FLEXIBLE LIPIDO-COLLOID CONTACT LAYER

FOR NON TO LOW EXUDING WOUNDS

- Management of acute and chronic wounds
- Flexible
- Optimises wound healing
- Healing in a moist environment
- Pain-free and atraumatic removal
- Proliferation of fibroblasts

UrgoTul

Supplied in boxes of individually pouches and sterile dressings, ready to use

Size: 5 x 5 cm / 10 x 10 cm / 10 x 12 cm / 15 x 20 cm / 10 x 40 cm
DESCRIPTION

• UrgoTul is a sterile, non-occlusive contact layer issued from the Lipido-Colloid Technology, exclusive and patented innovation by Laboratoires Urgo.

COMPOSITION: UrgoTul is a lipido-colloid, non-adhesive contact layer, composed of a polyester frame impregnated with hydrocolloid particles (CarboxyMethylCellulose CMC) and petroleum jelly.

PROPERTIES

• In contact with wound exudate, the hydrocolloid particles issued from the TLC form a gel and interact with the petroleum jelly component of UrgoTul to form a lipido-colloid film at the interface between the wound and the dressing, creating favourable conditions that promote the healing process (healing in moist environment).

  This gives the dressing specific properties:
  - maintenance of a moist environment that promotes healing,
  - atraumatic removal, which does not damage newly formed tissues,
  - pain-free dressing changes for the patient,
  - respect of the peri-wound skin.

• Fatty in its chemical composition without being greasy to the touch, UrgoTul does not adhere to the wound or to the surrounding skin: dressing changes are painless and atraumatic for the wound.

INDICATIONS

• UrgoTul is indicated for the treatment of acute wounds (burns, skin abrasions, traumatic wounds, post-operative wounds) and chronic wounds (leg ulcers, pressure ulcers, diabetic foot ulcers) at granulation and epithelialisation stages, and for the treatment of wounds of epidermolysis bullosa.

• Flexible and very conformable, UrgoTul is especially suitable for covering anfractuous or awkwardly placed wounds and for wicking deep wounds.

DIRECTIONS FOR USE

METHOD OF USE

• Wound preparation:
  - Clean the wound following the usual care protocol, then rinse with normal saline.

  - In the event of prior use of an antiseptic, carefully rinse the wound with normal saline before applying UrgoTul.
  - Dry the surrounding skin carefully.

• UrgoTul can be cut using sterile equipment to adjust, if needed, the size of the dressing to fit the wound.

• Dressing application:
  - Remove the protective wings.
  - Apply UrgoTul to the wound in a single layer.
  - Cover UrgoTul with a secondary dressing: sterile pad held in place with a conforming bandage (K-Band/K-Lite), an adhesive tape or an elasticated tubular bandage.
  - Apply compression bandaging over UrgoTul when prescribed.

• Dressing change:
  - UrgoTul should be changed every 2 to 4 days depending on the type of wound and its clinical condition.
  - UrgoTul may be left in place for up to 7 days dependent on wound condition and protocol (when prescribed with a compression bandage system for venous leg ulcers such as K-TWO).
  - For patients with congenital epidermolysis bullosa, the dressing should be changed after 1 to 3 days.

PRECAUTIONS

• Check that the sterile protector is intact before use. Do not use if package is damaged.

• UrgoTul adheres to latex surgical gloves; therefore, it is recommended to moisten the gloves with normal saline to facilitate handling of the dressing.

• If clinical signs of local infection are noted, treatment can be changed to an antibacterial dressing of Urgo range (such as UrgoTul SSD or UrgoTul Silver), dependent on clinical judgement.

• In case of deep, anfractuous or fistula wound, a section of the dressing should be left visible to enable easy removal.

• Single-use sterile individual packaging: re-using a single use dressing may lead to risks of infection.

• Do not re-sterilise the dressing.

READ THE LEAFLET BEFORE USE