

# 3M™ Medipore™ Soft Cloth Surgical Tapes

## Commonly Asked Questions

**Question:**

Is 3M™ Medipore™ H Soft Cloth Surgical Tape hypoallergenic, with natural rubber latex free?

**Answer:**

Yes.

**Question:**

Is Medipore tape sterile? Can it be sterilized?

**Answer:**

Rolls of 3M Medical Tapes are sold clean, not sterile. Medipore tape 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 tape.

3M™ Medipore Pre-Cut Dressing Covers are not sterile; however 3M™ Medipore +Pad Soft Cloth Adhesive Wound Dressings are sterile dressings made of an “island” of a 3M™ Microdon™ pad covered a Medipore-like tape.

**Question:**

Why don't we 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 can use an adhesive that is firm to start with.

**Question:**

Is there a special way to apply Medipore tape?

**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 tape is not anticipated, the direction of the stretch of Medipore tape is not known to make a difference.

**Question:**

Why do we have an expiration date for tapes? What happens when a tape “expires?”

**Answer:**

The expiration date allows us to ensure performance of the tape products within a specified time period. 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:**

Why don't we make a soft cloth tape on a liner?

**Answer:**

Two disadvantages of a soft cloth on liner are: (1) the liner waste generated and (2) its tendency to stick to itself when static is generated as the liner is removed. Soft cloth without a liner is easy to handle, is designed to release from itself, and may be used for the majority of applications without waste. A 3M soft cloth tape on a liner is available in Europe and Asia, but it is not sold in the U.S. at this time.

**Question:**

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

**Answer:**

We do not have adhesion data specific for Medipore tape applied over DuraPrep solution. DuraPrep solution is alcohol based which generally does increase the adhesion of tapes, 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 tapes, adhesion of the tape may increase. But the effects on the level of adhesion and sensations associated with tape removal (the “ouch” factor) may vary with many factors such as the type of tape, duration of wear, and characteristics of the patient.

**Question:**

What is the best way to get the last of the Medipore tape off the roll (AKA “I want to use it all up”)?

**Answer:**

If you are having difficulty getting the last bit of Medipore tape off of the roll, look at how you are holding the tape while you are tearing it. Although the tape nearest the core IS wound a little tighter than the outside layers, the most common cause of tight unwind may be squeezing the roll when tearing off sections of tape (think of how it is more difficult to unwind 3M™ Coban™ Self-

Adherent Wrap or a soft tape after someone has squeezed the roll). Try holding the roll gently, unwind the amount of tape you want, put fingers on either side of the perforations and tear. Another way to avoid squeezing the roll: put your right middle finger inside the tape core; unwind the tape to the length you need so that the perforations stop just at the edge of the roll; support the edge of the tape next to the roll with your right thumb; now, using your left hand, tear down at the perforations.

**Question:**

What is the difference between Medipore tape and Medipore H tape?

**Answer:**

Originally, Medipore tape and Medipore H tape differed. Both had the same nonwoven, polyester backing; however, the adhesive differed. Medipore H tape was developed after Medipore tape in order to enhance adhesion while maintaining gentleness to skin. For years, we kept both tapes, although the plan was always to eventually replace Medipore tape with Medipore H tape. In 2012, we eliminated the difference between Medipore tape and Medipore H tape so that now both tapes provide the higher level of adhesion while maintaining the gentleness to the skin.

**General Questions on Taping**

**Question:**

Which of the medical tapes are the most gentle?

**Answer:**

The most gentle tapes for repeated taping are 3M™ Kind Removal Silicone Tape, 3M™ Medipore™ H tape, 3M™ Micropore™ Surgical Tape, and 3M™ Transpore™ White Surgical Tape.

**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. But, 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, to lift the 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 use 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 3M™ 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.



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