



# UrgoClean Ag & UrgoTul Silver

**THE ANTIMICROBIAL DRESSING FAMILY  
THAT EMPOWERS YOU TO EFFECTIVELY  
FIGHT AGAINST LOCAL INFECTION**

## **CASE STUDIES**



Validates the TLC Healing Matrix







# UrgoClean Ag

**Effectively fights against  
local infection and minimises  
its reoccurrence**



Validates the TLC Healing Matrix

**URGO**  
**MEDICAL**  
Healing people®





# LEG ULCER

UrgoClean Ag



## 89 year old female patient

**Medical history:** Venous leg ulcer, 8 months in duration, with overt signs of local infection – erythema and increased pain. Analgesia: Oramorph in addition to Entonox (nitrous oxide and oxygen) Required at dressing change. 50% slough present to the wound bed.

**Previous treatment:** Aquacel®Ag and IV vancomycin with no effect. IV vancomycin had stopped prior to **UrgoClean Ag**.

**Current treatment:** **UrgoClean Ag**, super absorbent pad and retention bandage.

**Results:** Clinical signs of infection resolved leading to a major reduction in the need for analgesia. 50% slough reduced to 20% with 80% healthy granulation tissue present to the wound bed. Overall improvement to peri-wound skin.

**Clinical evaluation conducted by:** Julie Thackray, Vascular Nurse Specialist,  
The Leeds Teaching Hospitals NHS Trust

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**URGO**  
MEDICAL  
Healing people®

# LEG ULCER

UrgoClean Ag

Day 0



Day 5



Day 10



## 94 year old female patient

**Medical history:** 10 year history of bilateral venous leg ulcers (Circumferential 20 cm x 20 cm x 3 mm), diet controlled diabetes, Chronic Obstructive Pulmonary Disease and Asthma.

**Previous treatment:** Atrauman™ Ag, Dermol cream (antimicrobial emollient), Yellow line bandage, UrgoKTwo.

**Current treatment:** UrgoClean Ag, Dermol, Yellow Line bandage, UrgoKTwo.

**Results:** Visible improvement in condition of the wound bed. Significant reduction in pain at dressing changes.

**Clinical evaluation conducted by:** Heart of England Foundation Trust

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# LEG ULCER

UrgoClean Ag

Day 0



Day 3



Day 17



## 36 year old male patient

**Medical history:** Multiple recurrences of leg ulceration since a road traffic accident 10 years previously. Presented with 60% slough and 40% granulation tissue present to the wound bed and increasing bio burden (friable tissue and satellite wounds) following trauma to the leg.

**Previous treatment:** Treated with compression hosiery for long term management and the prevention of recurrence.

**Current treatment:** UrgoClean Ag under UrgoKTwo.

**Results:** After 3 days, the 60% slough to the wound bed had reduced to 0% with 100% healthy granulation tissue present.

**Clinical evaluation conducted by:** Consultant Nurse Tissue Viability/Service Manager, Provide UK

# PRESSURE ULCER

UrgoClean Ag



## 21 year old male patient

**Medical history:** Spinal injury 3 years previously. Developed 4 pressure ulcers (all grade 4) to sacrum and hips showing covert signs of local wound infection with increased exudate and malodour.

**Previous treatment:** Pressure area care. **UrgoStart**. (discontinued as contra-indicated due to the wound infection).

**Current treatment:** **UrgoClean Ag**. **UrgoStart** recommenced once local infection resolved.

**Results:** Rebalance of microbial bacterial wound 'burden' and significant wound surface area reduction, allowing the commencement of **UrgoStart**.

**Clinical evaluation conducted by:** Debbie Simon, Tissue Viability Nurse Specialist,  
North West Boroughs Partnership NHS Foundation Trust



# DIABETIC FOOT ULCER

UrgoClean Ag

Day 0



Day 17



## 49 year old male patient

**Medical history:** 10-year history of diabetes mellitus type 2. Due to non-adherence with his insulin medication, his diabetes was poorly controlled and painful neuropathy in both feet. 18x23mm circular wound with another wound extending to the base of the hallux. There was localised wound infection with clinical signs of increased pain, heavy exudate levels and malodour.

**Previous treatment:** Not documented.

**Current treatment:** Sharp debridement followed by UrgoClean Ag and antibiotics.

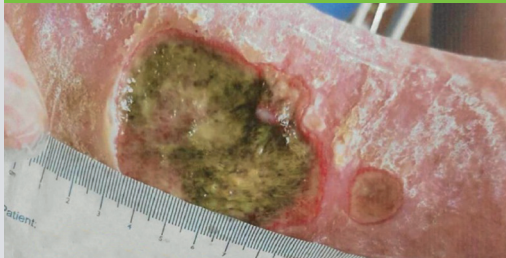
**Results:** Reduction in clinical signs of local infection at 5 days with a 46% reduction in wound size at 7 days.

Exudate levels had reduced to moderate, malodour had disappeared and pain was reduced.

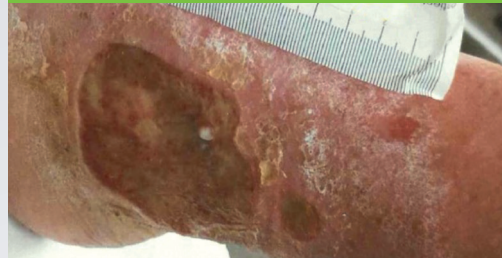
# VENOUS LEG ULCER

UrgoClean Ag

Day 0



Day 14



## 80 year old female patient

**Medical history:** Extensive venous leg ulcers on bilateral lower legs. She had three wounds for several months and had been ignoring them. The wounds had 100% slough and were malodorous with thick green exudate present. The patient reported severe pain and found it very difficult to sleep or walk. The peri wound skin presented with erythema and excoriation.

**Previous treatment:** Aquacel AG + extra.

**Current treatment:** UrgoClean Ag.

**Results:** After the first application, the patient reported a dramatic reduction in pain at dressing changes and equally as important, complete pain relief at all other times. The slough had reduced by 40%.

After 15 days, the exudate had significantly reduced to a manageable, moderate level and odour had been resolved. The peri-wound skin had improved and all the wounds reduced in size and depth with new epithelial tissue present.



# ABDOMINAL ULCER

UrgoClean Ag

Day 0



Day 14



**71 year old female**

**Medical history:** COPD, heart failure, type 2 diabetes, large abdominal apron, recurrent cellulitis, history of boils, originally referred in 2015 with 2 ulcers on the right lateral side of the apron, hospital admission, cellulitis, pain, discomfort, increased exudate, odour and slough.

**Previous treatment:** NPWT, Larvae.

**Current treatment:** UrgoClean Ag and antibiotics.

**Results:** UrgoClean Ag managed the exudate and resolved pain.

The wound bed improved and NPWT could now be started.

Supported the management of the infection.

# TRAUMATIC WOUND

UrgoClean Ag



Day 0



Day 3



Day 14



## 87 year old female patient

**Medical history:** Traumatic wound to the left ankle - 4 weeks in duration showing overt signs of local infection (erythema).

**Previous treatment:** Non-adhesive foam dressings.

**Current treatment:** UrgoClean Ag.

**Results:** After the 3rd dressing change, 85% slough present to the wound bed had reduced to 10% with 90% healthy granulation tissue present.

**Clinical evaluation conducted by:** Kim Durbin, Tissue Viability Nurse,  
University Hospitals Bristol NHS FTNorth West Boroughs Partnership NHS Foundation Trust



# BURN WOUND

UrgoClean Ag

Day 2



Day 6



## Female Child

**Medical history:** Presented with a burn wound caused from putting her hand in boiling water. She sustained 1% circumferential scalds to right fingers/thumb and hand. Superficial partial depth to hand but deep partial to all fingers and thumb.

**Treatment:** UrgoClean Ag.

**Results:** By day 6 all burns were fully healed.

# CONTACT BURN WOUND

UrgoClean Ag



Day 0



Day 7



Day 42



**53 year old male patient**

**Medical history:** 4-week history of contact burn injury to his back.

**Current treatment:** Sharp debridement followed by **UrgoClean Ag**.

**Results:** Chronic burn wound was fully debrided after 10 days with **UrgoClean Ag** with no signs of bio burden with full healing in six weeks.

**Clinical evaluation conducted by:** Jacky Edwards, Burns Nurse Consultant,  
University Hospital of South Manchester

# NECROTISING LEUKOCYTOCLASTIC VASCULITIS

UrgoClean Ag

Day 0



Day 12



Day 91



## 44 year old male patient

**Medical history:** Venous Disease, Immuno-compromised, Necrotising Leukocytoclastic Vasculitis.

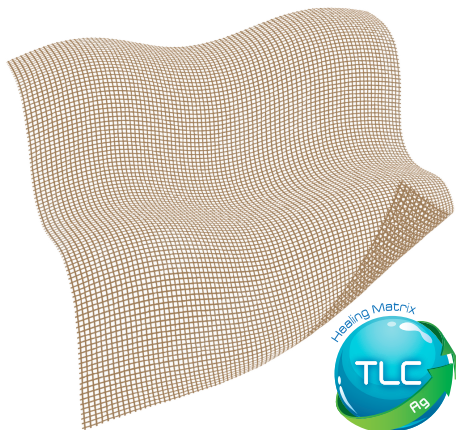
**Previous treatment:** Potassium permanganate soaks, antimicrobial hydrogel plus and a super absorbent dressing for a period of 4 months. Entonox and morphine for analgesia were required during dressing changes.

**Current treatment:** UrgoClean Ag, potassium permanganate soaks, super absorbent dressing, retention bandage.

**Results:** 100% of slough present to the wound bed removed. Epithelialising tissue was present to more than 80% of the wound bed. Dressing changes were pain free with no analgesia required.

**Clinical evaluation conducted by:** Jeanette King, Tissue Viability Specialist Nurse,  
Salford Royal NHS Foundation Trust





# UrgoTul Silver

**The effective antimicrobial,  
pain-free removal contact layer  
to fight against local infection**



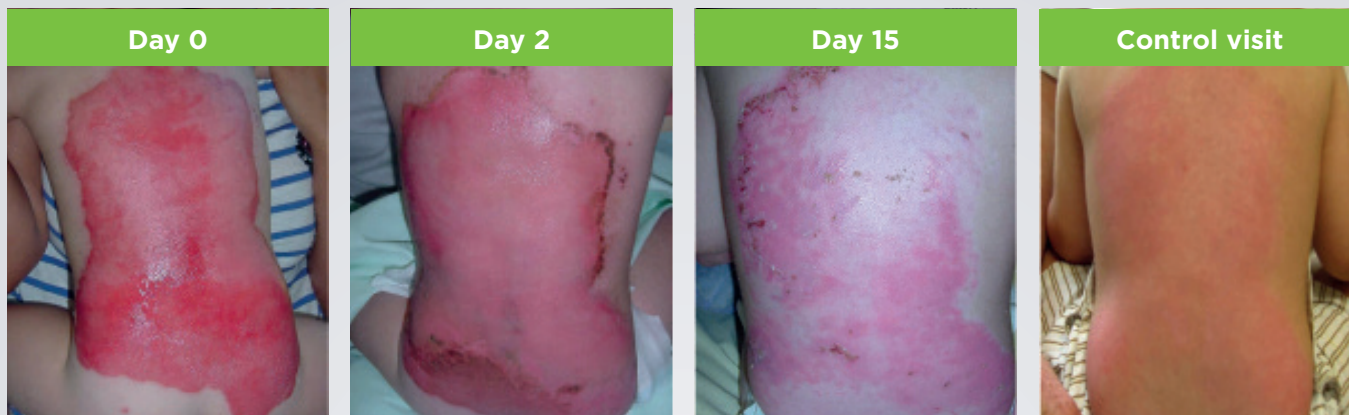
Validates the TLC Healing Matrix

**URGO**  
**MEDICAL**  
Healing people®



# BURN WOUNDS

UrgoTul silver



**21 month old child**

**Medical history:** A dorso-lumbar thermal and second degree burn covering 18% body surface of 24hrs duration.

**Treatment:** UrgoTul Silver.

**Results:** After 15 day treatment with UrgoTul Silver epithelialisation was achieved with no incidence of infection. The good conformability of the product, its easy removal without adherence and pain are, in addition to its good antimicrobial barrier effect, the reasons why UrgoTul Silver was selected during the treatment.



# BURN WOUNDS

UrgoTul silver



## 57 year old female patient

**Medical history:** A third degree burn of the upper legs and lower abdomen from prolonged loss of consciousness over an electric radiator. This resulted in a 12% total body surface burn.

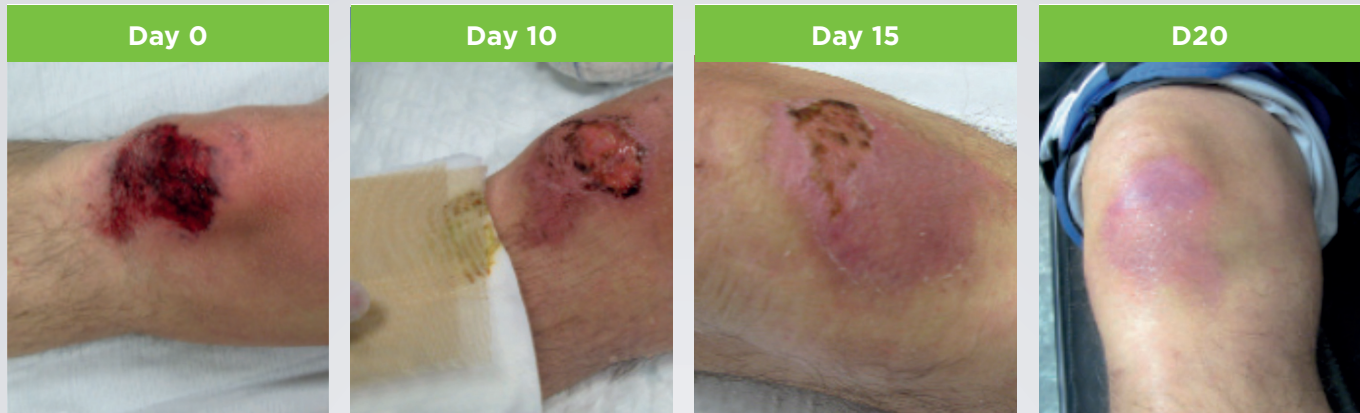
**Treatment:** Given the necrosis and depth of burn surgical intervention by excision and grafting was used. Post operatively **UrgoTul Silver** was applied to all areas.

**Results:** After 36 days of treatment with **UrgoTul Silver**, healing was achieved to the right thigh. **UrgoTul Silver** reduced the risk of infection allowing the wound to progress to healing. At 36 days right thigh healed and the left thigh was progressing well.



# TRAUMATIC WOUNDS

UrgoTul silver



## 45-year-old man

**Medical history:** A dermal abrasion on the knee, open wound on anterior surface of the ankle resulting from a motorbike fall.

**Treatment:** Due to potential microbial contamination from abrasion **UrgoTul Silver** was initiated.

**Results:** After 20 days of treatment with **UrgoTul Silver**, complete healing was achieved. Good aesthetic and functional results were observed with this patient.

# DIABETIC FOOT ULCER

UrgoTul silver

Day 1



Day 12



Day 28



## 88 year old woman

**Medical history:** Hospitalised with deterioration of her general health, dementia, arterial hypertension, cardiac history, arteriopathy, insulin-dependent diabetes and a stage 4 pressure ulcer on Achilles tendon for 9 months, being managed with an alginate, treated using an alginate.

**Treatment:** UrgoTul Silver and pressure relief. The dressing was changed every 3 days.

**Results:** After 4 weeks of treatment with UrgoTul Silver, good-quality granulation tissue had completely covered the Achilles tendon. At the point of discharge, the wound only measured 12 cm<sup>2</sup> (6 x 2 cm), i.e. a 77% reduction in the surface of the wound in 10 weeks.