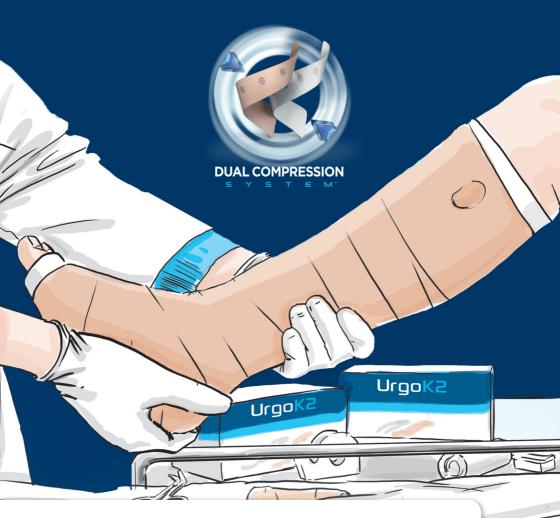
# **UrgoK2**™

BEST PRACTICES FOR DUAL COMPRESSION SYSTEM APPLICATION



## TRUST IT'S SPOT-ON

The dual compression system that guarantees Continuous, Consistent, Comfortable compression



# Urgok2 dual compression system **ALLOWS YOU TO APPLY WITH CONFIDENCE**

## **MAXIMIZE THE 3 Cs OF COMPRESSION THERAPY**





- Maintains pressure when resting
- Holds the system in place





### 1 PADDED COMPRESSION SHORT-STRETCH BANDAGE

### 80% of pressure

- Confers rigidity
- Contributes to patient comfort
- Absorbs exudate

#### International guidelines recognize the superior efficacy of multi-component bandages



"Multi-component bandages are more effective than single component bandages"



"Multi-component systems containing an elastic bandage appear to be more effective than those composed mainly of inelastic constituents."2



#### **CONTINUOUS**

UrgoK2 stays in place and optimizes continuous pressure whether the patient is in motion or not<sup>3</sup>



#### CONSISTENT

No more wondering whether your patient is receiving the effective pressure to heal. UrgoK2 removes the guesswork with easy-to-follow visual guides



the recommended therapeutic pressure (~40 mmHg at the ankle) from the first application.4

# **DUAL COMPRESSION**











UrgoK2 provides comfortable compression around the clock for better concordance, according to patients.

95%

of patients preferred UrgoK2 to their previous compression system<sup>5,6</sup>

92%

of patients found UrgoK2 comfortable during the night⁵

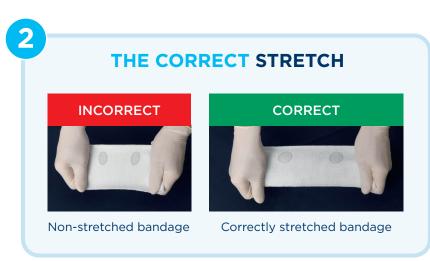
**85**%

of patients wish to continue their treatment with UrgoK27

# UrgoK2 APPLICATION FUNDAMENTALS



To select kit size, measure the ankle circumference, approximately 2 cm above the malleolus.



To apply the correct tension, stretch the bandage fully and ensure that the oval becomes a circle.



To apply the correct overlap, each new wrap should cover the previous circle, positioned at its base.



The UrgoK2 compression system preferably should be applied in the morning, after waking up, or after having raised the patient's legs for a long enough period to reduce orthostatic edema.

# UrgoK2 STANDARD SYSTEM APPLICATION

#### STEP 1: APPLYING THE WHITE SHORT-STRETCH BANDAGE

#### 18-25 cm kit:

Start with the pressure indicators facing away from the toes (facing the patient).

#### 25-32 cm kit:

The pressure indicators are placed in the center.

Position the foot at a  $90^{\circ}$  angle. Start at the base of the toes, making 2 wraps without applying excess pressure.





Take the heel, making a figure 8 wrap around the ankle. Ensure that the heel is fully covered.







From the ankle, wrap up to the knee in spirals, using the pressure spot indicators as a guide (see "Fundamentals," pp. 4-5).









#### STEP 2: APPLYING THE BEIGE LONG-STRETCH BANDAGE:

To ensure that only the white bandage is in contact with the skin, leave a 1 cm margin around the toes and knee.



Apply the second bandage on top of the first, using the same technique.



Cut off any excess bandage and apply gentle pressure with the hands along the leg to ensure correct cohesion of the second bandage.



# UrgoK2 LEFT-HANDED APPLICATION

(or for people who hold the roll in their left hand)

#### TECHNIQUE IDENTICAL TO STANDARD APPLICATION, EXCEPT:

How to hold the white bandage roll



Apply the white bandage, positioning the roll upward (pressure spot indicators visible) and the pressure spot indicators toward the end of the toes.

How to hold the beige bandage roll



Apply the beige bandage on top of the white bandage, positioning the roll downward (pressure spot indicators visible by transparency) and the pressure spot indicators toward the top of the leg.

How to apply the white bandage





Overlap the wraps such that the pressure spot indicators remain visible. The bottom edge of the bandage should touch the top of the pressure spot indicator without covering it.

How to apply the beige bandage





Overlap the wraps such that each new wrap barely covers the pressure spot indicators, being positioned at its base.

#### **RESTORE PROPER LEG SHAPE**

## Why?

Venous or mixed leg ulcer healing requires application of therapeutic compression, enabling the blood to rise from the bottom to the top of the body.

To enable blood to move up along the leg, compression should be degressive from the ankle (~40 mmHg) to the knee (~20 mmHg). For this, the patient's leg should be shaped like an inverted cone.

If this is not the case, a padding device (foam, wadding, cushions, etc.) may be used to re-form an inverted cone shape.



Inverted champagne bottle-shaped leg.



Ankle fibrosis.



Lack of calf muscle. Unmarked calf muscle.

Need to restore an inverted cone leg shape to achieve degressive compression.

### How?



Depending on leg morphology, fill the hollow, reconstitute the calf muscle or reinforce the ankle using a strip of wadding.

Modulate thickness according to the desired degree of reinforcement.



Fasten the reinforcement with adhesive tape.



Measure the ankle after padding and select the appropriate kit size.

Next, apply the 2 UrgoK2 bandages in a standard manner, above the reinforcement.

#### PROTECT BONE PROTRUSIONS

#### **APPLICATION FOR STOUT LEGS**

## Why?

- \* It is sometimes necessary to use padding devices (foam, wadding, cushions, etc.) to **protect areas at risk of excess pressure** (bone protrusions) and avoid possible lesions.
- \* These excess pressure areas are frequently located on the tibial crest and Achilles tendon.

### How?



MAIN POINTS on compression





Cut a length of wadding strip.



Position it vertically along the tibial crest.



Next, apply UrgoK2 in a standard manner, above the reinforcement.

## Why?

\* In the event of very stout legs, the bandage may not be long enough to reach the knee.

In this case, **2 UrgoK2 kits** must be used to cover the entire leg and to achieve the recommended level of compression (~40 mmHg at the ankle).

### How?

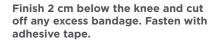
Start by measuring the ankle circumference and select the appropriate kit size.



Apply the white bandage from the first kit until this bandage runs out. Fasten with adhesive tape.



Continue with the white bandage from the second kit. Ensure that the required overlap is respected when starting the second white strip.





Successively apply the 2 beige bandages above the white bandages using the same technique.

# Urgok2 Application tips shared by healthcare professionals

#### To help you during application:

If the patient is able to, you can ask them to hold the 2 ends of a piece of white bandage slipped under their foot to maintain the foot at an angle of 90°.

# If the patient is wearing a compression bandage for the first time:

To allow the patient to become slowly accustomed to compression, some caregivers apply UrgoK2 for the first time at a slightly lower pressure or use UrgoK2 Lite.

#### To facilitate shoe fitting:

Once the beige bandage has been applied, use a nylon stocking so that it slides more easily into the shoe to facilitate fitting.

Once the UrgoK2 bandages have been applied, some caregivers apply the excess beige bandage vertically starting under the foot and moving up to below the knee. This has a "shoehorn" effect.

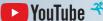


Correctly stretched bandage





The Urgo application video is available on the channel YouTube \*URGO MEDICAL





Your representative:



Urgo Medical North America is your partner and is engaged in training clinicians. If you want to organize a training session on UrgoK2, please contact your local account manager.

UrgoK <b>2</b> ™	Length	Width	Code
	7‰-9¾ in (18-25 cm)	4 in (10 cm)	553243
Not made with natural latex	9¾-12½ in (25-32 cm)	4 in (10 cm)	553244

UrgoK2™	Length	Width	Code
Lite	7½-9¾ in (18-25 cm)	4 in (10 cm)	553245
Not made with natural latex	9¾-12½ in (25-32 cm)	4 in (10 cm)	553246

References: 1. European Wound Management Association (EWMA). Position Document. Understanding compression therapy. London: MEP Ltd; 2003:13-14. 2. O'Meara S, et al. Compression for venous leg ulcers. Cochrane Database Syst Rev. 2012;14;11:CD000265. 3. Young T. et al. UrgoKTwo Compression Bandage System made easy. Wounds Int. 2013;4:1-6. 4. Hanna R. Bohbot S. Connolly N. A comparison of interface pressures of three compression bandage systems. Br J Nurs. 2008;17(20):S16-24. 5, Jünger, et al. Comparison of interface pressures of three compression bandaging systems used on healthy volunteers. J Wound Care. 2009; 18(11): 474-80. 6. Benigni JP, Lazareth I, Parpex P, et al. Efficacy, safety and acceptability of a new two-layer bandage system for venous leg ulcers. J Wound Care. 2007;16(9):385-90. 7. Enquête PRESTO.

#### This is not a prescription.

ulcers, venous oedema and lymphoedema, jwhich required full compression. Contraindications: Arterial conditions (arterial or predominantly arterial ulcers; known or suspected arterial disease); Ankle Brachial Pressure Index (ABPI) < 0.8; Patients suffering from diabetic microangiopathy, ischaemic phlebitis (phlegmatia coerulea dolens), septic thrombosis; Ulceration caused by infection; Allergy to any of the components - in particular latex for the "non-latex free" version

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