ACTIVE DEFENSE

TAKE ON THE CHALLENGE OF SLOUGHY WOUNDS

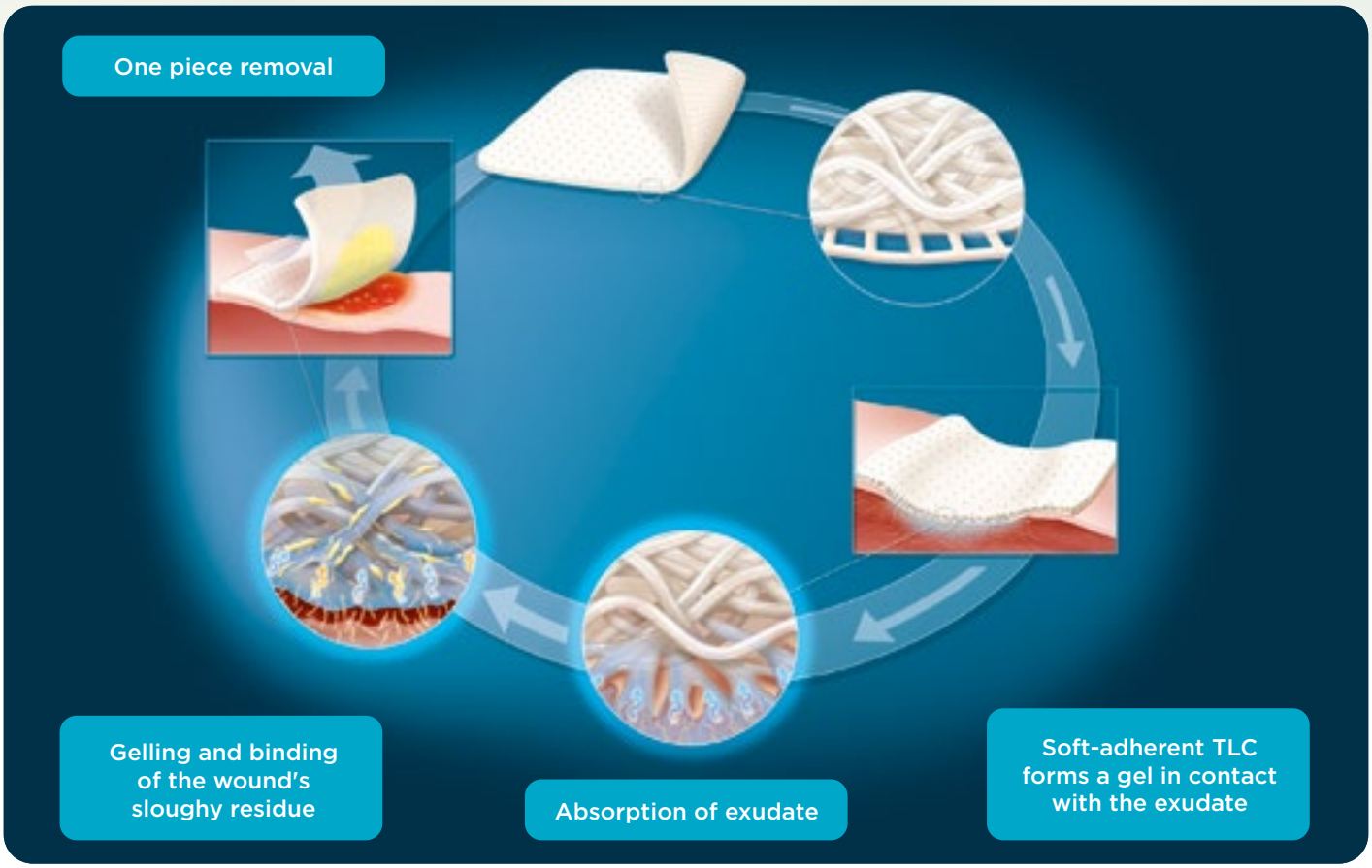
With the only dressing that is clinically proven to deslough safely and effectively[1,2]

UrgoClean®

URGO MEDICAL
Healing people®

TRAPS AND RETAINS SLOUGH EFFECTIVELY – GENTLE ON PATIENTS

With its poly-absorbent hydrofibres, UrgoClean® traps bacteria[3], limiting bacterial proliferation. This debris is retained in the dressing during 'one-piece' removal.

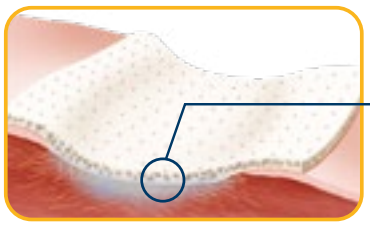


The highly absorbent hydro-desloughing fibres of the UrgoClean® Pad are extremely hydrophilic.

The exudate penetrates the structure of the network, with the fibres swelling and forming a translucent gel.

Absorption | Swelling | Gelling

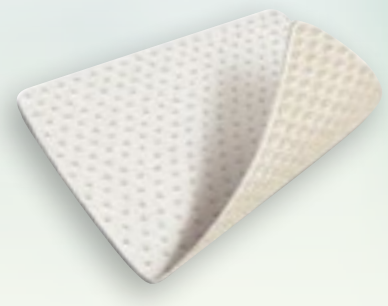
The presence of this soft-adherent lipido-colloid layer not only facilitates positioning of the pad and ensures it stays in place around the wound, but also protects the skin around the wound and newly formed tissue.



Gelling on contact with wound exudate

UrgoClean® PAD & ROPE

UrgoClean®



FEATURES	BENEFITS
Poly-absorbent fibres (polyacrylate) highly absorbent and cohesive	• 50% better reduction in sloughy tissues compared to Hydrofibres[3] • Traps bacteria • Debrides and desloughs
Coated with a micro-adherent lipidocolloid matrix (TLC) that gells easily	• Allows one piece and pain-free removal[4]
Haemostatic properties	• Manages minor bleeding

INDICATIONS

- UrgoClean® is indicated for the desloughing phase of chronic exuding wounds (leg ulcers, pressure ulcers, diabetic foot ulcers) and potentially sloughy wounds: acute wounds (burns, skin abrasions, traumatic wounds) post-operative wounds, cancerous wounds

CONTRAINDICATIONS

- Do not use if there is a known sensitivity to UrgoClean®
- Do not use UrgoClean® as a surgical sponge for heavily bleeding wounds

WARNINGS AND PRECAUTIONS FOR USE

- The soft-adherent TLC layer of UrgoClean® adheres to latex gloves. It is therefore recommended that the dressing be handled carefully, avoiding any contact with the soft-adherent side or using sterile forceps
- The concomitant use of a cream, lotion, ointment or emulsion is not recommended
- Due to the non-occlusive nature of this dressing, UrgoClean® can be used on infected wounds under close medical supervision
- During the desloughing process, the wound may appear to be larger in size. This is due to the effective removal of slough
- UrgoClean® must not be used in a hyperbaric chamber
- Do not re-sterilise the dressing
- Check that the sterile protector is intact before use. Do not use if package is damaged
- Single use sterile individual packaging: re-using a single use dressing may lead to risks of infection

UrgoClean® ROPE

FEATURES	BENEFITS
Poly-absorbent fibres (polyacrylate) highly absorbent and cohesive	• 50% better reduction in sloughy tissues compared to Hydrofibres[1] • Traps bacteria • Debrides and desloughs • One piece removal
Packaged with a probe to assess wound depth	• Easy to pack into the wound
Haemostatic properties	• Manages minor bleeding

INDICATIONS

- UrgoClean® is indicated for the desloughing phase of chronic exuding wounds (leg ulcers, pressure ulcers, diabetic foot ulcers) and potentially sloughy wounds: acute wounds (burns, skin abrasions, traumatic wounds) post-operative wounds, cancerous wounds

CONTRAINDICATIONS

- Do not use if there is a known sensitivity to UrgoClean®
- Do not use UrgoClean® as a surgical sponge for heavily bleeding wounds
- Do not use in fistula wounds with a diameter less than that of the probe, do not use on dry wounds
- Do not use as surgical packing (non-resorbable rope)
- Do not use in endo-nasal area in rhino-sinusitis surgery

WARNINGS AND PRECAUTIONS FOR USE

- The soft-adherent TLC layer of UrgoClean® adheres to latex gloves. It is therefore recommended that the dressing be handled carefully, avoiding any contact with the soft-adherent side or using sterile forceps
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CASE STUDY
DIABETIC FOOT ULCER

INTRODUCTION
A 64-year-old male presented with a trauma induced neuropathic diabetic foot ulcer (DFU) on the apex of the right hallux.

Co-morbidities which contributed to delayed wound healing:

- Diabetes Mellitus Type 2, non-insulin dependent
- Hypertension
- Hypercholesterolaemia
- Obesity
- Aeromonas Hydrophila bacterial infection
- Cellulitis

Hyperkeratosis that had developed around the wound margins was sharp debrided.

METHODOLOGY
A two week course of antibiotics was prescribed during the first consultation to address the Aeromonas Hydrophila bacterial infection.

Week 1: on presentation, the baseline wound measurements were 2.5 x 1.5 x 1.4cm. There was evident strong malodour, copious exudate and 100% slough on the wound bed. UrgoClean® was used for 11 days with dressing changes taking place daily. Slough was reduced to <30% after one week.

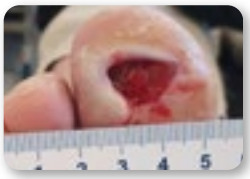
Week 2: the wound had progressed to 100% granulating tissue with minimal exudate. UrgoStart® wound dressing commenced.(Foam secondary dressings were applied for absorption and protection).

Dressing changes on alternate days were continued for the first week and then reduced to weekly

RESULTS
Complete wound closure was observed in week 12.

Week 1 – 14/05/2020
Wound area 2.5 x 1.5 x 1.4cm.

Week 1 – 18/05/2020
Slough reduced to 30% and wound size 2.0 x 1.8 x 0.9cm.



Week 2 – 25/05/2020
100% granulating tissues wound size 1.4 x 1.2 x 0.5cm.

Week 6 – 23/06/2020
Progressing to healing. Wound size 0.5 x 0.5cm.

Week 12 – 29/07/2020
Complete wound closure.

CASE STUDY
VENOUS LEG ULCER

THE USE OF URGOCLEAN® AND URGOSTART® TO DESLOUGH AND PROGRESS A COMPLEX RHEUMATOID ARTHRITIS LEG ULCER TOWARDS HEALING

INTRODUCTION
A 70-year-old female presented to the clinic in Nov 2019. She had a chronic, trauma induced, rheumatoid leg ulcer on the right lateral lower leg, which she sustained in 2016. The wound's baseline measurements were 11.5 x 10.5 x 0.5cm. Copious, thick, and purulent exudate was present. Two tendons were visible and slough covered 50% of the wound bed. There was undermining of the wound edges and slight haemosiderin staining in the superior margins and peri-wound, which was also very dry.

Co-morbidities:

- Rheumatoid Arthritis (RA) (under the care of a Rheumatologist, currently unmedicated)
- Liver Inflammation

Other factors which contributed to delayed wound healing:

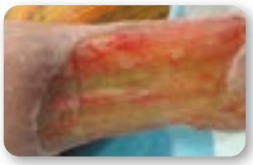
- Smoking
- Distance between residence and treatment centres

METHODOLOGY
Surgical biopsy of the wound edges and wound bed was performed prior to commencement of any treatment to exclude any malignancy or infection. The patient was treated with a combination of UrgoClean® pad and UrgoStart® foam with the starting strategy of controlling bacterial burden. A two-layer compression system was also applied.

RESULTS
After 23 weeks of treatment:

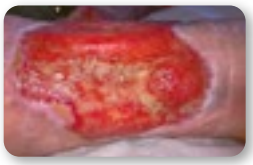
- The wound progressed from 50% slough to 100% granulating tissue
- The wound's surface area decreased by 45%
- The wound edges are attached to the wound base with no undermining or visible tendon
- The patient experienced no pain during dressing changes, which has decreased her anxiety and increased her confidence in her treatment

The patient has stated that the wound has progressed more in the past few months during treatment with UrgoClean® and UrgoStart® than the previous three and a half years with other dressings. Seeing such positive results in her wound has been life changing. The clinician has observed a great change in the patient's demeanor, who is happier and more positive. The clinician will continue with this treatment regime until complete wound closure.

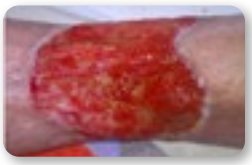


Week 1 – 25/02/2020
UrgoClean® pad was used to desslough and prepare the wound bed.

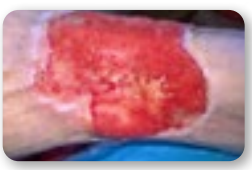
Week 4 – 01/04/2020
UrgoStart® was commenced to progress the wound towards healing.



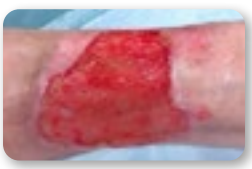
Week 6 – 13/04/2020
The wound measurements were 9.3 x 9.5 x 0.3cm, 30% slough and 70% granulation tissue.



Week 9 – 21/04/2020
Epithelialisation around the entire wound edge was visible.



Week 21 – 12/05/2020
Granulation tissue now covers the exposed tendons. The wound bed is 100% granulation tissue. At this stage, wound edges and the peri-wound are healthy and hydrated.



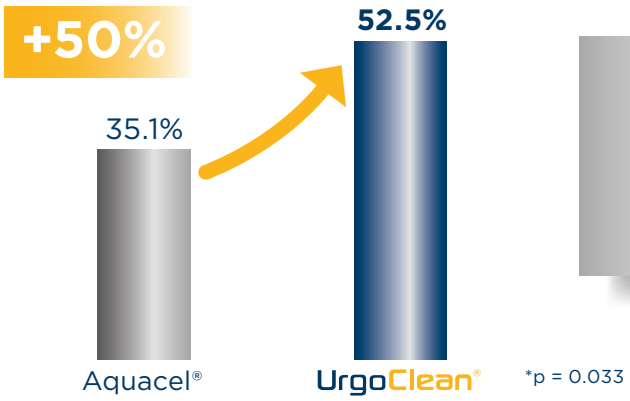
Week 23 – 11/08/2020

OUTCOMES FOR PATIENTS AND CLINICIANS

SUPERIOR DESLOUGHING EFFICACY VS. AQUACEL®

EARTH STUDY

Awarded
Best Clinical Research
BY JOURNAL OF WOUND CARE 2015



% of desloughed wounds after 6 weeks
Sloughy tissues ≤ 30%

Desloughing efficacy
50%
greater than Aquacel® after 6 weeks

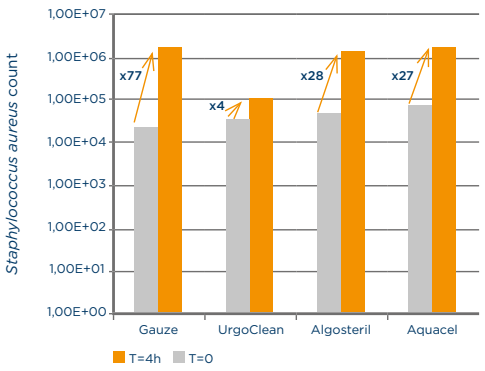
BETTER FOR BUDGETS

The proven ability for UrgoClean® to better suppress the proliferation of staphylococcus aureas and pseudomonas aeruginosa compared to other dressings, contributes to reduction in budgets allocated to expensive pharmaceutical responses to their proliferation and extended durations and levels of care both tertiary and primary.

Staphylococcus aureus*

The initial adhesion, corresponding to bacterial "trapping" of Staphylococcus aureus by the dressing was higher for all dressings compared with sterile gauze.

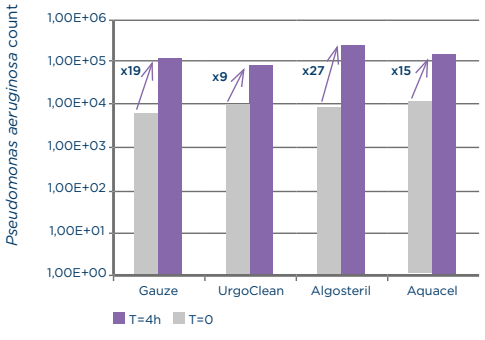
After 4 hours of contact with the different dressings, a mild 4-fold increase of Staphylococcus aureus proliferation was observed in UrgoClean® while a marked 27-, 28-, and 77-fold proliferation was observed in Aquacel®, Algosteril® and the gauze respectively.



Pseudomonas aeruginosa*

The initial dressing's bacterial "trapping" of Pseudomonas aeruginosa was similar in all dressings tested but was approximately 40% higher for all dressings compared with sterile gauze.

After 4 hours of contact with the different dressings, a mild 9-fold increase of Pseudomonas aeruginosa proliferation was observed in UrgoClean® while a more pronounced 15-, 19-, and 27-fold proliferation was observed in Aquacel®, the gauze and Algosteril® respectively.



UrgoClean® ORDERING DETAILS

TAKE ON THE CHALLENGE OF SLOUGHY WOUNDS

With the only dressing that is clinically proven to deslough safely and effectively[1,2]

UrgoClean®

ORDERING DETAILS

CODE	PRODUCT	DESCRIPTION	DRESSING SIZE	DRESSINGS PER BOX
100369	UrgoClean®	Polyabsorbent fibrous dressing pad, debrides/desloughs	6x6cm	10
100370	UrgoClean®	Polyabsorbent fibrous dressing pad, debrides/desloughs	10x10cm	10
100372	UrgoClean®	Polyabsorbent fibrous dressing pad, debrides/desloughs	15x20cm	10

UrgoClean® ROPE

ORDERING DETAILS

CODE	PRODUCT	DESCRIPTION	DRESSING SIZE	DRESSINGS PER BOX
100373	UrgoClean®	Polyabsorbent fibrous rope, debrides/desloughs	5x40cm	5
100374	UrgoClean®	Polyabsorbent fibrous rope, debrides/desloughs	2.5x40cm	5

1. White R. Supporting evidence-based practice: a clinical review of TLC healing matrix, Wound Care 2015;24(8): S1-S47.
2. Meaume S et al. Evaluation of two fibrous wound dressings for the management of leg ulcers: Results of a European randomised controlled trial (EARTH RCT) J Wound Care 2014;23(3):1-12.
3. Grothier L. Improving clinical outcomes and patient experience through the use of desloughing. Br J Comm Nurs 2015;20(9):1-6.
4. Meaume S et al. The importance of pain reduction through dressing selection in routine wound management the MAPP study. J Wound Care 2004;13(10): 409-13.

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URGO MEDICAL
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