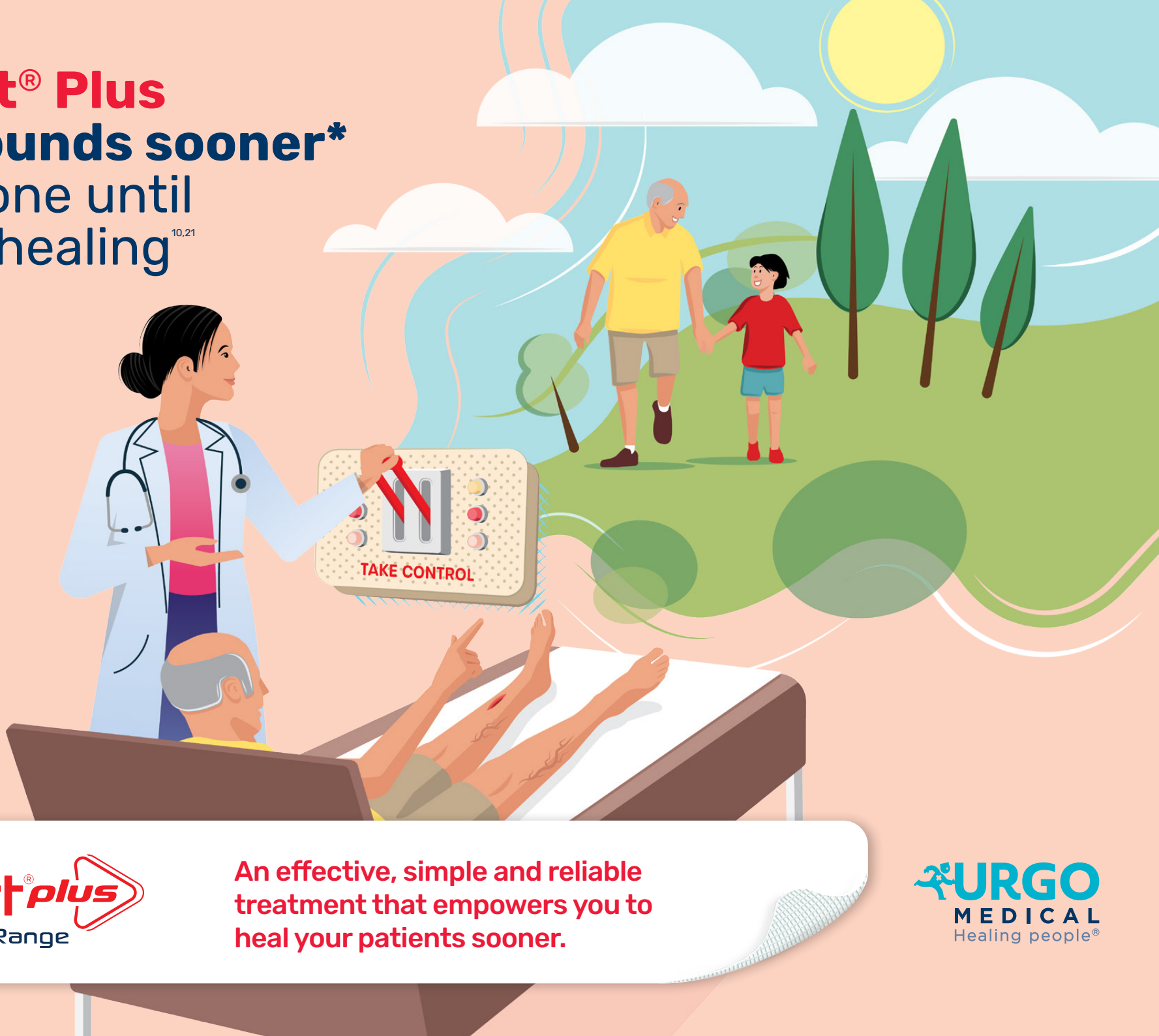
UrgoStart® Plus
closes wounds sooner* from day one until complete healing[10,21]



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

UrgoStart® plus Treatment Range

Take control of healing
with TLC-NOSF Technology

1. TLC-NOSF TECHNOLOGY

DEFINITION

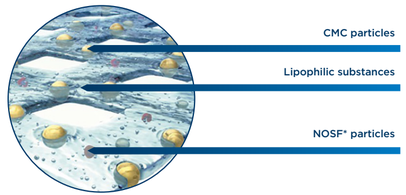
TLC (Technology Lipido-Colloid) consists of discrete hydrocolloid particles (CMC) dispersed in a jellified lipophilic layer, constituting a healing matrix composition which has been patented. It is a unique innovative technology from Urgo Medical. TLC is the core technology of all the Urgo Medical products.

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 SOONER[21]

COMPOSITION OF TLC-NOSF MATRIX



Present in the **full UrgoStart®** treatment range

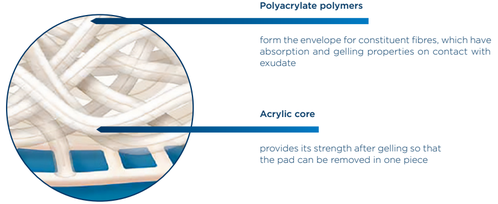
2. POLY-ABSORBENT FIBRES TECHNOLOGY

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



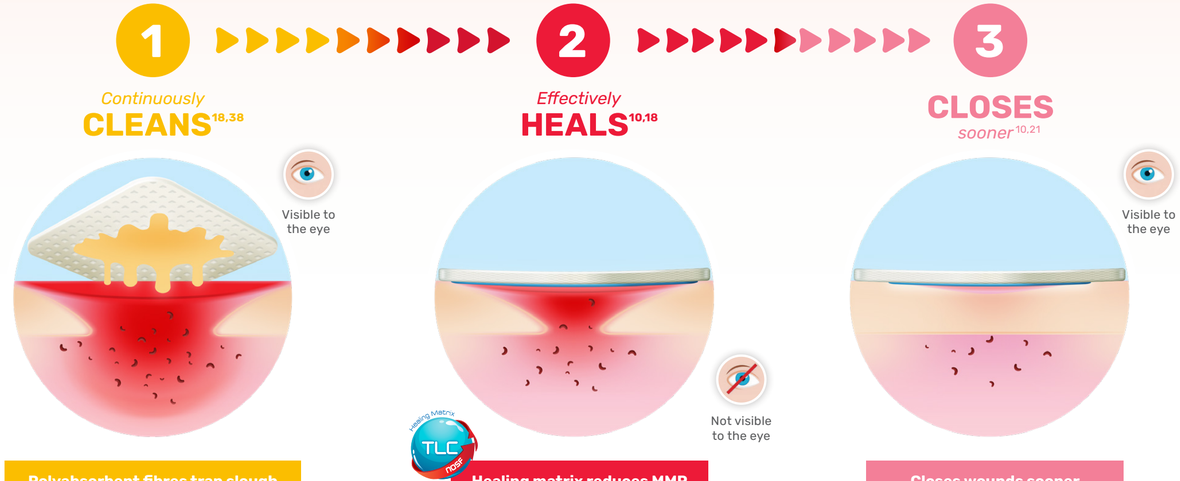
Present in the **full UrgoStart® Plus** treatment range

UrgoStart® plus Treatment Range

Take control of healing
with TLC-NOSF Technology

UrgoStart® Plus gives you control of the healing process

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



Polyabsorbent fibres trap slough and keep the wound clean

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

Healing matrix reduces MMP levels and restores balance

Restoring balance to the patient's healing trajectory

Closes wounds sooner than other dressings

The sooner you implement it, the better the outcomes[11,21,22]

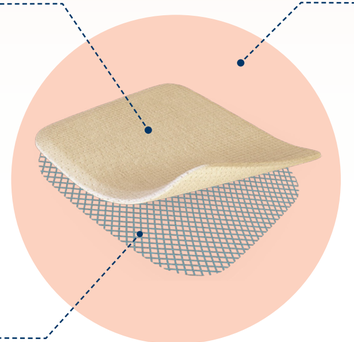
UrgoStart plus Treatment Range

Take control of healing

Benefits for closing wounds sooner

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 fibres[3,8]

- 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 matrix[10]

- 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]

UrgoStart plus Treatment Range

Take control of healing

with the highest level of evidence in wound care

In LUs		In DFUs
NICE[1] recommends the **UrgoStart®** range for VLUs and DFUs Systematic review on **MMP REDUCERS**[4] Systematic review – Benefit of **TLC-NOSF DRESSINGS**[5]	**Meta-analyses & systematic reviews**	**NICE**[1] recommends the **UrgoStart®** range for DFUs & VLUs **2020 IWGDF guidelines**[2] recommend **UrgoStart®** to enhance wound healing of DFU **2021 DFA guidelines**[3] recommend **UrgoStart®** to enhance wound healing in NI DFU Systematic review on interventions to enhance **HEALING DFU**[6] Systematic review on **MMP REDUCERS**[4] Systematic review – Benefit of **TLC-NOSF DRESSINGS**[5]
CHALLENGE[7,8] double-blind RCT (**UrgoStart®** vs neutral dressing) Venous and mixed leg ulcers – 187 Patients **WHAT**[9] RCT (**UrgoStart®** vs another MMP reducing dressing) Venous and mixed leg ulcers – 117 patients **COST-EFFECTIVENESS ANALYSES**[12]	**RCTs**	**EXPLORER**[10,11] International double-blind RCT **UrgoStart®** vs neutral dressing DFUs, neuropathy and PAD – 240 patients **COST-EFFECTIVENESS ANALYSES**[13-17]
NEREIDES/CASSIOPEE[18] multicentre, prospective clinical trials Venous and mixed leg ulcers – 37 and 51 patients **THE CONDÉ TRIAL**[20] prospective clinical trial Grafted VLU – 51 patients	**Investigational studies (non-comparative clinical trials)**	**SPID**[19] Multicentre, Prospective Clinical Trial Neuropathic DFUs – 33 Patients
REALITY[21] pooled data analysis of real-life studies on DFU, VLU and PI – 10,220 patients **GOS**[22] German prospective Observational Study on DFU, VLU and PI – 1,140 patients **GOS-2**[23] **HRQoL** German prospective Observational Study on DFU, VLU and PI – 961 patients	**Observational studies (real-life clinical studies)**	**REALITY**[21] pooled data analysis of real-life studies on DFU, VLU and PI – 10,220 patients **GOS**[22] German prospective Observational Study on DFU, VLU and PI – 1,140 patients **GOS-2**[23] **HRQoL** German prospective Observational Study on DFU, VLU and PI – 961 patients
Recent case studies and case reports from Australia,[24] **UK,**[26-30] **Italy**[31]	**Case series, Case reports**	**Recent case studies and case reports from Australia,**[25] **UK,**[29,30] **and China**[32]
	Pre-clinical studies (animal research, in-vitro studies)	
Most recent best practices, LU Pathways[33-34] including TLC-NOSF dressings	**Expert consensus / opinion**	**Most recent best practices and DFU Pathway**[35-37] including TLC-NOSF dressings

Take control of healing

Case Studies

2 week old diabetic foot ulcer
Treated over 5 weeks

Diabetic foot ulcer

PATIENT PROFILE

This patient is a 59-year-old male patient with a history of diabetes, peripheral artherial 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 > 1cm^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.

7 month old leg ulcer
Treated over 8 weeks

Venous leg ulcer

PATIENT PROFILE

This patient is an 86-year-old female with a BMI of 32,0 kg/m^2 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 cm^2 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 cm^2 and is covered with granulation tissue.
- At week 8, the wound is healed and the surrounding skin is healthy.

UrgoStart® plus Treatment Range

Take control of healing

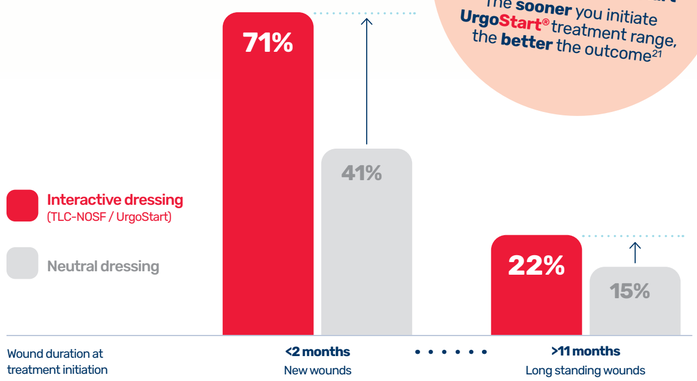
Benefits for closing wounds sooner

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 average[11]

% of wounds completely healed after 20 weeks of treatment



Use it right from the start

The **sooner** you initiate **UrgoStart®** treatment range, the **better** the outcome[21]

UrgoStart® plus Treatment Range

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® 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

Notes

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