CREATE A NURTURING ENVIRONMENT FOR SKIN TO RESTORE ITSELF

Acute wounds (burns, traumatic wounds, abrasions, post-operative wounds),
chronic wounds (leg ulcers, pressure ulcers and diabetic foot ulcers) and Epidermolysis Bullosa*

URGOTUL™ & TLC
WILL CONTINUE
TO BE MARKETED AS HOLLISTER®
RESTORE® & TRIACT™ TECHNOLOGY
UNTIL FEBRUARY 15TH, 2019

SAME GREAT PRODUCT. NEW NAME.
For more information visit www.urgomedical.us/transition Urgo Medical NA, formerly SteadMed Medical

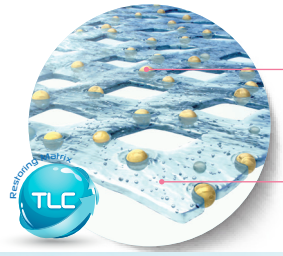
UrgoTul

URGOTUL PROTECTS THE WOUND AND CREATES THE RIGHT CONDITIONS TO RESTORE SKIN[1,3]

*UrgoTul contact layer only **TLC:** Technology Lipido-Colloïd

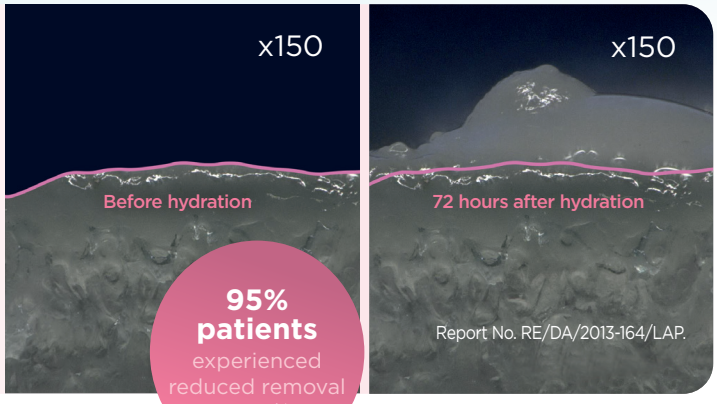
URGO MEDICAL
Healing people®

WHAT IS UrgoTul ?



1

A flexible, non-adherent contact layer featuring the TLC Restoring Matrix that when in contact with wound exudate forms a lipidocolloid gel on the surface of the wound. This gel provides a moist environment optimal for multiplication of key cells for wound healing.

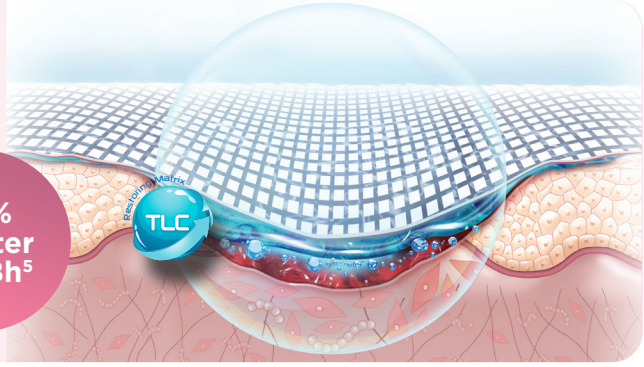


95% patients experienced reduced removal pain[4*]

2

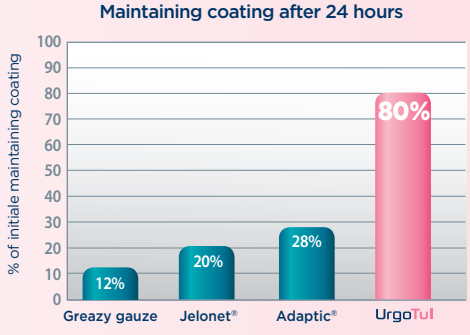
With UrgoTul fibroblasts migrate within the wound area, proliferate and synthesize the extracellular matrix to form granulation tissue, bringing the edges of the wound together.[3]

70% greater at 48h[5]



3

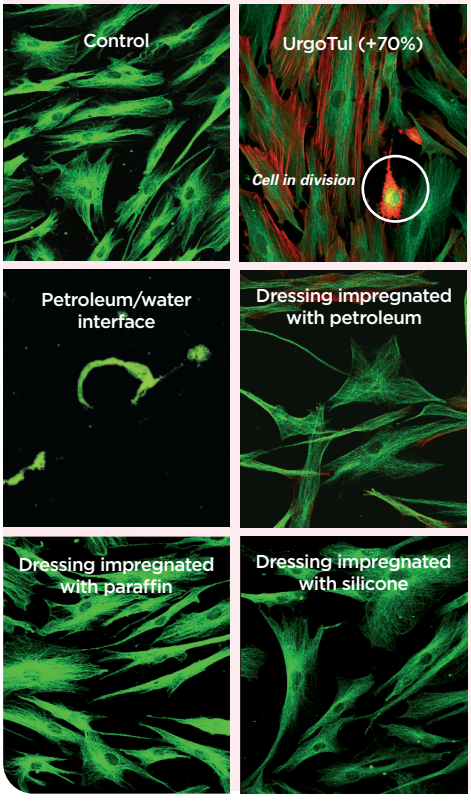
UrgoTul keeps its integrity over time, without drying out and ensuring atraumatic and pain-free dressing changes.[7,8]



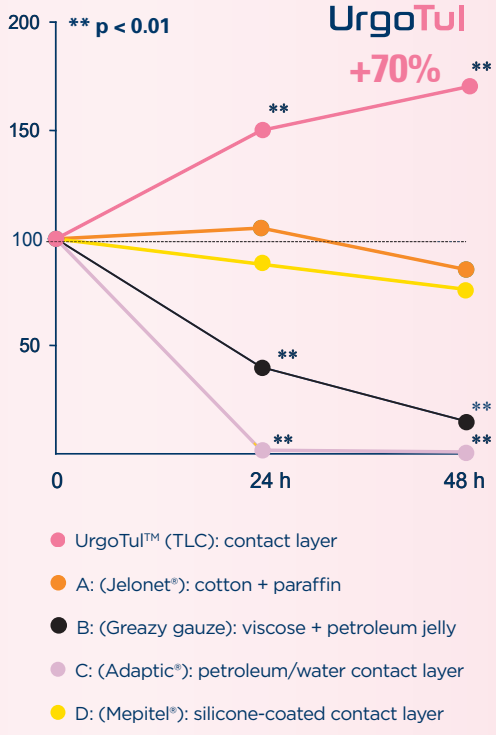
*95% of patients reported 'no pain' or 'less pain' during dressing changes upon switching to UrgoTul contact layer from another dressing for their acute wound when compared to the period prior to the switch.

UrgoTul FACILITATES THE PROLIFERATION OF KEY CELLS TO RESTORE SKIN

Cellular morphology - confocal microscopy (72 h) [3,5,6]

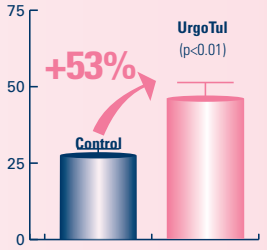


Assessment of fibroblasts proliferation



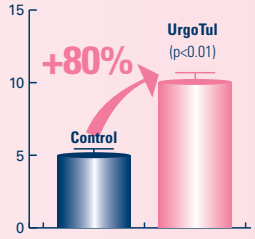
- UrgoTul™ (TLC): contact layer
- A: (Jelonet®): cotton + paraffin
- B: (Greazy gauze): viscose + petroleum jelly
- C: (Adaptic®): petroleum/water contact layer
- D: (Mepitel®): silicone-coated contact layer

Effects on the synthesis of hyaluronic acid[2]



Dosage of hyaluronic acid (ELISA)

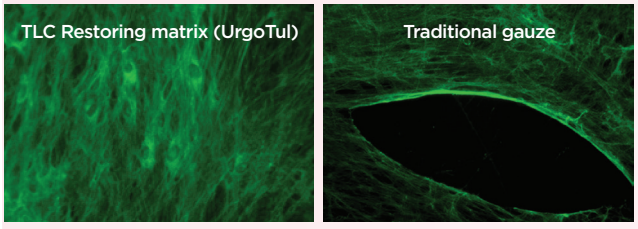
Effects on the production/release of soluble (pro)-collagen I[(2)]



Dosage of soluble pro-collagen I (ELISA)

UrgoTul ENSURES PAIN-FREE AND ATRAUMATIC DRESSING CHANGES[4]

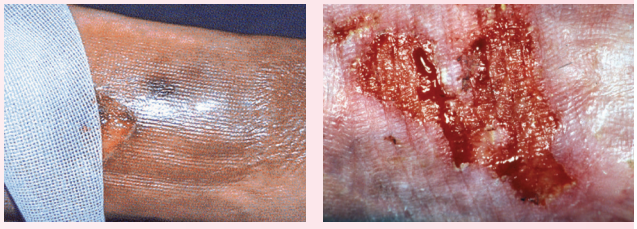
Character of lesions following dressing removal5



Significant absence of lesions after removal up to 8 days

Eradication of fibroblasts and of the extra-cellular matrix after removal

Clinical consequences at removal

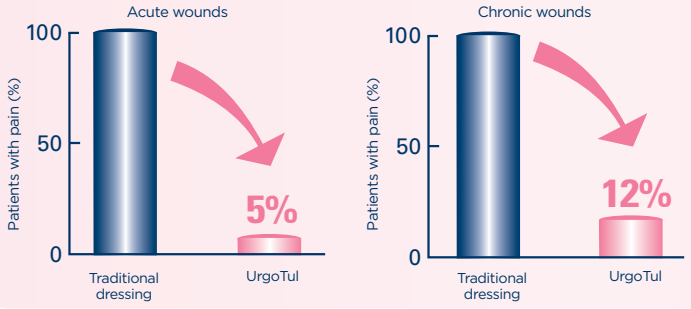


With TLC Restoring matrix (UrgoTul)

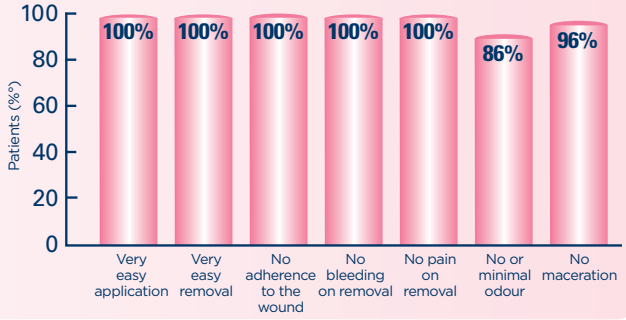
With traditional gauze

WHAT DO PATIENTS HAVE TO SAY?

UrgoTul was associated with no or less pain at dressing change[4]

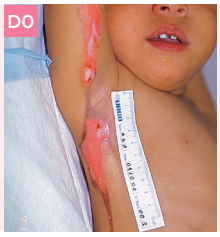


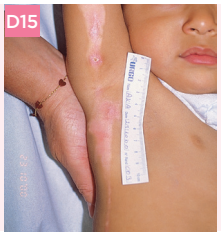
Acceptability of TLC dressing (UrgoTul)[9]



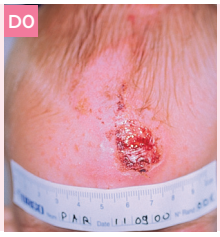
UrgoTul RANGE IS CLINICALLY PROVEN IN MORE THAN 11,600 PATIENTS[10]

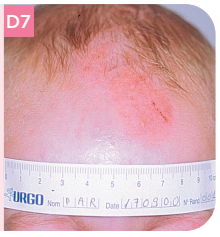
One-year old child presenting with a partial-thickness burn on the inside of the arm ; after 15 days of treatment with UrgoTul, the wound has fully epithelialised[11]





A 13-month-old child presenting with a traumatic wound on the forehead following a road traffic accident ; after 7 days the wound has healed[11]





UrgoTul

Can be cut

Can be meshed

Can be used with other dressing

Size with border (inch)	Size with border (cm)	No. per box	Code
2 x 2	5 x 5	10	506487
4 x 5	10 x 12	10	506488
6 x 8	15 x 20	10	506489

1. Meaume S. Urgotul®: a novel non-adherent lipidocolloid dressing. British Journal of Nursing. 2002, Vol 11, N°16. **2.** Bernard FX et al. Effects of a lipidocolloid dressing on the production of the extracellular matrix. Journal des Plaies et Cicatrisations, 2007 (study conducted on Urgotul). **3.** Bernard FX et al. Stimulation of the proliferation of human dermal fibroblasts in vitro by a lipidocolloïd dressing. Journal of Wound Care, May 2005; 14 (5): 215-220 (study conducted on Urgotul). **4.** Meaume S et al. The importance of pain reduction through dressing selection in routine wound management: the MAPP study. J Wound Care. 2004;13(10):409-13. **5.** Study report No. S/2003-007/BIOalternatives. **6.** FX. Bernard et al., Effects of dressings on cellular proliferation and evaluation of their adherence to fibroblasts by in vitro culture. Oral communication, CPC 2005 **7.** M. Le Berre, Y. Lurton et al., Coated dressings: gauzes/contact layers. Poster, CPC 2005, Paris. **8.** M. Le Berre, Y. Lurton et al., Coated dressings: gauzes/contact layers. Oral communication, CPC 2005, Paris. **9.** Benbow M., Iosson, G. A clinical evaluation of UrgoTul to treat acute and chronic wounds. Br J Nurs 2004; 13: 2, 105–109. **10.** White, R., Cowan, T., Glover, D. Supporting evidence-based practice: review of TLC healing matrix (2nd edition). MA Healthcare Ltd, London, 2015. **11.** A. Le Touze et al., Interest of a new dressing (UrgoTul) in the management of wounds in a pediatric setting: results from a european clinical study. Poster, CPC 2005, Paris.

Prior to use, be sure and read the entire Instructions for Use package insert supplied with the product for Device Intended Use, Description, Contraindications, Warnings, Precautions, Adverse Events, and Instructions for Use.

Urgo Medical North America 801-LT001, 09/2018

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