

# UrgoClean Ag in Real Life

Proven in clinical trials, confirmed in real life



Accredits Urgo Medical research in wound healing and healthy skin

# An introduction to UrgoClean Ag in real life

Infection is an important issue in wound care.

Early identification and timely intervention are key to the patient's wellbeing and healing outcomes.

Effective identification and treatment of wound infection remains a challenge in clinical practice, as the signs and symptoms of infection can be subtle.<sup>1</sup>

Antimicrobial stewardship (AMS) should be used as an approach to all infection treatments. AMS supports early intervention with localised infection management strategies and the need to be aware of biofilm formation in chronic wounds.

Silver is an effective antimicrobial, which can be incorporated into an AMS-based approach to infection management.<sup>1</sup>



## Identifying local infection in a wound

Local infection often presents as covert (subtle) signs and symptoms that may not be immediately recognised as a sign of infection.<sup>2</sup>

**Hypergranulation** 

Bleeding, friable granulation

Increasing exudate

Delayed wound healing







As local wound infection progresses, classical cardinal (overt) signs and symptoms that are traditionally associated with local infection generally become evident and are more recognisable as an indicator of wound infection.<sup>2</sup>



# Welcome to UrgoClean Ag In Real Life



Infection is one of the most frequent complications of non-healing wounds, and can lead to delayed healing, an increased workload for the NHS, and decreased quality of life for the patient. Fighting local infection is essential, and it requires rapid diagnosis and effective treatment from day one.

As an experienced community nurse with an extensive background in tissue viability, I routinely manage a range of wound types, including those showing signs of local

infection. When treating an infected wound, it is essential to select a dressing that both treats the infection and manages the symptoms.

**UrgoClean Ag** is a dressing that's highly regarded within wound care, and I personally have experienced excellent results using it in my own clinical practice. Due to the unique polyabsorbent fibres and TLC-Ag healing matrix, it reduces signs of local infection and promotes wound healing in wounds at risk of, or with clinical signs of infection, regardless of wound healing stage or exudate levels.

Wound infection can cause discomfort for the patient, but **UrgoClean Ag** is easy and harm free to apply and remove, ensuring no additional pain is caused. Overall, I have found it to be gentle on the wound but tough on infection.

Recently, I also experienced **UrgoClean Ag's** benefits first-hand as a patient. Post-partum I developed mastitis, symptomatic of a breast abscess. The abscess ruptured leading to systemic infection with maceration to the peri-wound skin. At this time, I was concerned as the dressing that was initially applied

did not seem to manage the exudate or reduce the clinical signs of infection. Using my own clinical judgement, I decided to apply **UrgoClean Ag** myself. **UrgoClean Ag** managed the localised symptoms of infection, and due to the simplicity of the dressing I was able to selfcare, reducing the need for frequent hospital visits. With the help of **UrgoClean Ag**, I was able to achieve full wound healing within 4 weeks.

I would recommend that clinicians ensure they have the relevant skills and knowledge to manage patients with wounds, particularly if wound care is outside the scope of their usual practice. I believe sharing real life clinical testimonials and best practice is essential to help support ongoing education of healthcare professionals. Ultimately, I hope this will help improve the diagnosis of wound infection, and support evidence-based and patient-centric treatment plans.

Sarahjayue Oxlade

Nurse Assessor, Virtual Frailty Ward, Sub Acute Care Provide CIC

# UrgoClean Ag has efficacy proven in clinical trials, confirmed in real-life



MRSA and P. geruginosa Contact time: 24h

ANTIMICROBIAL TEST<sup>8</sup> 36 bacterials strains and 4 veast strains Contact time: 30 min and 24h

Contact time: 1 day, 2 days, 4 days and 7 days without dressing change

#### ACTIVITY TEST<sup>10</sup>

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

#### ACTIVITY TEST<sup>11</sup>

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





## Nicola Beavan

Nicola, a Burn Specialist Nurse at Salisbury NHS Foundation Trust, has been using **UrgoClean Ag** for several years. She uses it on wounds with low, medium or high levels of exudate.

My earliest experience of using **UrgoClean Ag** was on three children all under the age of 7 with burn injuries. My main objective was to treat the wounds, manage pain and prevent infection occurring.

#### **Treatment Aims**

Enable pain-free dressing changes for paediatric patients and facilitate faster healing on deep partial burns. **UrgoClean Ag** dressing has continued to be used on more than 250 paediatric patients with burns. Following over 3 years of use, the clinicians feel confident using the dressings on children with burn injuries and leaving it in place for up to 7 days.

The routine use of **UrgoClean Ag** has set a new standard of care for the paediatric patients as part of a burns pathway at Salisbury NHS Foundation Trust.

- UrgoClean Ag transformed our burns standard of care and clinicians felt confident using the dressing
- Paediatric patients experienced pain-free dressing changes
- Healing time was reduced enabling the patients to return to school and their everyday activities sooner.



**Case Study 1** 18-month-old girl 2 day old burn to right hand



**Case Study 2** 2.5-year-old boy 3 day old burn to right arm



Case Study 3 7-year-old girl 2 day old burn to torso front

#### Nicola's Key Takewaway:

 UrgoClean Ag reduced clinician time and prevented surgical intervention which overall led to an economic saving.



## Tanya Brandon

As a Burns and Plastics Staff Nurse at NHS Lothian, Scotland, Tanya has been using **UrgoClean Ag** on patients with burns and hard to heal wounds showing signs of infection and with high exudate levels.

#### **Treatment Aims**

As this patient was usually fit and healthy, the main aim was to improve patient reported pain and promote self-care, so she could return to work. I had a great experience using **UrgoClean Ag** on a 33-year-old patient with a 4-month-old burn to her left thigh. The burn had exudate present and was also displaying signs of local infection.

**UrgoClean Ag** reduced the patient's pain levels and prevented further surgical interventions.

Seeing ongoing progress on a weekly basis boosted patient's morale, and reduced their anxiety, allowing them to sleep better.

I have now used **UrgoClean Ag** on additional patients with hard-to-heal infected wounds. Overall this has reduced the risk of surgery and antibiotic usage, and saved costs.

- Exudate levels reduced which meant fewer dressing changes and therefore reduced visits to clinic.
- UrgoClean Ag was easy and pain-free to apply and remove.
- The patient's pain reduced significantly which boosted her morale and decreased her feelings of anxiety. She also reported she was sleeping better.
- Patient's wound healed within 5 weeks, allowing her to return to work.



#### Tanya's Key Takeaway:

From both the patient's and clinician's point of view, this was a very positive experience with **UrgoClean Ag**. There was clear progress at each dressing change, giving us the confidence to continue treatment with the **UrgoClean Ag** dressings.

Once the infection had cleared, we switched to UrgoStart Plus until the wound had completely healed.



## **Charlene Gadd**

Charlene is a Community Leg Ulcer Practitioner turned Tissue Viability Nurse in Provide CIC. She shares her experience of using **UrgoClean Ag** to treat a VLU with signs of local infection.

**Treatment Aims** 

The priority was to manage the symptoms of localised infection, as well as improving the patient's quality of life. A patient in my care displayed signs of local infection and as a clinician, my priority was to ensure that the infection did not progress any further. The patient was a 67-year-old man with diabetes who had a 6 week old Venous Leg Ulcer with high levels of exudate.

As well as exudate, the wound presented with redness, malodour and increased levels of pain – all typical signs of localised infection.

• The patient's priority was to maintain his dignity as he could smell his wound. I wanted to ensure we used a dressing that met both the patient's and clinical needs, and **UrgoClean Ag** was our answer.

**UrgoClean Ag** improved healing and quality of life, due to the decreased exudate levels, malodour and pain experienced by the patient.

- Reduced pain levels and malodour, allowing the patient to return to work and go on holiday.
- As UrgoClean Ag can stay in place for up to 7 days, the patient only needs to visit the clinic once or twice a week.
- Exudate levels reduced within 2 weeks.
- UrgoClean Ag should be used first line in the wound clinic as per the local infection pathway.



#### Charlene's Key Takeaway:

**66** Exudate levels didn't reduce straight away but we gave it time, and within 2 weeks the exudate levels reduced. The patient was completely free from signs and symptoms of infection within 5 weeks of starting **UrgoClean Ag**.



## **Sarah Jones**

As a Tissue Viability Matron at Derbyshire Community Health Services NHS Foundation Trust, Sarah evaluated **UrgoClean Ag** measuring two outcomes: clinical efficacy and cost of managing biofilms with **UrgoClean Ag** compared to their previous pathway.

#### Outcomes

The results of the two-week evaluation show that using **UrgoClean Ag** to debride and treat biofilms in locally infected wounds can improve patient outcomes.

Average wound area reduction within 2 weeks on the previous pathway: **22**%

Average wound area reduction within 2 weeks on the **UrgoClean Ag** pathway: **43%**  In order to compare the clinical efficacy of **UrgoClean Ag** vs our current biofilm pathway, we completed 17 evaluations across 3 complex wound clinics involving 16 patients.

In terms of clinical efficacy, we found that signs and symptoms of infection and wound size were significantly reduced after two weeks treatment with **UrgoClean Ag**.

Two cases presented with 0% wound surface area reduction after two weeks treatment, however the wound bed still showed marked improvement including slough reduction and improved quality of granulation tissue.





Corresponding clinical posters: The Cost of Managing Biofilms, Wounds UK, 2020. A simplified approach to biofilm management, Wounds UK, 2020

#### Reducing the cost of managing biofilms

- The previous biofilm pathway required pre-treatment soaking time and mechanical debridement.
- In many cases, the patient declined the current mechanical debridement due to reports of discomfort and pain during the procedure.
- As a comparison, UrgoClean Ag provides continuous cleaning so does not require any pre-treatment soaking or mechanical debridement; and is proven to be more cost-effective than the antimicrobial dressing being used on the previous pathway, resulting in an average cost saving per dressing change of £20.24\*

New infection and biofilm pathway including UrgoClean Ag cost saving calculation vs previous pathway



The initial findings indicate that the proposed changes will provide the Trust with savings on clinician time, thus encouraging a higher level of clinician confidence in the new pathway.

#### **Conclusions:**

**C** This evaluation highlighted that introducing a new infection and biofilm pathway could lead to significant financial savings for the local Trust. The observed effective treatment of biofilm and localised wound infection led to the development and implementation of a simple and easy to use new infection and biofilm pathway incorporating **UrgoClean Ag**.



## **Kayleigh Chaney**

Meet Kayleigh, Wound Clinic Nurse at Derbyshire Communnity Health Services NHS Foundation Trust. She has been using **UrgoClean Ag** since the biofilm and infection pathway was implemented within her trust. (See previous case study)

> I used **UrgoClean Ag** on an 82 year old man with Type 2 diabetes, atrial fibrillation and a history of recurrent ulceration. The patient had a 2-week-old ulcer caused by a recent fall. Despite topical antimicrobial treatment for local infection, the wound deteriorated and we suspected the presence of a biofilm. He was in a lot of pain, becoming very frustrated and anxious.

The pathway available within this Trust incorporates an easy to use and evidence-based treatment solution that can physically disrupt the biofilm and reduce the bacterial burden.

Implementing an evidence-based pathway with treatment solutions that are both cost and clinically effective not only helps with wound healing, but also reduces variations in the care delivered to patients.

#### **Treatment Aims**

Facilitate the removal of devitalised tissue, as well as improving the patient's pain levels and promoting concordance.

Corresponding clinical poster: A case study demonstrating the positive impact of biofilm-based wound management using a structured biofilm and infection decision tool, Wounds UK, 2021

- Reduced pain levels for the patient.
- Demand on nursing time significantly reduced.



**Week 1** of new biofilm pathway - wound to the back of left leg.



**Week 3** of new biofilm pathway - wound to the back of left leg.

Pathways can support clinicians with knowledge and guidance, thus helping reduce variations in the treatment of care delivered to patients.

**66** The wounds did appear slightly larger initially, however the wound bed appeared cleaner and less friable. As exudate and pain levels remained moderate, the decision was made to continue treatment with **UrgoClean Ag**. However when the patient returned to clinic in week 3, the wound had significantly reduced in size and the patient was completely pain-free. This was the turning point and the patient could now 'see the end in sight'. Signs and symptoms of infection had subsided, a topical antimicrobial was no longer needed, and visits reduced to once weekly.



## **Annabelle Mooney**

As a Tissue Viability Nurse at Bradford District Care NHS Foundation Trust, Annabelle and her team have been evaluating **UrgoClean Ag** for a potential formulary inclusion.

#### **Treatment Aims**

Facilitate faster healing by managing the biofilm so the patient could return to work and resume social engagements as soon as possible. One of the patients in this evaluation was a 36-yearold man who had a 10-month-old wound after having complications from an initial laparoscopic appendectomy. At the time of TVN intervention the wound had localised signs of infection including high exudate levels and suspected biofilm, which was no surprise given the length of chronicity.

The patient had become frustrated with the length of time his surgical wound was taking to heal, and any signs of improvement were minimal. He had witnessed his wound deteriorate over the previous 10 months and it was preventing him from returning to work and engaging in social activities.

**UrgoClean Ag** was simple to use – this gentleman was included in an evaluation of 5 patients. Due to the positive results we are aiming to make **UrgoClean Ag** available for more patients.

Corresponding clinical poster: Balancing antimicrobial stewardship and recurring local wound infection in a complex case study, Wounds UK, 2022

- Reduced malodour and pain levels for the patient, improving his quality of life.
- Non-adherent TLC-Ag healing matrix was comfortable and gentle on the patient's skin and enabled painfree dressing changes.
- Demand on nursing time significantly reduced.
- Full wound healing achieved within 16 weeks.



Wound presentation to TVN team, 10 months in duration with absorbent pad and film dressing before **UrgoClean Ag** applied.



Wound presentation 12 weeks post **UrgoCleanAg**.

Whilst biofilms are difficult to assess, **UrgoClean Ag's** antimicrobial and anti-biofilm efficacy made it the obvious choice for this non-healing wound.

#### Annabelle's Key Takeaway:

6 Antimicrobial dressings are generally used for 2-4 weeks. However, in this case, the patient was at high risk of reoccurring biofilm and infection, so the decision was taken to continue treatment with UrgoClean Ag for an extended period, based on clinical judgement.



## **Sue Dunning**

Meet Sue, a Leg Ulcer Specialist/Team Leader in Dudley. Sue and her team use Urgo Medical products including **UrgoClean Ag** and **UrgoStart Plus**, as part of a local treatment pathway, to treat patients with wounds.

#### **Treatment Aims**

Facilitate removal of biofilms and devitalised tissue, and manage localised infection in order to reduce patients' pain levels and promote faster healing.

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**UrgoClean Ag** is completely different to products I have used previously in my career. **UrgoClean Ag** was used under **UrgoKTwo** on a 59-year-old female patient with bilateral venous leg ulcers. As well as unhealthy granulation tissue, high levels of exudate, erythema and pain, the patient had a long-standing history of recurring infections.

**UrgoClean Ag** meets clinical expectations, and in my experience it is more efficient than other silver dressings. **UrgoClean Ag** cleans the wound bed as well as providing antimicrobial efficacy.

I use **UrgoClean Ag** as a first line antimicrobial for all clinical patients with signs of local infection for an initial 2-week period.

Corresponding clinical poster: A case study approach to the evaluation of two polyabsorbent fibre dressings, one with TLC-NOSF and the other with TLC-Ag, Wounds UK, 2019

- The ulcer reduced in size and the patient experienced less pain and odour, improving her quality of life.
- UrgoClean Ag cleaned the wound bed, as well as providing antimicrobial efficacy.
- Improved quality of life and fewer clinic visits meant the patient was able to socialise more.
- The gentleness of the TLC-Ag healing matrix made the dressing easy to apply and remove.



#### Sue's Key Takeaway:

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**UrgoClean Ag** is completely different from any other dressing. It was added to the formulary due to efficacy of treatment, and it is now the recommended first line antimicrobial treatment on the Leg Ulcer Pathway.



# Sarahjayne Oxlade

As a Nurse Assessor with a specialist interest in tissue viability and experience as a community nurse, Sarahjayne frequently treats patients with infected wounds. She has also experienced **UrgoClean Ag's** benefits first-hand as a patient, giving her a unique insight into the potential gaps in knowledge when it comes to diagnosing and treating local wound infection.

#### **Treatment Aims**

I wanted a dressing that would manage the localised symptoms of wound infection including reduction of microbes and exudate management, as well as protecting the periwound area. I've had great experiences using **UrgoClean Ag** in my own clinical practice due to its combined antimicrobial and cleaning properties, regardless of the levels of exudate or the wound healing stage.

Due to the positive results I'd seen with **UrgoClean Ag** clinically, I took the decision to use it for my own infected wound when I developed a breast abscess post-partum.

My wound care journey as a patient has allowed me to reflect back on a range of points. There was a delay in diagnosing infection and a lack of appropriate evidence-based treatments, including a suitable wound dressing. Also, importantly, there was a lack of effective interdisciplinary communication. If I had not possessed knowledge in identification of wound infection and abscess formation I may not have sought further medical assistance.

- Exudate levels were managed which reduced the risk of maceration
- Pain levels reduced
- Surgical intervention was avoided
- Full wound closure was achieved within 4 weeks
- UrgoClean Ag allowed me to self-care, which was essential due to my personal circumstances as a single mum with an 8-week-old baby and no other childcare options



The ruptured breast abscess before commencing treatment with **UrgoClean Ag**.



3 weeks post management with **UrgoClean Ag**.



4 weeks post management with **UrgoClean Ag**.

#### Sarahjayne's Key Takeaway:

When you are treating a patient with a wound that's showing signs of infection, make sure you are prioritising communication, both with the patient and other medical specialists, as well as a holistic and evidence-based treatment plan.

**UrgoClean Ag** is the only anti-biofilm silver dressing that provides complete and continuous cleaning action to fight against local infection. **UrgoClean Ag** has proven antimicrobial efficacy you can trust. **UrgoClean Ag** is a sterile, non-woven pad made of soft-adherent TLC-Ag healing matrix and polyabsorbent fibres: two unique technologies clinically proven in randomised controlled trials (RCT).<sup>2,3</sup>



In addition to our clinical evidence, real-life positive outcomes achieved by implementing **UrgoClean Ag** have been shared by clinicians across the United Kingdom.

Urgo Medical would like to thank all the clinicians and patients who have contributed to this document.

## Wound Infection Treatment Pathway



CONTRAINDICATIONS: Do not use UrgoClean Ag when there is a known sensitivity to silver. Do not use on patients undergoing a MRI scan. A new dressing can be applied after the procedure. Do not combine UrgoClean Ag with hydrogen peroxide or organic mercury or hexamidine antiseptics. UrgoClean Ag is not suitable for use as a surgical sponge for heavily bleeding wounds.

#### References

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Notes		

### Urgo Medical's silver portfolio offers a complete range of dressings suitable for all wounds showing signs of local infection, or at risk of infection.

#### **Order Codes**

# UrgoClean Ag

Dressing Size	Pack Size	Product code	NHS Code*	PIP Code
6cm x 6cm	10	551123	ELY609	401-9774
10cm x 10cm	10	552155	ELY610	401-9782
15cm x 20cm	5	551125	ELY611	401-9790

## UrgoTul silver

Dressing Size	Pack Size	Product code	NHS Code*	PIP Code
10cm x 12cm	16	508393	EKB023	329-5995
15cm x 20cm	16	508394	EKB024	329-6605

Consider UrgoTul Silver for hard-to-dress wounds or wounds with <30% sloughy tissue.



Urgo Limited, Sullington Road, Shepshed, Loughborough, LE12 9JG 0330 128 0898 Tel: Email: woundcare@uk.urgo.com Web: www.urgomedical.co.uk

Read the leaflet carefully before use \*National Product Code for NHS Supply Chain





UrgoTul Ag/Silver









Atraumati

removal

Can be used in a

used under compression

Can be

cavity wound when cut in a spiral

Atraumatic removal

Can be

used under

compression





Can be used in cavity wounds





