

UrgoKTwo

UrgoKTwo in Real Life



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FOREWORD

Wound care is one of the leading expenses for the National Health Service (NHS), with most of this cost associated with non-healing wounds (Guest et al, 2020). Lower limb ulcers are a common non-healing wound, which significantly impact patients' quality of life (QoL) and often lead to disengagement with treatment (Phillips et al, 2018). Therefore, there is a need for all clinicians to proactively provide optimal and early intervention for the care of people with, or at risk of, non-healing lower limb ulcers.

Optimising holistic care and compression therapy is crucial for patients with venous leg ulcers (VLUs) and chronic oedema/lymphoedema, which can help achieve improved outcomes and save healthcare costs and clinician time. Most lower-limb ulcers are a manifestation of the dysfunction caused by underlying diseases such as venous insufficiency and lymphatic insufficiency. These conditions put people at high risk of developing a lower leg wound (Saghdaoui et al, 2023).

VLUs account for up to 80% of all lower leg ulcers and can lead to significant pain and risk of infection for the patient (National Institute for Health and Care Excellence [NICE], 2024). Healing rates for patients with a VLU in a community setting have been reported to be as little as 37% at 12 months (Guest et al, 2020), with recurrence rates as high as 50–70% within the first 12 months (Raffetto et al, 2020). The highest rates of recurrence are reported within the first 3 months after healing (Finlayson et al, 2009). Living with a VLU causes emotional and social distress for patients, with patients often facing challenging lifestyle adjustments, and the need for a support network (Guo et al, 2024). Taken together, these issues significantly deteriorate QoL, leading to isolation and depression (Stanek et al, 2023).

The cornerstone of treatment for patients with a VLU is strong compression therapy of at least 40 mmHg pressure at the ankle (O'Meara et al, 2012). Compression therapy generates external pressure on superficial veins and tissues, thereby assisting venous return, to reduce peripheral oedema and promote wound healing on the lower limb (Nair, 2014). It is important to recognise that compression therapy goes beyond simply reducing venous hypertension and oedema but also plays an important role in reducing inflammation and tissue remodelling (Beidler et al, 2009; Conde Montero et al, 2020). There are decades of evidence in relation to strong compression therapy, with it being proven to decrease time-to-healing and reduce risk of recurrence (O'Meara et al, 2012; Ashby et al, 2014; Webb et al, 2020) while demonstrating statistically significant improvement in healing rates (Shi et al, 2021; Patton et al, 2023).

Despite the wealth of evidence for compression therapy, there are many barriers to timely and sustained application (Atkin et al, 2021). The under-use of compression therapy for venous leg ulceration is a cause for concern and may be linked to other problems including accessing ABPI assessment, lack of confidence in clinical decision making, patient preferences, clinician preferences or product availability (Oates and Adderley, 2019). Additionally, patient adherence is often quoted as a reason for non-application and delayed healing/non-healing (Phillips et al, 2018).

It is important to remember that adherence refers to the degree to which patients concord with prescribed treatment instructions; it encompasses a mutual understanding between healthcare providers and patients regarding treatment and is designed to be non-judgmental, representing a factual observation rather than assigning blame to the patient, healthcare provider or treatment (Weller et al, 2016). Horne et al (2013) indicate that non-adherence might be either purposeful or unintentional. A patient may consciously choose to forgo treatment, leading to deliberate non-adherence. A patient may either misinterpret instructions or neglect a treatment, leading to inadvertent non-adherence. Patients' perceptions of their condition and related medications/treatments significantly impact adherence (Horne et al, 2013).

The challenges faced by those living with a VLU can be complex and interrelated, clinicians need to ensure that individual needs are considered and agreed with the patient when setting treatment plans.

There is an urgent need to address unwarranted variation in care, as this offers major opportunities to improve healing rates and thus reduce patient suffering, spending on inappropriate and ineffective treatments and the amount of clinical time spent on wound care (National Wound Care Strategy Programme [NWCSP,] 2023). Timely access to comfortable, easy-to-apply compression therapy with proven efficiency will reduce many of these unwarranted variations of care and outcomes. As the burden of wound care on the NHS continues to grow year on year, NHS services need to turn away from merely managing wounds and instead truly focus on healing wounds (Atkin et al, 2024).

**Dr Leanne Atkin PhD MHSc RGN,
Vascular Nurse Consultant**

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HOLLIE ROBINSON

Tissue Viability Service Lead, South Warwickshire University NHS Foundation Trust

When I started in my current position as the Tissue Viability Lead, UrgoKTWO was already part of our formulary.

When our Leg Ulcer Lead and I reviewed the lower limb pathway in our setting, we decided to use UrgoKTWO Reduced as the first-line treatment choice for reduced compression bandaging. Our goal was to use this system from day 1 of a patient developing a lower limb wound. We took this decision because UrgoKTWO Reduced is easy-to-apply, with visual indicators guiding the bandaging process. It was easier to improve staff competence and increase confidence, leaving less room for error. If healing progression is not observed for a patient following implementation, our specialist leg ulcer service reviews the patient to assess if full compression is suitable (all of our patients are referred to our leg ulcer team but, if the wound heals or good signs of healing are noted, a full assessment by our leg ulcer team is not always needed).

To ensure consistent implementation in practice, we included UrgoKTWO and UrgoKTWO Reduced in our essential clinical skills training. To further ensure adoption across the whole community division, we provided visual reference guides as part of our virtual formulary. This step was supported by the Urgo clinical team, who provided training and support across our community Trust. We used both strong and mild compression systems for UrgoKTWO (40mmHg and 20mmHg, respectively). UrgoKTWO Reduced was employed as a first-line treatment until a full vascular assessment by our leg ulcer team indicated that stronger compression was appropriate.

Wound aetiologies

We recommend UrgoKTWO Reduced as a first-line treatment in our lower limb pathway.

Patient outcomes

- Patients receive care in accordance with our lower limb pathway, which includes reduced compression and UrgoStart Plus pad from day 1. We have experienced excellent healing outcomes and frequently achieve healing before requiring a full vascular assessment from our leg ulcer team
- Overall, we now have improved outcomes for our patients and standardisation of care.

Clinician outcomes

- We are confident that, with UrgoKTWO, we can ensure provision of optimal and safe care for our patients
- For our staff, achieving healing outcomes for our patients with a standardised approach is significant
- We can have confidence that our clinicians apply the right amount of compression safely
- The visual aids in the system have reduced clinical errors within our team.

Top tips for successful implementation:

- Speak to your Urgo Medical representative to see how easy the application of UrgoKTWO UrgoKTWO Reduced is
- Standardise your service's lower limb wound care with validated pathways
- Communicate/link-in with other services who have implemented UrgoKTWO with success. Reaching out means we can help each other achieve improved outcomes for our patients. There is no point reinventing the wheel.

“Communicate with other services who have implemented UrgoKTWO with success. Reaching out means we can help each other achieve improved outcomes for our patients. There is no point reinventing the wheel.”



JOY TICKLE

Tissue Viability Nurse Consultant, Hampshire and Isle of Wight Healthcare NHS Foundation Trust



We moved toward using UrgoKTwo in our practice after reviewing the excellent body of evidence, which demonstrates the importance of effective compression therapy for lower limb wounds. This decision was supported by national guidance and national campaigns.

Challenges

Lower limb assessment and application of compression therapy in a timely manner were the two major issues in our clinical setting. There was a lack of standardisation for compression therapy implementation, which led to poor healing outcomes and reduced QoL for our patients.

More specifically, community nurses and hospital clinicians were – and still are – facing enormous pressures to implement and deliver care in an overstretched and highly demanding healthcare system. Continuity of care for patients was difficult, which led to variations in care, adversely affecting patient outcomes.

Our staff received education and training from the tissue viability team on the importance of leg ulcer assessment and management, and compression therapy. Nevertheless, they reported confusion and reduced confidence when selecting and applying compression bandaging. As a result, compression selection was generally based on perceived simplicity of use and on personal preference, rather than clinical need.

Overcoming challenges

It was important to recognise the demands faced by clinicians delivering healthcare. Clinicians' reduced confidence and inconsistencies with compression bandage selection were key objectives to address. In addition, within our wound care formulary, there were several compression bandage systems available, with different methods of application, which could be confusing for staff.

A review of the evidence pertaining to these systems was completed, which considered the method of application, time taken to apply and assurance of correct application.

Following this review, the decision was made to include UrgoKTwo systems in our wound care formulary. Overall, this was due to its robust clinical evidence, its simple application and the clinical markers/guide within the bandage that reassured clinicians that compression pressure was applied correctly.

Wound aetiologies

Differentiating UrgoKTwo and UrgoKTwo Reduced:

- Applying UrgoKTwo: Strong compression is essential to ensure effective venous return, reduce oedema and facilitate ulcer healing. Patients requiring 40mmHg compression can receive this with the simple-to-apply two-layer system. This makes the treatment less bulky, giving increased choice to the patient with regard to footwear and clothing
- Applying UrgoKTwo Reduced: National guidance suggests that, if a patient presents with oedema/leg ulceration and has no red flags, compression of 20mmHg can be applied without first establishing an ankle brachial pressure index (ABPI). Compression of 20mmHg can also be effective for managing patients with:
 - Combined arterial venous insufficiency (CAVI) or 'mixed aetiology'
 - Mild oedema for which 40mmHg is not required
 - Managing leg ulceration pain (e.g. when patients cannot tolerate 40mmHg).

Patient outcomes

- Faster wound healing
- Improved patient QoL scores, with incredibly positive feedback. The patients deemed the UrgoKTwo system comfortable to wear and non-bulky (allowing freedom of choice for footwear and clothing); reduced pain, and increased sleep and comfort, were also major benefits reported by patients
- Healing of long-standing ulcers
- Seamless transition of patients through the service.

Service outcomes

- Significantly improved healing rates, also resulting in cost-savings (nursing time, dressings and analgesia)
- Reduced number of referrals to the tissue viability service for patients with non-healing leg ulcers
- Assurance that evidence-based treatments were implemented with consistency
- Support from Urgo Medical with staff training and information for patients.

“It was important to recognise the demands faced by clinicians delivering healthcare. Clinicians' reduced confidence and inconsistencies with compression bandage selection were key objectives to address.”



Top tips for successful implementation:

- Review current dressing formularies and practice before introducing new compression therapy systems
- Ensure staff and patients are involved/informed from day one regarding UrgoKTwo implementation
- Implement a simple and structured evidence-based leg ulcer pathway that includes UrgoKTwo and UrgoKTwo Reduced compression therapy [see [Figure 1](#) below]
- Implement UrgoKTwo as soon as possible, as this will result in more effective clinical outcomes and improved QoL for patients.

Clinician outcomes

Clinicians reported ease of use, reassurance due to clinical evidence supporting the product, and improved morale due to positive clinical outcomes.

Patient quote

"Thank you so much. I have lived with my leg ulcer for 12 months. It has been awful for me and my family. I was in pain, could not sleep, and no longer wanted to leave the house. They then told me about the new Urgo bandage, and I was not convinced. However, after only 2 weeks of it being applied, my wound was less painful and I slept better. In 3½ months, my leg ulcer was completely healed. My life is so much better!"

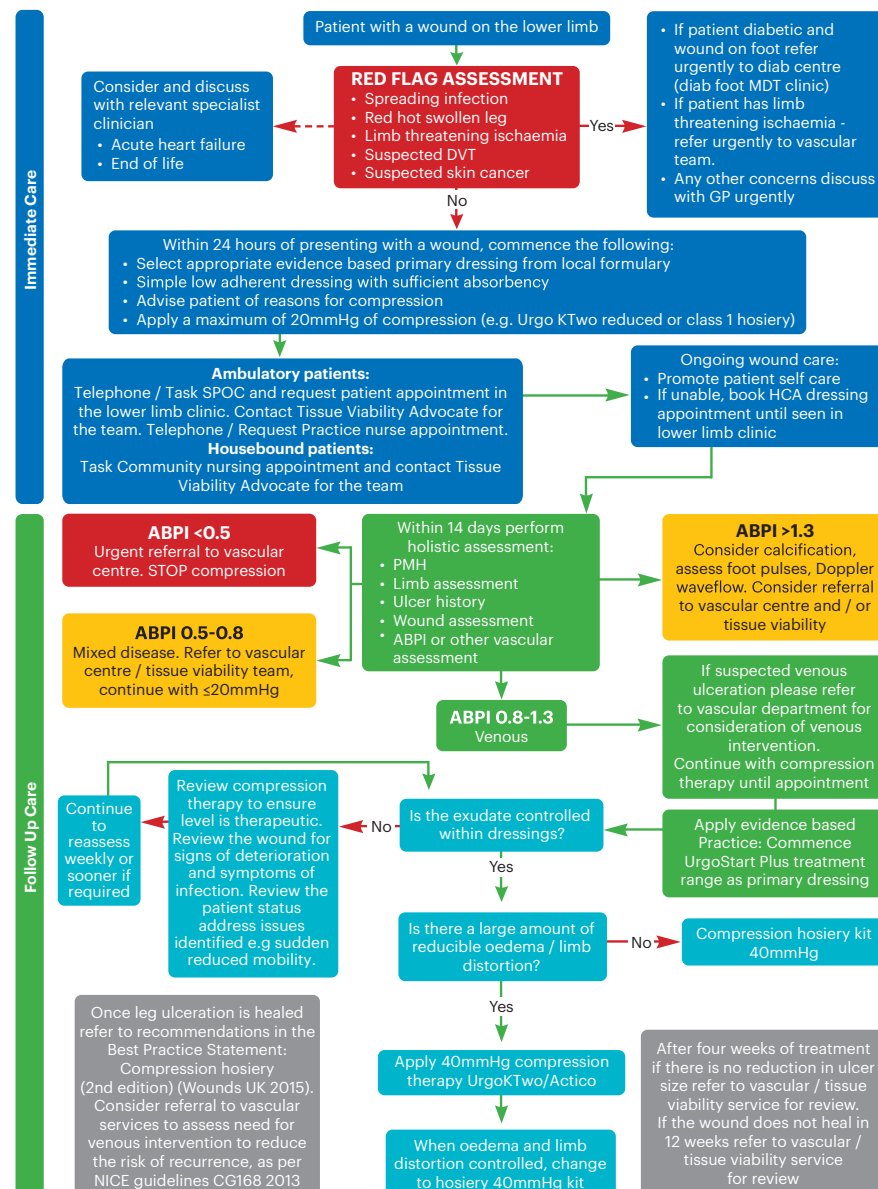


Figure 1: Lower limb wound pathway (adapted from Atkin and Tickle, 2019).
Reference:



VIKKI BRASH & LYNsay WARD

Tissue Viability Nurses, NHS Lothian; in partnership with the East Lothian Community Treatment and Care Services

Recently, one of our Tissue Viability Nurses completed a Masters module on leg ulcer care. She identified that, on our formulary, we were only utilising short-stretch systems, with no option available for a multi-component or elastic system. A multi-component compression system for the treatment of leg ulcer care can provide significant advantages because it applies consistent pressure during both mobilising and resting (Stücker et al, 2021); this consistent pressure is key to enhancing patient outcomes in leg ulcer management, especially in cases where patients may be unable to consistently activate their calf muscle.

As we had become aware of the multi-component or elastic systems and their potential use in our clinical setting, we sought further guidance from the Urgo Medical team. Currently, there is no national guidance in Scotland on these systems. However, England's National Wound Care Strategy Programme recommendations (NWCSP, 2023) and other similar guidelines provided us with the up-to-date evidence that we needed to introduce a multi-component compression system (UrgoKTwo) in our clinical setting.

Challenges

- Our clinical setting acts as a 'community treatment room', with significant resource fluidity. Our first challenge was the lack of consistency with staff rotation and shift patterns
- There was no formal leg ulcer pathway and staff were using products that did not always consider the patient's lifestyle when making a care plan
- Our staff were not comfortable with assessment and selection of compression products, despite having knowledge of compression application methods
- In our service, VLU's were taking an average of 9 months to heal; ulceration from lymphoedema was taking an average of 15 months to heal
- Many of our patients were receiving long-term treatment, but without experiencing any improvement – one of our patients was on the caseload for over 9 years!

Overcoming challenges

We commenced a quality improvement project, with educational support from Urgo Medical, to update and teach the tissue viability team about the use of UrgoKTwo and UrgoKTwo Reduced. Involving all the team in the education process ensured the team were aware of the new products, how to use them and were happy to be a part of the proposed changes. With the help of the Urgo Medical team, we implemented a simplified pathway, which helped our staff make informed treatment choices with patients. We also provided four short education sessions to ensure our staff had a good understanding of how to develop, implement and evaluate a care plan and to ensure timely follow-up. These four sessions were aimed at increasing staff confidence in assessment and selection of products appropriate for their patients.

Finally, we implemented a trial of the new pathway while awaiting full approval from our chief nurses. Our team is now routinely using UrgoKTwo and UrgoKTwo Reduced. Within our pathway, we made the evidence-based decision to recommend UrgoKTwo for all patients with limited mobility or limited ankle movement. This included patients with venous disease, lymphoedema and mixed disease.

Within the pathway, the staff are expected to apply reduced compression of up to 20mmHg at first presentation of the person to the clinic – UrgoKTwo Reduced meets this criteria. Following first presentation, staff book the patient for a full leg ulcer assessment, which investigates holistic and lifestyle factors and wound presentation. It also includes undertaking an ABPI measurement. Following a full leg ulcer assessment, if there are no red flags and the person's ABPI results falls within the range of 0.8-1.3, a care plan is discussed and compression is increased to the full UrgoKTwo system. If the ABPI range falls within 0.5-0.79, treatment with UrgoKTwo Reduced continues and a review is undertaken by the vascular team for potential intervention.

“With the help of Urgo Medical's team, we implemented a simplified pathway, which helped our staff to make informed treatment choices with patients.”



Top tips for successful implementation

- Work with the Urgo Medical team to gain clinical support. They are very knowledgeable and will help with complex cases that require more shaping or thigh-high application
- The Urgo Medical team have some useful videos available, focused on application of the UrgoKTwo system, which can be shared with clinicians
- Always use the pressure indicators on the UrgoKTwo system to ensure that compression pressure is consistent
- Be bold and give it a try – in our experience, this product has been easy to apply and the support from Urgo Medical has been amazing.

Wound aetiologies

We are using the UrgoKTwo system for all lower limb wounds. For example:

- As first-line treatment for patients with compromised mobility who have venous and lymphoedema-induced ulcers/wounds
- As second-line treatment for other patient groups, i.e. following requirement of a short-stretch system to reduce oedema in patients who have a very large ankle circumference or patients who are already utilising another compression system including wraps and hosiery that have made no improvement within 4 weeks.

Patient outcomes

- Significant reduction in healing time
- Increased comfort reported by patients
- Patients found there was more consistency in the pressure applied
- Patients found the system easy to wear as it has a slimmer profile underneath clothing and shoes.

Service outcomes

- A new leg ulcer treatment pathway was implemented and education provided to all our staff
- Accumulation of supporting evidence helped us implement UrgoKTwo and UrgoKTwo Reduced as first-line treatments
- The improved outcomes helped us move to an extended roll-out to all our teams in the health board, and we are now hoping to see improvement across the whole setting.

Clinician outcomes

- Improvements in knowledge and skills, satisfaction and confidence in managing non-healing and complex wounds
- Reduced clinician concern in applying compression – all our staff were able to apply the product consistently regardless of experience level because of the pressure indicators
- Staff preferred using UrgoKTwo systems because the bandages are slim in size, potentially increasing ease of application.

Patient experience

One notable example from our setting was a patient who was waiting for vascular intervention. They were appreciative that their wound had healed so well with the UrgoKTwo system, likely saving them from months of worry about waiting lists for assessment and potential surgery.

Reference

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DAWN MORRIS

Community Matron, Northumbria Healthcare NHS Foundation Trust

Our goal was to simplify and standardise care in our clinical setting, based on recommendations from national guidelines. We already had experience of using the UrgoStart range for our VLU patients, helping us to achieve good outcomes, patient and staff satisfaction, and cost-savings.

Challenges

- There was a dissatisfaction in clinical decision-making, lack of consistency in care and a need for an urgent review of wound care. Our goal was to identify where best to make changes to maximise impact
- The size of our formulary is vast. We felt that staff's knowledge around compression therapy products, their mode of action and evidence supporting the products was lacking
- We wanted to ensure our clinicians had confidence that our compression therapy practices were evidence-based. It was a challenge for us to ensure the information disseminated to our nursing teams and service users reflected this.

Overcoming challenges

We used the SMART method to create our objectives (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime-bound). Our project was split into three phases:

- Phase 1: identify the burden of care for lower limb wounds and define 'quality improvement' and how best to maximise impact
- Phase 2: use these findings to create a standardised, evidence-based pathway for lower limb care.
- Phase 3: distribute pre- and post-pathway implementation surveys to evaluate if staff had increased confidence in assessing and treating lower limb wounds.

We used the Berwick lower limb pathway for wound care [Figure 1]. Staff were educated on basic wound care, lower limb assessment, red flag identification, compression application, dressing choice and infection identification and treatment.

Wound aetiologies

UrgoKTwo and UrgoKTwo Reduced were introduced as first-line options for any patient with a lower limb wound, based on full assessment, regardless of wound duration. These wounds included:

- New lower limb wounds
- Haematomas
- Venous leg ulcers
- Varicose eczema
- CAVI or 'mixed aetiology' (with instruction from tissue viability/vascular)
- Other dermatology-related conditions (e.g. pyoderma gangrenosum).

We also used UrgoKTwo and UrgoKTwo Reduced to reduce oedema (help shape legs) in preparation for compression stocking fitting if needed.

Patient outcomes

- Faster wound healing time
- Improved patient experience and outcomes
- Patients were able to understand their care pathway and were confident they were receiving evidence-based care, potentially improving engagement.

Service outcomes

We were able to implement an evidence-based wound care pathway (i.e. the Berwick lower limb pathway). Our team received the BJN Bronze Award 2023 for this project. This standardised approach has created synergy in the team and given structure to patient care. It has helped improve service efficiency, while also improving wound healing outcomes.

“ This standardised approach has created synergy in the team and given structure to patient care. It has helped improve service efficiency, while also improving wound healing outcomes.



Top tips for successful implementation:

- Keep your eyes on the prize: effective wound care greatly influences patient outcomes and nursing staff in positive ways
- Ask for help: the support is there from Urgo Medical every step of the way. You are not alone. You too can achieve fantastic results for the team, organisation and service users
- Be confident!

Clinician outcomes

- A more engaged nursing team that is more independent; increased clinical curiosity around wound care and new approaches
- Reduced time spent on wound care
- Improved caseload and efficient use of clinician time.

Clinician quote

"I feel that I am now more confident and competent assessing patients and their wounds by following our pathway. I am passionate about what I do and love to share this with colleagues and patients."
(Marisa Armstrong, Community Nursing Assistant, Berwick-upon-Tweed)

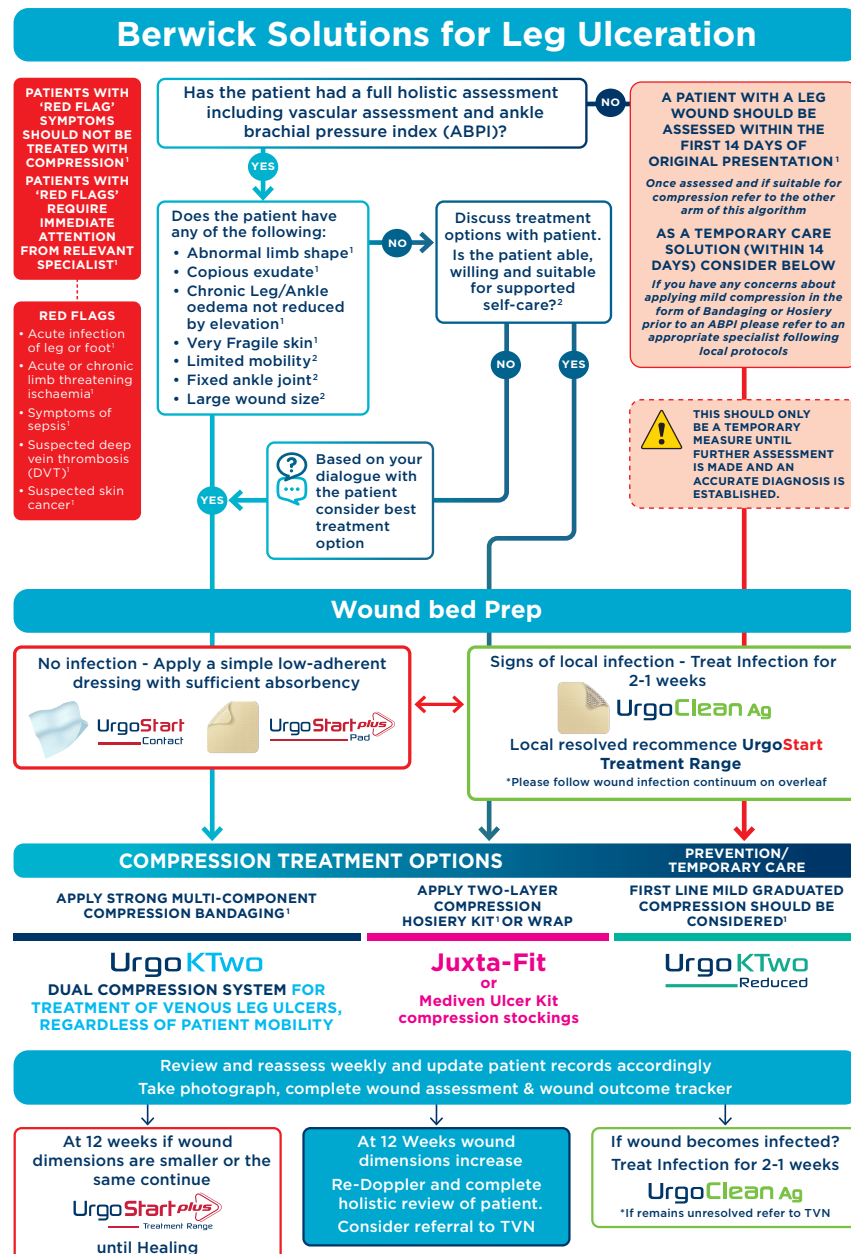


Figure 1: The Berwick lower limb pathway

1. National Wound care Strategy Programme- Lower Limb Recommendations (2020) 2. 5D: A framework to improve care for patients with Leg Ulcers.



KELLY PHILIPS

Skin Integrity Nurse Consultant, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

We started using UrgoKTwo because our Skin integrity Team identified that compression therapy was not being used to its full potential in secondary care. It was crucial that the compression bandage system selected for first-line use was easy to apply, enabled continuity of care across different settings, and could be supported by education within a secondary care environment. The UrgoKTwo system was a feasible compression therapy option helping us to achieve our goals.

Challenges

Compression therapy was not previously used within the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) for in-patients, unless the patient was managed on the vascular ward. The view of many clinicians at the time was that many staff would have difficulty maintaining compression bandaging skills in a hospital setting, so compression therapy was discontinued on admission to the DBTH. There was a lack of standardisation for management of leg ulcers at DBTH with no facilities in place for patients to have a lower limb assessment and no wound healing outcomes were being measured.

Overcoming challenges

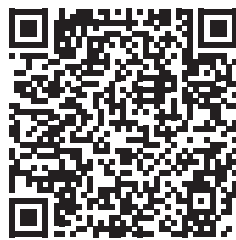
In collaboration with Urgo Medical, a quality improvement project was implemented consisting of 3 care pathways [Box 1]. They were implemented based on a review of national leg ulcer guidelines and recommendations (these pathways are available to view and download via the QR codes in Box 1; NWCSP, 2024). Prior to implementation of these pathways, a training programme was launched to provide skills and enhance competencies around lower limb aetiology, wound causation and interventions. The aim of this training was to enable health professionals to implement and follow validated clinical pathways.

“I would definitely say that UrgoKTwo is one of the simplest and safest multi-layer compression systems available and should have a place within any leg ulcer pathway.”



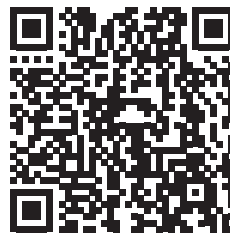
Lower Leg Guidance

Aim: establish possible wounds below the knee to malleolus (ankle) to inform treatment and referrals.



Lower Leg Pathways

Aim: identify red flags, and care recommendations as per the wound type identified in the first pathway



Lower Limb Assessment Pathway

Aim: assess peripheral perfusion (tier 3 and district nurses)



Box 1: Pathways implemented as part of the quality improvement programme.

Wound aetiologies

- VLUs
- CAVI or 'mixed aetiology'.

UrgoKTwo Reduced was used to initiate first-line treatment for all leg ulcers that had no red flags present.

Patient outcomes

An evaluation of 33 patients with a VLU and managed with UrgoKTwo demonstrated:

- 49% ($n=16/33$) patients achieved complete healing within 12 weeks
- Of the remaining patients, 9 patients achieved complete healing by 24 weeks (resulting in a total of 76% or $n=25/33$ being healed)

- Of the remaining patients, 5 patients achieved complete healing by week 48; the total number of patients who achieved healing reached 91% ($n=30/33$)
- Two patients did not achieve healing by week 48 (7%; $n=2/33$)
- One patient is still having their healing monitored (3%; $n=1/33$).

Outcomes from the NICE (2024) analysis showed that 45% of VLUs healed by week 24. Our patient group healing rates exceeded this by 31% to 76%. Compared to the 47% healed VLUs by week 48 reported in a 2022 consensus (Nursing Times, 2022), our patient group achieved 91% healing within the same timeframe.

Top tips for successful implementation:

- Use quality improvement methodology to guide you through change management
- Don't be afraid to strive for the very best for your patients
- Just start the change process! You will figure it out along the way.

Service outcomes

After integrating UrgoKTwo systems in our pathways, our recent 3-year post-implementation analysis showed:

- An increase in timely assessment, diagnosis and treatment of VLUs between June 2021 and June 2024, resulted in 91% of VLUs healing within the first 12 months
- A 97% increase in patients ($n=1082$) having a lower leg assessment scheduled within 14 days
- A 86% increase in patients ($n=153$) receiving their scheduled lower leg assessment (if they remained an in-patient)
- A 100% increase in the number of patients ($n=153$) that received a lower leg assessment having a diagnosis documented
- A 76% increase in patients ($n=62$) with VLUs receiving the recommended 40mmHg compression, in line with their diagnosis.

Clinician quote

"I would definitely say that UrgoKTwo is one of the simplest and safest multi-layer compression systems available and should have a place within any leg ulcer pathway. I wouldn't have considered introducing compression bandages for standard use in an acute hospital without access to UrgoKTwo."

References

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- Nursing Times (2022) Consensus document – transforming leg ulcer care. Available at: <https://www.nursingtimes.net/tissue-viability-and-wound-care/consensus-document-transforming-leg-ulcer-care-17-10-2022/> (accessed 20.03.2025)

CASE STUDIES

Case study 1. (Courtesy of Dawn Morris)

Treatment: A 63-year old female with hypertension and diabetes and a 22-year history of lymphoedema had long-standing lower limb complications for 15 years. Several clinical teams had been involved in her care, and almost all formulary products tried. The patient was house-bound due to the impact of lymphoedema and ulceration. She suffered from a complete loss of confidence and, due to her lower leg wound symptoms, even struggled with close family members visiting. [Figure 1](#) shows the wound upon presentation.

Results: Treatment was initiated with UrgoKTwo compression and significant healing was achieved by week 16 [\[Figure 2\]](#).



Figure 1: Pre-gold standard care (day 1)



Figure 2: Healing achieved (week 16)

Case study 2. (Courtesy of Dawn Morris)

Treatment: A 67-year-old male presented at the clinic with a VLU and medical history of diabetes, pernicious anaemia, hypertension and atrial fibrillation. This was his second episode of care for this wound. During the first episode, his care was not standardised: multiple dressings were used along with compression therapy and it had taken the wound 15 weeks to heal. On presentation, the wound was to the lower limb, measuring 2cm (length) x 1cm (width; see [Figure 1](#)). There was superficial tissue loss and further damage was suspected on wound edges.

This patient was mobile, independent and physically active, and was regularly going on holidays. The patient's treatment goal was for the wound to heal as soon as possible, so he could use a hot tub when away on his next trip.

Results: Treatment was initiated with Urgo KTwo reduced and UrgoStart Plus, healing was achieved by week 4 [\[Figure 2\]](#).



Figure 1: Presentation (day 1)



Figure 2: Healing achieved (week 4)

Case study 3. (Courtesy of Vikki Brash, Lynsay Ward and the East Lothian Community Treatment and Care Services)

Treatment: A 59-year old male with venous leg ulceration [Figure 1] presented with a wound measuring 12cm (length) x 4cm (width). The depth was unknown as the wound contained slough. He had a medical history of chronic heart failure, hypertension, adrenal mass, and leg ulceration for >1 year with multiple episodes of associated cellulitis. There were no signs of infection but biofilm was suspected. The tissue type was assessed to be 80% slough, 10% granulating, and 10% epithelialising. The skin surrounding the wound was sensitive and excoriated. He had received a large range of different primary dressings over the course of his 13-month treatment. Treatment with a short-stretch compression bandage for 12 months had not contributed to any noticeable improvement in wound size.

Following leg ulcer and vascular assessments, he received a treatment regimen consisting of UrgoStart Plus and UrgoKTwo, along with a superabsorbent dressing.

Results: Following review by the tissue viability team, the patient was asked to join an ongoing quality improvement project where Urgo Start Plus and UrgoKTwo systems were being used in a simplified pathway to improve wound care consistency and patient outcomes. His treatment plan included Urgo Start Plus, Kerramax Care and UrgoKTwo. Wound size, depth and appearance had already improved by week 5; this improvement continued in week 6 [Figure 2] and significant healing was achieved by week 9 [Figure 3]. By week 10, the skin was fully intact and the patient was measured for compression hosiery and discharged from the clinic.

A comparative cost-saving of £706 was estimated over 10 weeks.



Figure 1: Presentation



Figure 2: Week 6



Figure 3: Week 9

CASE STUDIES

Case study 4. (Courtesy of Vikki Brash, Lynsay Ward and the East Lothian Community Treatment and Care Services)

Treatment: A 77-year-old male presented with a 3-year old lymphovenous leg ulcer measuring 6cm (length) x 5.5cm (width), with a smaller area of ulceration below it, measuring 2.5cm x 1.5cm. The depth was unknown as the wound contained slough. This patient had a medical history of coronary artery disease, hypertension, gout, osteoarthritis, obesity, lymphoedema, a below-knee amputation of the other leg and a history of the existing wound.

Figure 1 shows previous medical imaging that had been taken 2 years prior to presentation; **Figure 2** shows the wound at the initial assessment and prior to initiating UrgoKTwo bandaging. The wound showed no signs of infection but biofilm was suspected. The tissue type was assessed to be 40% slough and 60% dull red tissue. The skin surrounding the wound was very dry with keratotic build-up. The patient had received previous compression treatments, with a mixture of short-stretch compression bandaging or lymphoedema wraps for approximately 3 years: this treatment resulted in very little improvement of the wound or surrounding skin and no significant reduction of oedema in the lower leg.

Following leg ulcer and vascular assessments, the patient received a treatment regimen consisting of UrgoKTwo, along with superabsorbent dressings.

Results: At the 8-week follow-up [**Figure 3**], the wound measured 2cm (length) x 0.8cm (width), with minimal depth. The surrounding skin and oedema was also greatly improved. After another 2 weeks, (10 weeks from the initiation of UrgoKTwo), the wound had fully healed [**Figure 4**]. Measurement for hosiery was undertaken and the patient was discharged from the clinic. The patient presented back to the clinic 5 weeks later with a small wound measuring 1.2cm (length) x 0.5cm (width) to the same area after a traumatic injury. Treatment commenced again with UrgoKTwo. At the 2-week follow-up, the wound had fully healed, highlighting the healing impact of the UrgoKTwo system.

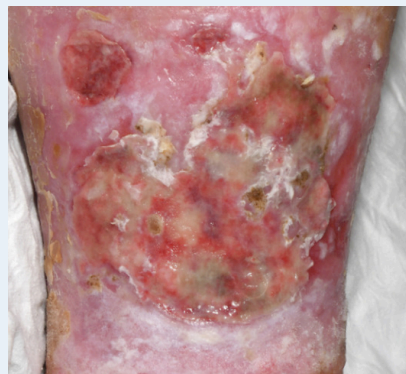


Figure 1: 2 years prior to treatment initiation with UrgoKTwo



Figure 2: Prior to treatment initiation with UrgoKTwo



Figure 3: 8 weeks post-treatment



Figure 4: Complete healing at 10 weeks post-treatment

Case study 5. (Courtesy of Joy Tickle)

Treatment: A patient presented with a 6-month old wound sustained originally as an acute traumatic injury that had become non-healing. The patient had a medical history of venous disease, with oedema and limb shape distortion. Despite receiving several different treatments, there had been no improvement [Figure 1]. Upon presentation, there were no clinical signs of infection, although the periwound skin appeared unhealthy. The wound measured 7cm (length) x 6cm (width); the wound bed comprised 90% granulation tissue and 10% slough. A high volume of haemoserous exudate/fluid was present, along with wound malodour. The patient required analgesics for pain management. A treatment plan was devised, consisting of UrgoStartPlus and UrgoKTwo.

Results: By week 3 [Figure 2], wound size reduced to 5cm (length) x 3cm (width); limb oedema had reduced and limb shape distortion resolved. The patient reported reduced pain, stress and anxiety, and an improved QoL. By week 7 [Figure 3], the wound had completely healed and the patient no longer required analgesics. They resumed their social life and other activities and their QoL improved significantly.



