

UrgoStart® Plus
closes wounds sooner*
from day one until
complete healing^{10,21}



UrgoStart® plus
Treatment Range

**An effective, simple and reliable
treatment that empowers you to
heal your patients sooner.**

URGO
MEDICAL
Healing people®

*Excluding wounds with dark necrosis

1. TLC-NOSF TECHNOLOGY

DEFINITION

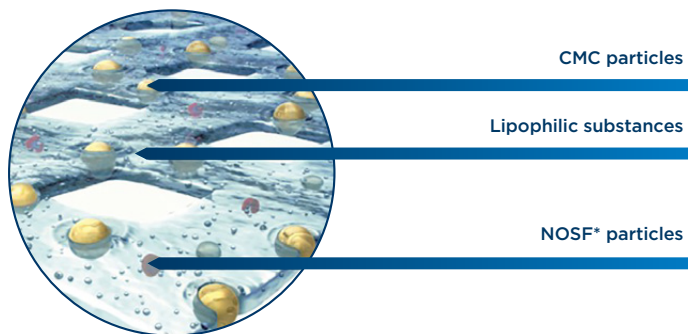
TLC (Technology Lipido-Colloid) consists of discrete hydrocolloid particles (CMC) dispersed in a jellified lipophilic layer, constituting a healing matrix composition which has been patented. It is a unique innovative technology from Urgo Medical. TLC is the core technology of all the Urgo Medical products.

NOSF* is a compound that has been shown to reduce excess Matrix Metalloproteinases (MMPs) and therefore provide an optimal environment for wound healing.
Combined with the other ingredients in the TLC layer, it promotes healing and closes wounds sooner.



CLOSE WOUNDS SOONER²¹

COMPOSITION OF TLC-NOSF MATRIX



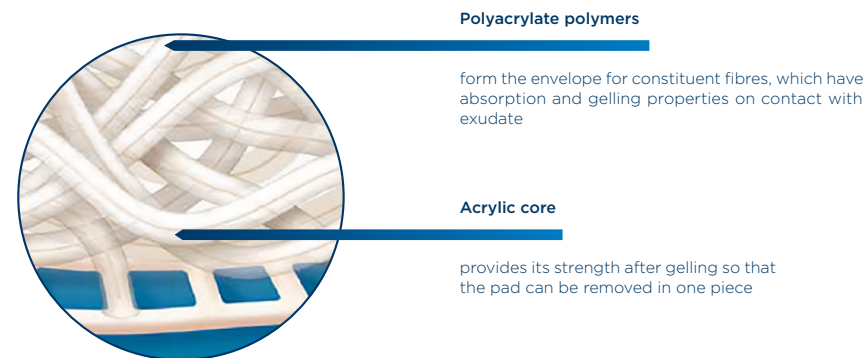
2. POLY-ABSORBENT FIBRES TECHNOLOGY

DEFINITION

The poly-absorbent fibres have a bi-component structure composed of ammonium polyacrylate polymers around an acrylic core. These poly-absorbent fibres possess high capacity to absorb exudate, drain and trap sloughy residues.

Polyacrylate polymers form the envelope for constituent fibres, which have absorption and gelling properties on contact with exudate. The acrylic core, at the centre of the fibre provides its strength after gelling so that the dressing can be removed in one piece.

COMPOSITION OF THE POLY-ABSORBENT FIBRES



✓ Present in the **full UrgoStart[®]** treatment range

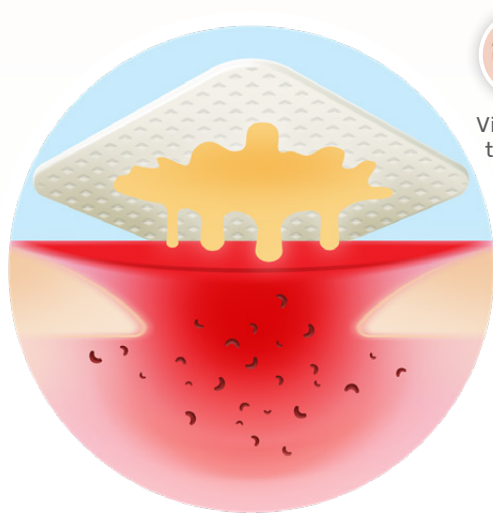
✓ Present in the **full UrgoStart[®] Plus** treatment range

UrgoStart[®] Plus gives you control of the healing process

Have the confidence that the wound will close sooner: **1 solution, 3 benefits**

1

Continuously
CLEANS^{18,38}



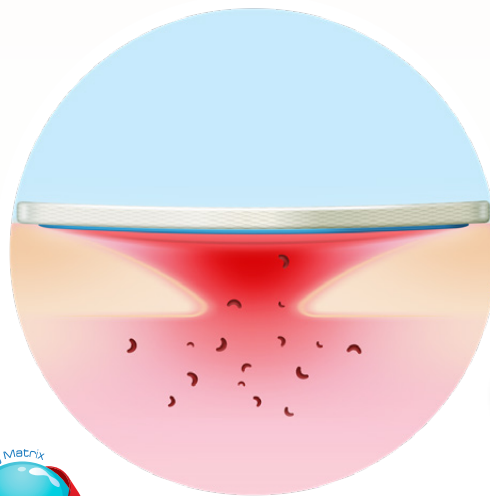
Visible to the eye

Polyabsorbent fibres trap slough and keep the wound clean

You can use 1 simple treatment on all tissue types: sloughy, granulating and epithelising wounds

2

Effectively
HEALS^{10,18}



Not visible to the eye

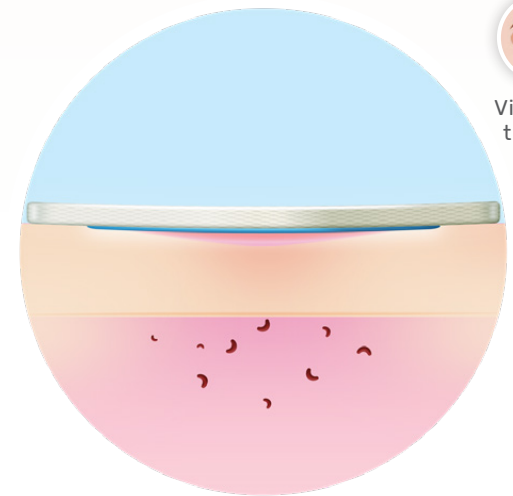


Healing matrix reduces MMP levels and restores balance

Restoring balance to the patient's healing trajectory

3

CLOSES
sooner^{10,21}



Visible to the eye

Closes wounds sooner than other dressings

The sooner you implement it, the better the outcomes^{11,21,22}

A simple, effective and reliable local treatment at all healing phases for patients with leg ulcers, diabetic foot ulcers and pressure injuries and long standing acute wounds.

UrgoStart^{plus}
Pad



SIMPLE

Poly-absorbent fibres³⁸

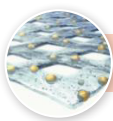
- Cleans the wound by trapping slough and wound debris
- Cleans bacterial residues
- Absorbs exudate



Wound Cleaning



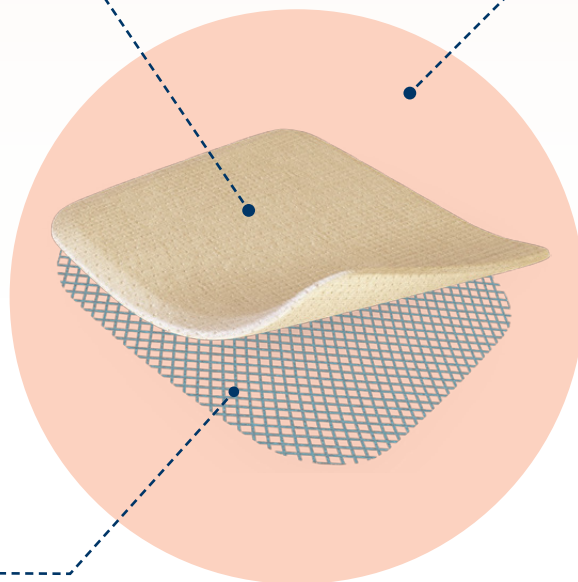
Highly Absorbent



EFFECTIVE

Close wounds faster thanks to the TLC-NOSF healing matrix¹⁰

- Reduces MMPs
- Maintains a moist environment favourable to healing
- Pain-free atraumatic removal



RELIABLE



For the first time, IWGDF Guidelines recommend UrgoStart^{®2}



NICE Guidelines recommend Urgostart[®] in first intention and recognise that it:¹

- Reduces healing time
- Is cost saving
- May reduce amputations
- Enhances quality of life



DFA guidelines suggest the use of sucrose-octosulfate impregnated dressing as an adjunctive treatment in addition to best standard of care, in non-infected, neuroischaemic diabetic foot ulcers that are difficult to heal.³



In LUs



In DFUs



NICE¹ recommends the **UrgoStart[®]** range for VLU and DFUs
Systematic review on **MMP REDUCERS⁴**
Systematic review – Benefit of **TLC-NOSF DRESSINGS⁵**

CHALLENGE^{7,8} double-blind RCT (**UrgoStart[®]** vs neutral dressing)
Venous and mixed leg ulcers – 187 Patients
WHAT⁹ RCT (**UrgoStart[®]** vs another MMP reducing dressing)
Venous and mixed leg ulcers – 117 patients
COST-EFFECTIVENESS ANALYSES¹²

NEREIDES/CASSIOPEE¹⁸ multicentre, prospective clinical trials
Venous and mixed leg ulcers – 37 and 51 patients
THE CONDÉ TRIAL²⁰ prospective clinical trial
Grafted VLU – 51 patients

REALITY²¹ pooled data analysis of real-life studies on DFU, VLU and PI – 10,220 patients
GOS²² German prospective Observational Study on DFU, VLU and PI – 1,140 patients
GOS-2²³ HRQoL German prospective Observational Study on DFU, VLU and PI – 961 patients

Recent case studies and case reports from Australia,²⁴ UK,²⁶⁻³⁰ Italy³¹

Most recent best practices, LU Pathways³³⁻³⁴
including TLC-NOSF dressings

Meta-analyses & systematic reviews

RCTs

Investigational studies (non-comparative clinical trials)

Observational studies (real-life clinical studies)

Case series, Case reports

Pre-clinical studies (animal research, in-vitro studies)

Expert consensus / opinion

NICE¹ recommends the **UrgoStart[®]** range for DFUs & VLUs
2020 IWGDF guidelines² recommend **UrgoStart[®]** to enhance wound healing of DFU

2021 DFA guidelines³ recommend **UrgoStart[®]** to enhance wound healing in NI DFU
Systematic review on interventions to enhance **HEALING DFU⁴**
Systematic review on **MMP REDUCERS⁴**
Systematic review – Benefit of **TLC-NOSF DRESSINGS⁵**

EXPLORER^{10,11} International double-blind RCT **UrgoStart[®]** vs neutral dressing
DFUs, neuropathy and PAD – 240 patients
COST-EFFECTIVENESS ANALYSES¹³⁻¹⁷

SPID¹⁹ Multicentre, Prospective Clinical Trial
Neuropathic DFUs – 33 Patients

REALITY²¹ pooled data analysis of real-life studies on DFU, VLU and PI – 10,220 patients
GOS²² German prospective Observational Study on DFU, VLU and PI – 1,140 patients
GOS-2²³ HRQoL German prospective Observational Study on DFU, VLU and PI – 961 patients

Recent case studies and case reports from Australia,²⁵ UK,^{29,30} and China³²

Most recent best practices and DFU Pathway³⁵⁻³⁷
including TLC-NOSF dressings





Diabetic foot ulcer

PATIENT PROFILE

This patient is a 59-year-old male patient with a history of diabetes, peripheral arterial disease, neuropathy and loss of sensation. SINBAD Score = 3 with reduced pedal pulse, protective sensation lost.

CONDITION

Presented with a diabetic foot ulcer, sized at $> 1\text{cm}^2$. The ulcer is a post-amputation wound of the 2nd right toe, 10 days post operatively. The wound surface area was 3.75 cm^2 with 50% of slough and 50% granulation tissue. Previous treatments included Alginate and N/A dressings. Wound was debrided as per standard protocol.

RESULTS WITH URGOSTART[®] PLUS

- At week 2, the wound surface is 1.50 cm^2 and presents 10% sloughy tissue and 90% granulation tissue. The surrounding skin is healthy.
- At week 5, the wound is healed.
- Clinician's comment: 5 weeks to complete closure is impressive.

2 week old diabetic foot ulcer
Treated over 5 weeks



Venous leg ulcer

PATIENT PROFILE

This patient is an 86-year-old female with a BMI of 32,0 kg/m² and a history of hypertension.

CONDITION

Presents at day 0 with a 7-month old venous leg ulcer on the lateral gaiter area of her right leg. 50% of the wound bed was covered with sloughy tissue and 50% with granulation tissue. She had varicose eczema to the surrounding skin. ABPI = 0.93.

At presentation, the wound surface area was 10.01 cm² and the local treatment was an absorbent pad in conjunction with dual compression (UrgoKTwo).

RESULTS WITH URGOSTART® PLUS

- At week 4, the wound surface is 1,84 cm² and is covered with granulation tissue.
- At week 8, the wound is healed and the surrounding skin is healthy.



7 month old leg ulcer
Treated over 8 weeks



PROVEN TO REDUCE HEALING TIME, RIGHT FROM THE START

Explorer RCT proves the sooner **UrgoStart[®]** family treatment range is initiated, the better the outcome^{10,11}

Reduced healing time by 60 days on average¹¹

Neutral dressing
with standard of care



180 days



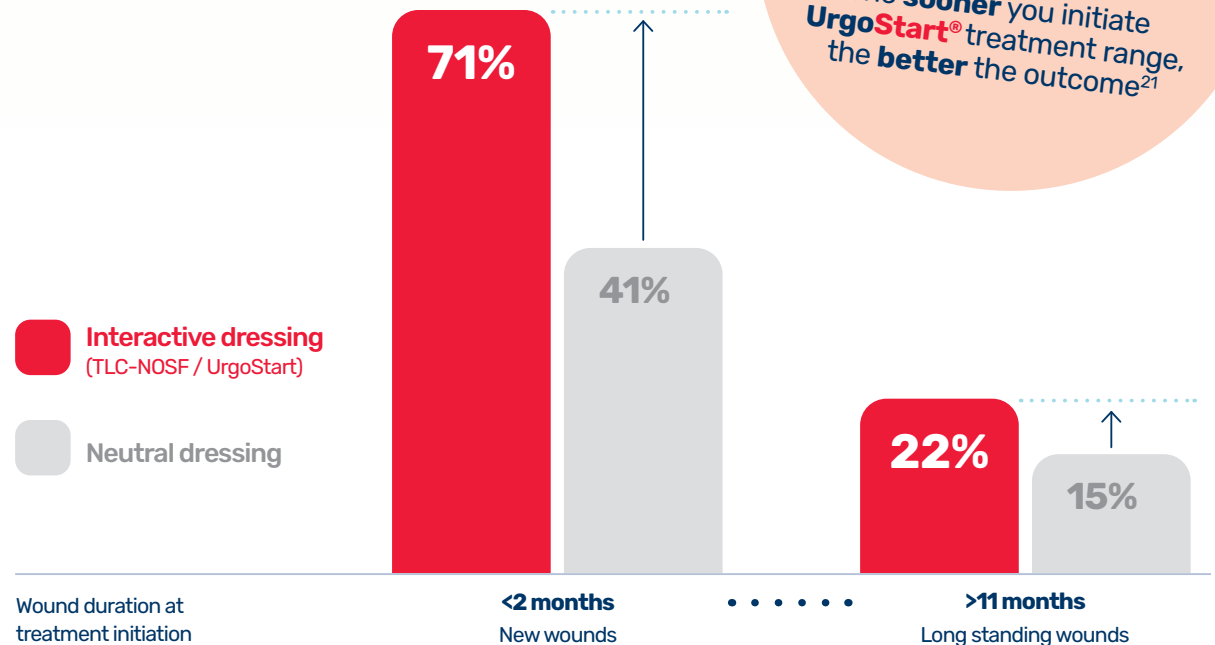
UrgoStart[®]
with standard of care



120 days



% of wounds completely healed after 20 weeks of treatment



The simplicity of a complete range suiting all wounds, right from the start.

For sloughy, granulating
and epithelising wounds
(From 0 to 100% slough)

For cavity or
hard-to-dress
granulating &
epithelising wounds
(Less than 30% slough)

UrgoStart^{plus}
Border



High absorption

- Cannot be cut
- Shower-proof backing
- Perfect for self-care

ORDERING DETAILS

Code	Size	No. per Box
100460	8x8cm	10
100461	10x10cm	10
100462	15x20cm	10
100463	13x13cm	10

UrgoStart^{plus}
NA



High absorption

- Cannot be cut
- Requires securing

ORDERING DETAILS

Code	Size	No. per Box
100440	6x6cm	10
100441	10x10cm	10
100442	15x20cm	10

UrgoStart^{plus}
Pad



Moderate absorption

- Should be cut to fit
- Requires securing
- Can be combined with a secondary dressing

ORDERING DETAILS

Code	Size	No. per Box
100420	6x6cm	10
100421	10x10cm	10
100422	15x20cm	10

UrgoStart^{plus}
Contact



Low absorption

- Should be cut to fit
- Requires securing
- Meshable
- Can be combined with a secondary dressing

ORDERING DETAILS

Code	Size	No. per Box
100379	5x7cm	10
100380	10x10cm	10
100381	15x20cm	10

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ADDITIONAL

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