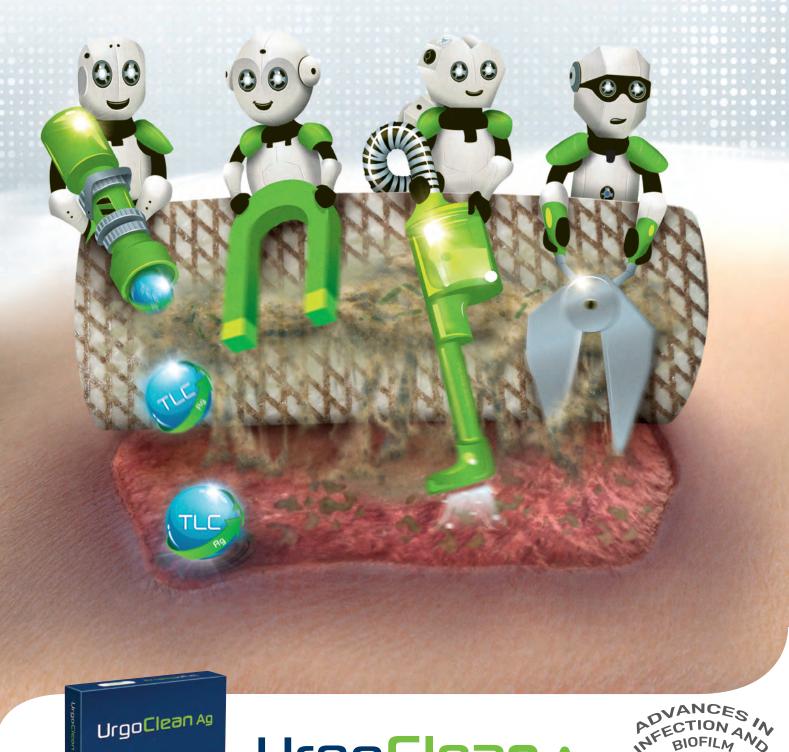
# CLEAN & KILL STOP THE VICIOUS CYCLE OF INFECTION

#URGO





UrgoClean Ag

The only anti-biofilm silver dressing that provides complete and continuous cleaning action in the wound





**Complete & continuous cleaning action** to stop the vicious cycle of wound infection

# WOUND INFECTION CREATES A VICIOUS CYCLE THAT CAUSES TISSUE DAMAGE & DELAYED HEALING

Decreases wound healing by sustaining Biofilm & microbial dissemination

Stimulates inflammation (slough, exudate production), prevents wound healing & limits action of

silver dressings

sustaining nation

Increases exudate

Slough & other wound debris

Bacteria

Multip

Favours microbial proliferation & biofilm formation

Multiply & form biofilm in a few days to delay wound healing

A COMBINED ANTIMICROBIAL & COMPLETE CLEANING ACTION IS NECESSARY TO EFFECTIVELY FIGHT LOCAL INFECTION AND RESTORES HEALING PROCESS

Stop the vicious cycle of wound infection



Use Urgo Clean Ag
For all wounds at risk
or with signs of local
infection, from the
debridement stage



#### THE ONLY ANTI-BIOFILM SILVER DRESSING THAT PROVIDES **COMPLETE AND CONTINUOUS CLEANING ACTION IN THE WOUND**





#### **TLC-Ag Technology**

#### Fast and effective anti-biofilm action

- ✓ 99.99% biofilm reduction achieved in just 24h¹
- ✓ Blocks biofilm reattachment for up to 7 days²
- ✓ Super anti-biofilm efficacy compared to AquacelAg+ Extra and Cutimed Sorbact<sup>1,3</sup>

#### Proven antimicrobial efficacy

- ✓ Fast action: from 30 minutes on main strains<sup>2</sup>
- Works against bacterial strains resistant to antibiotics (e.g MRSA, VRE)2

#### ▶ TLC (Technology Lipido-Colloid)<sup>4</sup>

- ✓ No pain at dressing changes
- ✓ Will not damage newly formed tissue
- Non-adherence to the wound bed
- Restores the healing process

#### **Polyabsorbent Fibres**

- Complete and continuous cleaning action
  - ✓ High affinity to vertically wick, trap and retain wound debris such as sloughy residues, microbes and biofilm9
- ▶ Strong acrylic core
  - ✓ Easy one-piece removal
- Maintains a clean wound
  - ✓ Optimising the silver efficacy in the wound<sup>9</sup>



Can be cut



Can be used under compression



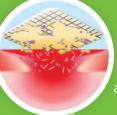
Moderate absorption



Can be used with other dressings

#### **Antimicrobial** activity

efficacy<sup>5</sup>



#### **Anti-biofilm** activity

Combined cleaning and antimicrobial action defeats biofilms and prevent their



#### Complete & continuous cleaning action

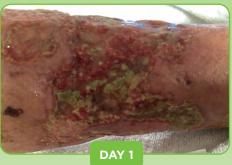
Polyabsorbent fibres remove



**Complete & continuous cleaning action Case studies** 

# UrgoClean Ag is indicated for all wounds at risk or with signs of local infection from the debridement stage

















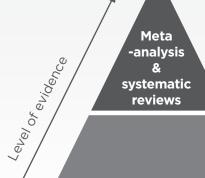






#### Complete & continuous cleaning action

Efficacy proven in clinical trials, confirmed in real-life



# Proven in clinical trials...

Randomised controlled trials

**UTAG**<sup>7</sup> RCT versus equivalent neutral dressings (superiority *vs* hypothesis)

Venous leg ulcers presenting inflammatory signs suggesting a heavy bacterial colonization 102 patients

**EARTH**<sup>8</sup> RCT *vs* Aquacel® Venous or mixed aetiology leg ulcers 159 patients



**URGOCLEAN AG**<sup>4</sup> clinical study

Venous or mixed aetiology leg ulcers and pressure ulcer presenting inflammatory signs suggesting a heavy bacterial colonization 37 patients

**Cohort studies** 

URGOCLEAN AG° observational study
1,050 Chronic, 876 Acute and 339 Unclassified.
Wounds at risk or with signs of local infection.
2 270 patients

Cases series or studies

...confirmed in real life

In Vitro studies

#### ANTIBACTERIAL ACTIVITY TEST<sup>5</sup>

MRSA and *P. aeruginosa* Contact time: 24h

#### ANTI-BIOFILM ACTIVITY TEST<sup>6</sup>

Mature 24 hours old biofilm *S. aureus* of Contact time: 1 day, 2 days, 4 days and 7 days without dressing change

#### BROAD-SPECTRUM ANTIMICROBIAL TEST<sup>10</sup>

36 bacterials strains and 4 yeast strains Contact time: 30 min and 24h

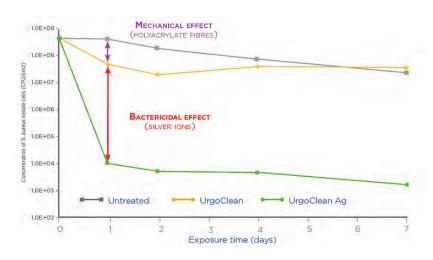
#### COMPARATIVE ANTI-BIOFILM ACTIVITY TEST<sup>1</sup>

vs Aquacel® Ag+Extra Mature 24 hours old biofilm of S. aureus and P. aeruginosa Contact time: 24hr

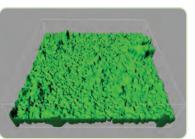
#### COMPARATIVE ANTI-BIOFILM ACTIVITY TEST<sup>10</sup>

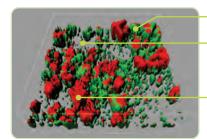
vs Cutimed\* Sorbact\* Mature 24 hours old biofilm of S. aureus and P. aeruginosa Contact time: Day 2

#### Superior anti-biofilm efficacy compared to other antimicrobial dressings thanks to UrgoClean Ag combined action



- UrgoClean Ag possesses an antibiofilm activity against mature biofilms<sup>6</sup>.
- Anti-biofilm activity was maintained for 7 days with reduction values superior to 3 logs (reduction of biofilm superior to 99.90%).





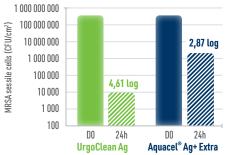
Biofilm destructuring (synergistic effect of Ag<sup>+</sup> and fibres)

**Biofilm** 

Dead cells (bactericidal activity of Ag+)



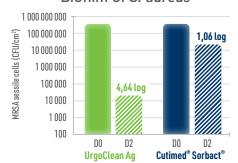
**UrgoClean Ag is** 







Biofilm of S. aureus<sup>10</sup>



Biofilm of P. aeruginosa<sup>10</sup>



# UrgoClean Ag

### **Complete & continuous cleaning action** vs the Aquacel® dressings

#### Earth (RCT) Study

Evaluation of the efficacy, safety & acceptability of the **UrgaClean** dressing *vs* the Aquacel® dressings in the local management of venous or mixed, predominantly venous leg ulcers

#### Methodology

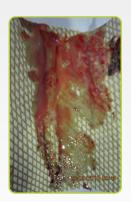
- Randomised Controlled Trial (RCT)
- Multicentre (France, Germany, UK)
- 159 patients
- 6 weeks of treatment
- Venous leg ulcers with ≥ 70% of wound surface area covered with slough
- Moderately to highly exuding ulcer requiring the use of an absorbent dressing
- Effective venous compression along with the dressing every day during the study





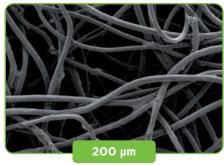
#### **Trapping of slough**

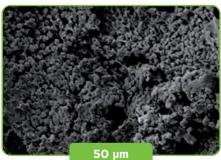


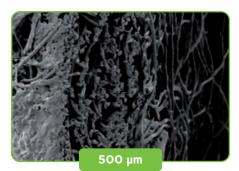


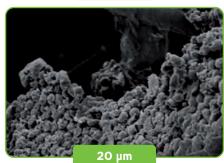


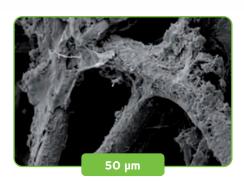
**Trapping of slough** 

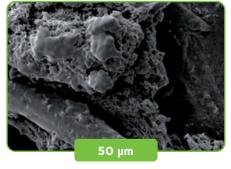














#### Complete & continuous cleaning action For all wounds at risk or presenting signs of local infection

#### RISK FACTORS FOR WOUND INFECTION MAY BE RELATED

# CHARACTERISTICS OF THE INDIVIDUAL

- Diabetes, prior surgery
- Chemotherapy/ radiation therapy
- Conditions associated with hypoxia or poor tissue perfusion
- Immune system disorders
- Malnutrition
- Nasal carriage of S aureus

# FEATURES

WOUND

- Contamination
- Delayed treatment
- Signs of local infection
- Operative factors
- Wound duration, wound size (width, depth)
- Anatomic location
- Impaired tissue perfusion
- Necrotic tissue

ENVIRONMENT

- Hospital
- Hygiene
- Inadequate management of moisture/exudate/ oedema/ pressure offloading









## UrgoClean Ag







Moderate absorption



Can be cut



Can be used with other dressing



Can be used under compression

Size	No. per box
6x6cm	10
10x10cm	10
15x20cm	5
	6x6cm 10x10cm

- Percival S. L. (2018). Restoring balance: biofilms and wound dressings. Journal of wound care, 27(2), 102-113. https://doi.org/10.12968/jowc.2018.272.102
- Percival, S. L., & Suleman, L. (2015). Slough and biofilm: removal of barriers to wound healing by desloughing. Journal of wound care, 24(11), 498-510. https://doi.org/10.12968/jowc.2015.24.11.498
- Desroche N. et al. (2017). Comparison of in vitro anti-biofilm activities of a new poly-absorbent dressing with a silver matrix and a silver containing CMC dressing. Poster EWMA. May, 2017
- Dalac, S., Sigal, L., Addala, A., Chahim, M., Faivre-Carrere, C., Lemdjadi, Z., & Bohbot, S. (2016). Clinical
  evaluation of a dressing with poly absorbent fibres and a silver matrix for managing chronic wounds at
  risk of infection: a non comparative trial. Journal of wound care, 25(9), 531-538. https://doi.org/10.12968/ jowc.2016.25.9.531
- Desroche N, et al. (2016). Characterization of the antimicrobial spectrum and anti-biofilm activity of a new silver-containing dressing with poly-absorbent fibres and antimicrobial silver matrix. Poster EWMA May 2016.
- Desroche, N., Dropet, C., Janod, P., & Guzzo, J. (2016). Antibacterial properties and reduction of MRSA biofilm with a dressing combining polyabsorbent fibres and a silver matrix. Journal of wound care, 25(10), 577-584. https://doi.org/10.12968/jowc.2016.25.10.577
- Lazareth, I., Meaume, S., Sigal-Grinberg, M. L., Combemale, P., Guyadec, T. L., Zagnoli, A., Perrot, J. L., Sauvadet, A., & Bohbot, S. (2008). The Role of a Silver Releasing Lipido-colloid Contact Layer in Venous Leg Ulcers Presenting Inflammatory Signs Suggesting Heavy Bacterial Colonization: Results of a Randomized Controlled Study. Wounds: a compendium of clinical research and practice, 20(6), 158-166.
- Meaume, S., Dissemond, J., Addala, A., Vanscheidt, W., Stücker, M., Goerge, T., Perceau, G., Chahim, M., Wicks, G., Perez, J., Tacca, O., & Bohbot, S. (2014). Evaluation of two fibrous wound dressings for the management of leg ulcers: results of a European randomised controlled trial (EARTH RCT). Journal of wound care, 23(3), 105-116. https://doi.org/10.12968/jowc.2014.23.3.105
- Dissemond, J., Dietlein, M., Neßeler, I., Funke, L., Scheuermann, O., Becker, E., Thomassin, L., Möller, U., Bohbot, S., & Münter, K. C. (2020). Use of a TLC-Ag dressing on 2270 patients with wounds at risk or with signs of local infection: an observational study. Journal of wound care, 29(3), 162-173. https://doi org/10.12968/jowc.2020.29.3.162
- Desroche N., et al. (2017) Evaluation of in vitro anti-biofilm activities of two dressings with poly-absorbent dressing fibres and a DACC coated dressing. Poster EWMA. May 2017
- Desroche, N., et al. (2017). Evaluation of the anti-biofilm activity of a new poly-absorbent dressing with a silver matrix\* using a complex in vitro biofilm model. Poster Wounds UK 2017.



Level 2, 100 Cubitt Street Cremorne, Victoria 3121 **Tel** +61 (0) 39114 2222 | **Visit** urgomedical.com.au

