

3M™ Durapore™ Surgical Tapes

Commonly Asked Questions

Question:

Is Durapore tape hypoallergenic & natural rubber latex free?

Answer:

Yes.

Question:

Has Durapore tape changed?

Answer:

Not recently. The adhesive on Durapore tape did change briefly in 1998. Originally, Durapore tape had a solvent-based adhesive. This changed to a “solventless” adhesive in 1998 and then back again in 1999. The tape with the “solventless” adhesive felt a little “stiffer”.

Question:

Is Durapore tape sterile? Can it be sterilized?

Answer:

3M Surgical rolls of tape are sold clean, not sterile. Durapore tape may be sterilized by ethylene oxide or gamma but NOT by steam (autoclave). Although 3M provides these guidelines, it is up to the facility to ensure sterility. At this time, Sterrad™ processing with hydrogen peroxide is not recommended for Durapore tape.

Question:

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

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 Durapore tape is 5 years under normal storage conditions.

Question:

Why do some tapes leave so much sticky residue on tubes?

Answer:

Plasticizers are used in many medical grade PVC tubes to make them soft, pliable, and more comfortable for patients. Plasticizers tend to “leach” out of the tubing and interact with the tape adhesive, leaving a sticky, gummy residue. Durapore tape is often used to secure tubing. In general, the longer the Durapore tape is on the tubing, the gummier it will be when the tape is changed.

Question:

How can I get tape to stay on the nose for NG secure? What is the best tape for oily skin?

Answer:

Most of the tapes stick best to clean, dry skin. Few tapes adhere well to truly wet areas. The nose is a challenge because: (1) the skin tends to get oily and/or diaphoretic and (2) nasal secretions often saturate the tape surrounding the tube. Durapore tape is a great tape for NGs if the nose is dry when the tape is applied and remains dry. However, when patients are diaphoretic or have skin that continues to produce large amounts of oil, the Durapore tape may soak up the moisture/oil, becoming translucent in appearance and losing some of its adhesion. If using Durapore tape on oily skin: before applying the tape, cleanse the skin, removing the surface oil, and pat it dry. If the tube is critical and swelling is not anticipated, some clinicians apply a thin layer of tackifier such as Compound Benzoin Tincture (CBT) before applying the tape. However, some people's skin may be irritated by CBT, particularly if it is not allowed to dry before a tape is applied.

3M™ Cloth Adhesive Tape (CAT). Like Durapore tape, CAT has a strong backing with good bi-directional tear and adheres well to dry surfaces. Unlike Durapore tape, the new CAT appears to *maintain* good adhesion despite/when secretions, blood, or sweat are present. However, CAT is not water resistant and adhesion should be reassessed routinely and as needed when wet conditions are present.

General Taping**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 moisturizers 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, 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 moisturizer (moisturizer) 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 moisturizer 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 moisturizer along the edge.

Question:

What if I used a moisturizer (cream) 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 moisturizer, you will either need to remove the moisturizer or adhesive remover or use a moisturizer that allows you to tape over it. Some moisturizers (creams) 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 between tapings.

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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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.