technique for subsequent tape removal. You may wish to protect areas that will be exposed to repeated taping with an alcohol-free barrier film such as Cavilon No Sting Barrier Film. Removing the tape will also remove the barrier film, so the film should be reapplied and allowed to dry before retaping.

**Question:**

Where can I find the expiration date?

**Answer:**

The expiration date is embossed on the end of the tape box following the hourglass symbol. At this time, the lot number and expiration date cannot be printed inside the rolls because of limitations in space and printers.

**Question:**

Are Material Safety Data Sheets (MSDSs) required for surgical tapes?

**Answer:**

No. By definition, surgical tapes are “articles”, so MSDSs are not required.



**Health Care**

3M Center, Building 275-4W-02  
St. Paul, MN 55144-1000  
USA  
1 800 228-3957  
[www.3M.com/healthcare](http://www.3M.com/healthcare)

**For More Information**

Contact your 3M Health Care Sales Representative, or call the 3M Health Care Customer Helpline at **1-800-228-3957**. These products can be ordered from your local distributor. Outside the United States, contact the local 3M subsidiary.