DYNAMIC HEALING

A LOCAL TREATMENT PROVEN TO REDUCE HEALING TIME[1]

UrgoStart®

URGO MEDICAL
Healing people®

UrgoStart® TECHNOLOGY

The UrgoStart® treatment range of dressings is innovative technology combining Technology Lipido-Colloid (TLC) with Nano-Oligo Saccharide Factor (NOSF). Dressings in this range offer an optimum healing process.* The TLC-NOSF combination leads to the restoration of wound bed conditions that promote granulation of chronic wounds, in which a metabolic imbalance has led to a continuous degradation of the extra-cellular matrix, and possibly to delayed healing.

TLC

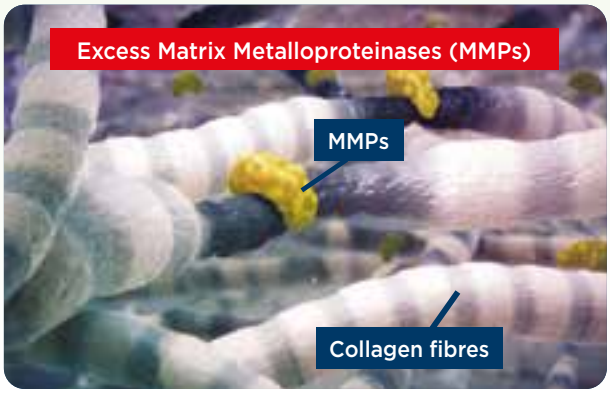
– when the gelling action of the TLC combines with the hydrocolloid particles, TLC forms a lipido-colloid gel, creating a moist environment that promotes the healing process, so that key cells involved in the repair process (fibroblasts, keratinocytes, macrophages) can exert their action.

NOSF

– provides properties in addition to those of TLC: on contact with wound exudate, NOSF forms a gel which binds preferentially to damaged areas and limits the harmful action of MMPs (Matrix Metalloprotienases)[2].

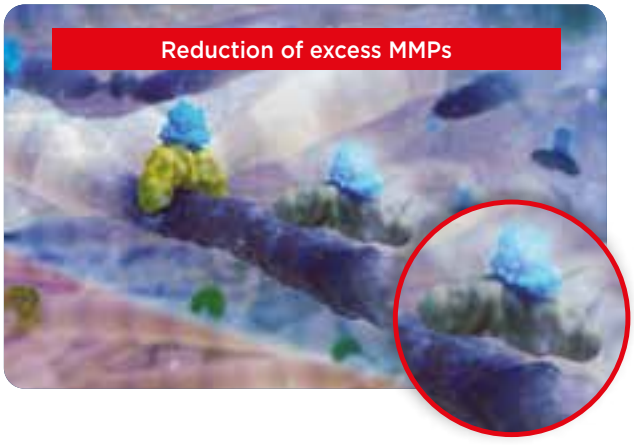
*The recommended treatment duration for UrgoStart® dressings 4-5 weeks or to healing

Beyond the underlying etiology of Leg Ulcers, Diabetic Foot Ulcers and Pressure Ulcers, one key local factor significantly impairs wound healing from the beginning:



A prolonged inflammatory phase with increased levels of Matrix Metalloproteinases (MMPs)[3] which are present from the beginning of the wound and destroy essential extracellular matrix (ECM) components.

In addition to the etiologic treatment such as off-loading and compression, a **local treatment is needed** to act on this factor.



REDUCTION OF EXCESS MATRIX METALLOPROTEINASES (MMPs): NOSF has been shown to reduce healing time[3].

Since MMPs are the main enzymes implicated in the extracellular matrix (ECM) degradation, their reduction results in a reduction of proteolytic destruction of essential ECM components.

UrgoStart® CONTACT & FOAM PAD

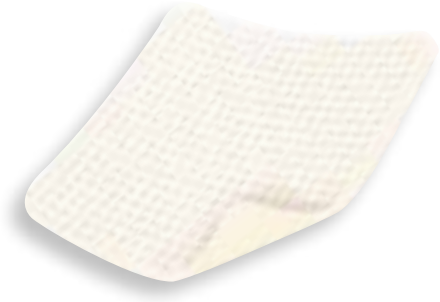
UrgoStart® CONTACT

FEATURES	BENEFITS
Proven efficacy	• Clinical Best Practice
Incorporates NOSF technology	• Reduces proliferation of MMPs
Incorporates TLC technology	• Creates a moist wound environment • Non-adherent • Atraumatic removal
Flexible & conformable	• Assists in good fit on all wound shapes • Suitable for deep and cavity wounds
Non-woven substrate	• Can be cut • Will not shed into the wound
Seven day wear time	• Reduces need to change contact layer at time of secondary dressing change

INDICATIONS
- Non to low exuding (a secondary absorbent dressing can be used for highly exuding wounds)
  - o Chronic Wounds
  - o Diabetic Foot Ulcers
  - o Leg Ulcers
  - o Pressure Injuries
- Long Standing Acute Wounds
- Wounds where surrounding skin is friable

CONTRAINDICATIONS
- In order not to delay any optimal treatment UrgoStart® Contact is contra-indicated in cancerous wounds and fistula wounds which may reveal a deep abscess
- Not suitable for use during hyperbaric treatment
- Do not use if there is a known sensitivity to UrgoStart® Contact or its components

PRECAUTIONS
- If there are clinical signs of local infection, suitable treatment based on clinical judgement and local protocols is recommended prior to the use of UrgoStart®
- In the case of an atypical ulcer presenting induration or over-granulation, UrgoStart® Contact should only be used after checking for the absence of wound-related malignancy in order not to delay the diagnosis
- In case of deep wounds or cavity wounds, a section of the UrgoStart® Contact dressing should be left visible to enable easy removal
- The product's action on retriggering the healing process may possibly cause stinging or painful sensations on commencement of treatment. This rarely warrants suspension of treatment
- Do not re-sterilise the dressing. Single use sterile individual packaging: re-using a single use dressing may lead to risks of infection



UrgoStart® FOAM PAD

FEATURES	BENEFITS
Proven efficacy	• Clinical Best Practice
Incorporates NOSF technology	• Reduces proliferation of MMPs
Incorporates TLC technology	• Creates a moist wound environment • Non-adherent • Atraumatic removal
Flexible & conformable	• Assists in good fit on all wound shapes • Suitable for deep and cavity wounds
Polyurethane Foam/non-woven contact layer	• Provides protection to peri-wound area • Offers high-level exudate management • Can be cut • Will not shed into the wound
Seven day wear time (dependent on level of exudate and condition of wound)	• Reduces need for frequent dressing changes

INDICATIONS
- Low to moderately exuding (a secondary absorbent dressing can be used for heavily exuding wounds)
  - o Chronic wounds
  - o Diabetic foot ulcers
  - o Leg ulcers,
  - o Pressure injuries
- Long standing acute wounds
- Wounds where surrounding skin is friable

CONTRAINDICATIONS
- In order not to delay any optimal treatment UrgoStart is contraindicated in cancerous wounds and fistula wounds which may reveal a deep abscess
- Not suitable for use during hyperbaric treatment
- Do not use if there is a known sensitivity to UrgoStart® or its components

PRECAUTIONS
- If there are clinical signs of local infection, suitable treatment based on clinical judgement and local protocols is recommended prior to the use of UrgoStart®
- In the case of an atypical ulcer presenting induration or over-granulation, UrgoStart® should only be used after checking for the absence of wound-related malignancy in order not to delay the diagnosis
- The product's action on the healing process may possibly cause stinging or painful sensations on commencement of treatment. This rarely warrants suspension of treatment
- Do not re-sterilise the dressing. Single use sterile individual packaging: re-using a single use dressing may lead to risks of infection

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.

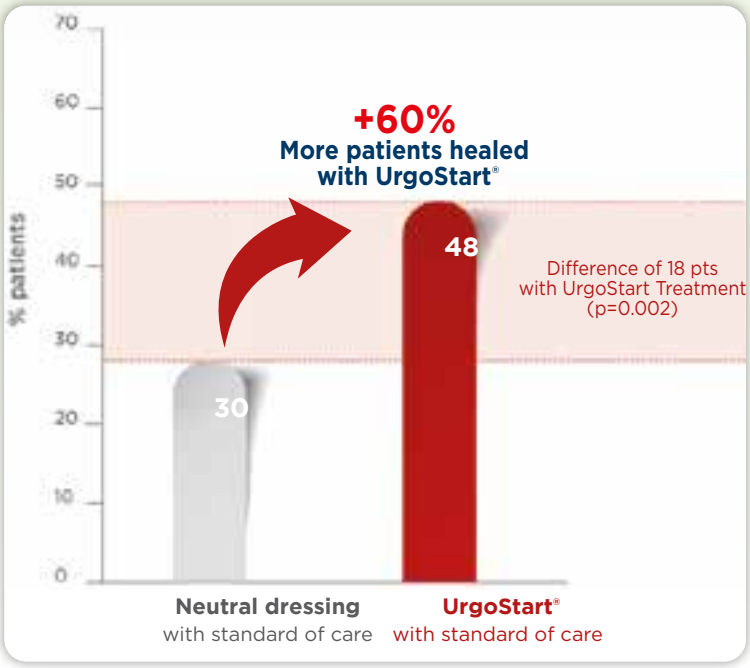
Week 21 – 12/05/2020
Granulation tissue now covers the exposed tendons. The wound bed is 100% granulation tissue. At this stage, wound edges and the peri-wound are healthy and hydrated.

Week 23 – 11/08/2020

OUTCOMES FOR PATIENTS AND CLINICIANS

URGOSTART® SIGNIFICANTLY INCREASED THE RATE OF COMPLETE DFU WOUND CLOSURE VS STANDARD OF CARE ALONE[4]

% patients with complete wound closure at 20 weeks



Similar standard of care in both study arms:

- Off-loading
- Debridement
- Hyperkeratosis removal

BENEFITS OF INITIATING AN URGOSTART® TREATMENT

REDUCES HEALING TIME
UrgoStart® heals wounds sooner

EASY TO IMPLEMENT
In current care pathways as part of the standard of care

SAVES MONEY
£342 ($620AUD†) per patient per year for diabetic foot ulcers[5]

£541 ($981AUD†) per patient per year for venous leg ulcers[5]

ENHANCES QUALITY OF LIFE
for patients

†As converted to AUD October 2020.

UrgoStart® ORDERING DETAILS

A LOCAL TREATMENT PROVEN TO REDUCE HEALING TIME[1]

UrgoStart® CONTACT

CODE	PRODUCT	DESCRIPTION	DRESSING SIZE	DRESSINGS PER BOX
100379	UrgoStart® Contact	Protease Reducing Matrix Contact layer	5x7cm	10
100380	UrgoStart® Contact	Protease Reducing Matrix Contact layer	10x10cm	10
100381	UrgoStart® Contact	Protease Reducing Matrix Contact layer	15x20cm	10

UrgoStart® FOAM PAD

CODE	PRODUCT	DESCRIPTION	DRESSING SIZE	DRESSINGS PER BOX
100375	UrgoStart® NA Foam Pad	Protease Reducing Matrix Wound Dressing (Foam)	6x6cm	10
100376	UrgoStart® NA Foam Pad	Protease Reducing Matrix Wound Dressing (Foam)	10x10cm	10
100377	UrgoStart® NA Foam Pad	Protease Reducing Matrix Wound Dressing (Foam)	15x20cm	10
100378	UrgoStart® NA Foam Pad	Protease Reducing Matrix Wound Dressing (Foam)	Heel 12x19cm	10

1. Münter KC, Meaume S, Augustin M, Senet P, Kérihuel J.C. The reality of routine practice: a pooled data analysis on chronic wounds treated with TLC-NOSF wound dressings. J Wound Care. 2017 Feb; 26 (Sup2): S4-S15. Erratum in: J Wound Care. 2017 Mar 2; 26(3): 153
2. White, R., Cowan, T., Glover, D. Supporting evidence-based practice: a clinical review of TLC healing matrix (2nd edition). MA Healthcare Ltd, London, 2015.
3. Lázaro JL, Izzo V, Meaume S, Davies AH, Lobman Rm Uccioli L. Elevated levels or matrix metalloproteinases and chronic wound healing: an updated review of clinical evidence. J Wound Care 2016: 25(5):277-287.
4. Michael Edmonds, José Luis Lázaro-Martínez, Jesus Manuel Alfayate-García, Jacques Martini, Jean-Michel Petit, Gerry Rayman, Ralf Lobmann, Luigi Uccioli, Anne Sauvadet, Serge Bohbot, Jean-Charles Kerihuel, Alberto Piaggesi. Sucrose octasulfate dressing versus control dressing in patients with neuroischaemic diabetic foot ulcers (Explorer): an international, multicentre, double-blind, randomised, controlled trial. Lancet Diabetes Endocrinol 2018 ;6 :186-196.
5 UrgoStart for treating leg ulcers and diabetic foot ulders, https://www.nice.org.uk/guidance/mtg42, January 2019 Results from the NICE External Assessment Centre (EAC) base case analysis.

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Urgo Medical (Australia) Pty Limited I ABN 29 634 155 829
Level 2, 100 Cubitt Street, Cremorne, Victoria 3121 Tel +61 (0) 39114 2222 I urgomedical.com.au

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