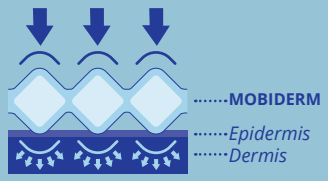
MOBIDERM Technology

MOBIDERM is a medical device comprised of foam cubes encased between two non-woven bandages.

MOBIDERM Technology can be used under a reducing bandage (in its bandage or pad forms), or incorporated into mobilizing garments.

The pressure difference created between the support area of the blocks and the surrounding area stimulates the flow of lymphatic fluid, optimizing drainage efficacy.[3]

PATENTED [4]



Two sizes of foam blocks adapt to the various needs of the affected area

SMALL **BLOCKS**

- More effective in highly induced areas
- Better for small morphologies or body areas: pediatric patients, hands/foot, breast, and more.

BIG **BLOCKS**

- Better adapted along the limb

MOBIDERM autofit garments are recommend for patients with all stages of lymphedema, dysmorphic or regular morphology, progressive edema.

MOBIDERM garments are also available in non adjustable version.

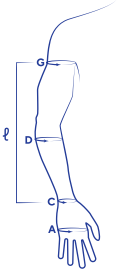
MOBIDERM Standard

Mitten

Glove

ORDERING INFORMATION

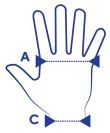
MOBIDERM autofit **Armsleeve**



**Note: We recommend going up one size to accommodate for upper arm coverage*

	Size*	Hand Circumference (cA)	Wrist Circumference (cC)	Forearm Circumference (at the widest point) (cD)	Axillary Arm Circumference (cG)	Regular ℓ = 40-45 cm	Long ℓ = 45-50 cm
Right	1	17–21 cm	15–19 cm	22–28 cm	25–32 cm		
	2	17–21 cm	16–20 cm	24–30 cm	29–36 cm		
	3	18–22 cm	17–21 cm	26–32 cm	33–40 cm		
	4	18–22 cm	17–21 cm	28–34 cm	37–44 cm		
	5	19–23 cm	18–22 cm	30–36 cm	41–48 cm		
	6	20–24 cm	19–23 cm	31–37 cm	45–52 cm		
Left	1	17–21 cm	15–19 cm	22–28 cm	25–32 cm		
	2	17–21 cm	16–20 cm	24–30 cm	29–36 cm		
	3	18–22 cm	17–21 cm	26–32 cm	33–40 cm		
	4	18–22 cm	17–21 cm	28–34 cm	37–44 cm		
	5	19–23 cm	18–22 cm	30–36 cm	41–48 cm		
	6	20–24 cm	19–23 cm	31–37 cm	45–52 cm		

MOBIDERM Standard Glove & Mitten



Size	Wrist Circumference (cC)	Hand Circumference (cA)	Glove Right	Glove Left	Mitten Right/Left
1	14–16 cm	15–17 cm			
2	16–18 cm	17–19 cm			
3	17–19 cm	19–21 cm			
4	19–21 cm	21–23 cm			
5	20–22 cm	23–25 cm			
6	21–23 cm	25–27 cm			

(1) Mestre – Interest of an auto-adjustable night-time compression sleeve (MOBIDERM Autofit) in maintenance phase of upper limb lymphoedema: the MARILYN pilot RCT - Support Care Cancer (25:2455-2462) – 2017 – Page 7

(2) Quéré - Prospective multicenter observational study of lymphoedema therapy: POLIT study - Vascular Desease Journal – 2014 – Pages 4 and 5

(3) Todd – Mobiderm Autofit: an adjustable sleeve that enables patients to self-manage lymphoedema – Chronic oedema – April 2018 – Page 6

(4) Only in following countries: Algeria, Austria, Belgium, Canada, China, Czech Republic, Denmark, Finland, France, Germany, Hungary, India, Morocco, Italy, Netherlands, Poland, Portugal, Romania, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tunisia, United-Kingdom

Biflex - Indications: Venous insufficiency, simple and complicated varicose veins, reduction of venous and posttraumatic edema, dermatitis / lipodermatosclerosis, varicose ulcers, deep vein thrombosis (prevention and confirmed accident), post-thrombotic syndrome, following sclerotherapy, treatment of lymphedema. Contraindications: PAD (peripheral arterial disease), skin wounds, abscess, infected skin conditions, extra-anatomic bypass, uncontrolled heart failure.

BiflexIdeal® - Indications: Treatment of lymphedema, simple and complicated varicose veins, following sclerotherapy, following surgery, reduction of post-traumatic edema, varicose ulcers. Contraindications:
Do not apply directly to an open wound.

Mobiderm Autofit and Standard - Indications: Maintenance of volume reduction in lymphedema. Contraindications: Skin infection of the limb or acute inflammation, known allergy to components used, septic thrombosis, severe peripheral neuropathy of the limb. Lower limb - PAD (peripheral arterial disease) of lower limbs with ABPI < 0.6, congestive heart failure, advanced diabetic microangiopathy, phlegmasia cerulea dolens, extra-anatomic bypass. Upper limb - pathology of brachial plexus, vasculitis of the extremities.

Availability of these products might vary from a given country or region to another, as a result of specific local regulatory approval or clearance requirements for sale in such country or region. All the medical devices mentioned on this document are CE marked according to the European council directive 93/42/EEC and its relatives or the Regulation 2017/745 on medical devices, unless specifically identified as "NOT CE MARKED". Products mentioned in this document are CE class I devices. Please contact Thuasne should you need any additional information on devices classification.

Please read carefully the instructions for use, indications and contraindications of the product. Last revision date: 2020/07. Ref: 002

THERAFIRM®
THUASNE

THUASNE

MOBIDERM

☐ Order
☐ Quotation
☐ Renewal

Patient's First Name: _____

Patient's Last Name: _____

Gender: ☐ M ☐ F ☐ Pediatric

Patient Height: _____

Case No. for renewal: _____

☐ 1st Treatment

Date: _____ **Quantity:** _____

☐ Left Arm ☐ Right Arm
Fill out one for each side

MOBIDERM autofit

Comments: _____

**Note: We recommend going up one size to accommodate for upper arm coverage*

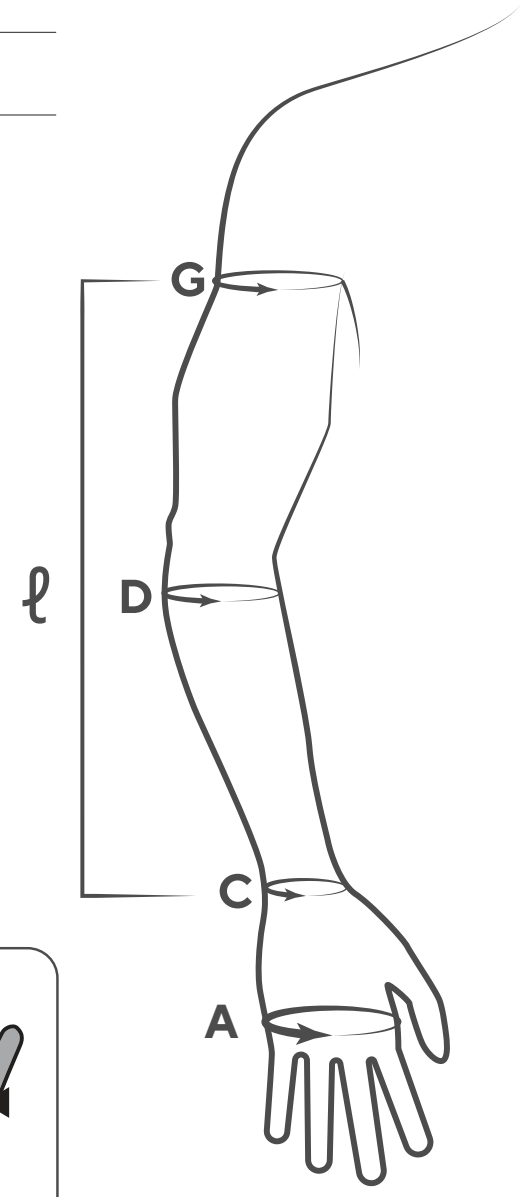
G

D

ℓ

C

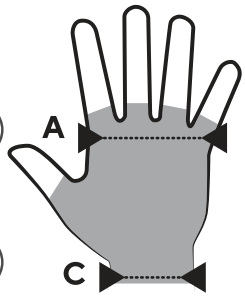
A



Mitten

A

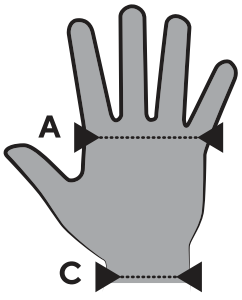
C



Glove

A

C



☐ Left Hand ☐ Right Hand
Fill out one for each side

MOBIDERM

☐ Mitten ☐ Glove

Comments: _____