



# FLEXIBLE LIPIDO-COLLOID CONTACT LAYER



CE 0459 🗊 STERLE R 🕈 🕼 🛞 🎯

### 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

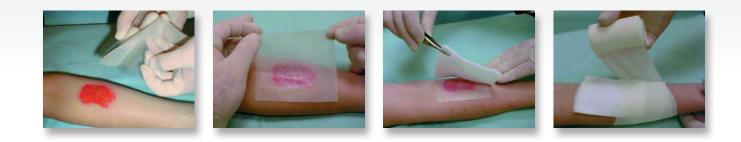
Supplied in boxes of individually pouched and sterile dressings, ready to use

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 comformable, **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 hold 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** 

