Wounds UK

UrgoStart plus Treatment Range

UrgoStart Plus in Real Life

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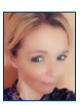

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INTRODUCTION

The prevalence of patients with chronic wounds continues to grow year-on-year and this places a substantial burden on health care resources. It is estimated that the NHS treats more than 2.2 million wounds annually, equating to 4.5% of the adult population, and the total cost of managing these wounds and associated co-morbidities is calculated to be £5.3 billon per year (Guest et al, 2015). However, it has been recognised that there are considerable unwarranted variations in wound care services across the UK and that standardising practices offers opportunities to improve healing rates, reduce patient suffering and provide cost efficiencies (NWCSP, 2020).

In 2019 the National Institute for Health and Care Excellence published medical technologies guidance in relation to the UrgoStart treatment range. The committee reviewed five empirical research papers, three of which were randomised controlled clinical trials. The committee critically appraised the publications and concluded that there was evidence to support the case for adopting the UrgoStart treatment range to treat patients with diabetic foot ulcers and venous leg ulcers in the NHS, as the use of the UrgoStart treatment range was found to be associated with increased rates of wound healing when compared with non-interactive dressings. Furthermore, they suggested that using the UrgoStart treatment range as part of the overall management of diabetic foot ulcers and venous leg ulcers could reduce costs for the NHS.

For many years, clinicians and academics have been calling for an increased focus on the need for high-quality evidence in relation to dressing therapy intervention, as we need to ensure treatments are worthwhile in terms of direct cost, clinical time and patient outcomes. High-quality empirical evidence and recommendations from NICE help standardise care, eliminating the unwarranted variations in practice. However, it is important to remember that the NHS measures quality in three key ways: patient safety, patient experience, and effectiveness of care. Research evidence provides the quality assurance in terms of patient safety and effectiveness of care, but what is equally important is the patient and clinician experience. This document showcases the real-world outcomes of the UrgoStart treatment range when implemented in practice, complementing its high level of evidence: demonstrating improvements in local healing rates, overall cost-saving, enhanced patient quality of life and enriched staff morale.

Clinicians and organisations need to ensure that all patients have equal access to appropriate therapeutic interventions, which are based on empirical evidence and should be used to inform local guidelines and pathways of care. Implementing evidence-based interventions optimises the patient's potential to heal and ensures healthcare resources are used appropriately, therefore, increasing the likelihood of high-quality patient care and risk reduction.

Dr Leanne Atkin PhD MHSc RGN,
Vascular Nurse Consultant

References

Guest JF, Ayoub N, McIlwraith T et al (2015) Health economic burden that wounds impose on the National Health Service in the UK. *BMJ Open* 5: e009283.

National Wound Care Strategy Programme (2020) Lower limb recomendations. Available at: https://www.ahsnnetwork.com/wp-content/uploads/2020/07/@NWCSP-DRAFT-Lower-Limb-Recommendations-22.06.20.pdf (accessed 25.08.2020)

JOY TICKLE

Tissue Viability Nurse Specialist, Shropshire Community NHS Trust

> "I would definitely recommend its implementation into practice.

> "UrgoStart Plus certainly made a great impact on our patients' wounds.

Initially, I used UrgoStart Plus on patients with diabetic foot ulcers and venous leg ulcers. However, since observing positive results from its implementation, I have used it on many differential wound aetiologies – e.g. pressure ulcers, arterial leg ulcers, chronic wounds, and non-healing surgical wounds. I lean towards using UrgoStart Plus in wounds where I suspect that there may be excess matrix metalloproteinase activity, which will be destroying the essential platform for wound healing and causing an impaired blood vessel network, leading to hypoxia (lack of oxygen). The rationale for use of UrgoStart Plus was based on the findings of two main studies: the Explorer and Challenge studies, and the endorsement from NICE. This evidence was strong and identified a significant improvement in wound healing. It not only gave me the evidence, but also the clinical confidence to implement the dressing in practice.

I would certainly recommend UrgoStart Plus as part of a structured pathway. This will promote and ensure appropriate use, support the clinician with decision-making and also assist staff in commencing treatment sooner, thereby creating better healing outcomes for the patient. We found initially that staff were not using it in a timely manner, thus delaying the benefits of the product. We also noted that staff were unsure if it could be used until complete wound closure, so the use of a pathway and clear guidance on its use supported the evidence that UrgoStart Plus was effective, not just in the initial period of stalled healing, but also all the way through until complete wound closure. We recently implemented UrgoStart Plus on to our formulary. We decided to include it on the formulary because of the positive results from our own local audit and evaluations, which we plan to publish.

Challenges

Initial challenges – like quite a lot of challenges – were around cost, but again because we could articulate the cost savings on healing times and present local improved patient outcomes and quality of life, we had a strong case for inclusion. What also supported the inclusion to formulary was the strong clinical evidence behind the product – any products for inclusion into clinical practice or onto formularies should be based upon strong, robust evidence.

Pathway implemented

As a small tissue viability team, this could have potentially been difficult to implement; however, with the support of Urgo Medical, we were able to develop the pathways. We struggled to launch the pathways face-to-face as planned due to COVID-19, and providing support to teams was very difficult. We worked with Urgo Medical to look at introducing educational videos, electronic pathways and Microsoft Teams meetings in order to support and educate. All of these things assisted greatly in promoting the correct use and implementation of UrgoStart Plus, but also supported staff with further education and training.

Joy's top tips:

- Ensure you, your colleagues and your patients understand the mode of action of the dressing
- Be aware that when first initiating the use of UrgoStart Plus, exudate levels may slightly increase due to it "kick-starting" the wound healing process
- Inform your patients and colleagues that the wound, following removal of the devitalised tissue, may appear larger and/or deeper, as UrgoStart Plus will promote autolysis and removal of slough
- Reassess the wound at each dressing change and measure wound depth and size twice weekly – if there is any deterioration, reassess the patient and wound again
- Implement UrgoStart Plus sooner, as this will result in more effective clinical outcomes and improved quality of life for the patient.

Service outcomes

Our patients reported improved comfort, reduced pain and no issues with dressing application or removal. Staff reported ease of use, reassurance due to the clinical evidence supporting the product, and increased morale due to the positive clinical outcomes. The improvements noted were:

- Significantly improved healing rates
- Improved patient quality of life scores
- Cost-effective treatment for the patient
- Significant savings to the organisation.

ANDREA McDONALD

Clinical Lead Tissue Viability, Provide CIC

> There was no hesitation that this should be available, as patients should be given the best care that is evidence- and research-based.

I use UrgoStart Plus on pressure ulcers, leg ulcers and trauma wounds when patients first come under my care, following a full holistic assessment. However, if there are clinical signs of infection, patients are treated with an antimicrobial dressing for 2 weeks and when appropriate will progress to UrgoStart Plus.

UrgoStart Plus was added to our organisation's formulary after considering the evidence available, and following a product evaluation within my service and with colleagues in podiatry. The Explorer and Challenge studies demonstrate that use of the dressing in diabetic foot ulcers, venous and mixed aetiology leg ulcers (combined with compression) can reduce healing time and cost, while improving quality of life for patients. The studies are high on the hierarchy of the evidence pyramid and there has never before been a double-blind trial in wound care products.

We worked with Urgo Medical to develop a pathway for its use in leg ulcers and diabetic foot ulcers, which was rolled out to all services involved in wound care. UrgoStart Plus was on our formulary prior to the published NICE guidance – this just enhanced its use and highlighted the proven benefits: that early use of UrgoStart Plus has good outcomes for patients and is associated with significant cost savings for the NHS.

Andrea's top tips:

- Make clinicians aware that this is a long-term dressing and can be used to aid wound healing, until wound closure has been achieved
- Ensure you understand how the dressing works
- Be aware of the contraindications.

The implementation of UrgoStart Plus in our organisation has helped to move patients through the service in a timely manner, improving outcomes and resulting in faster wound healing. I would recommend UrgoStart Plus as part of a structured pathway, as it can be applied directly to the wound, thereby supporting inexperienced staff with minimal knowledge and understanding of wound care.

UrgoStart Plus inhibits excess matrix metalloproteinases, encourages angiogenesis (restores the blood vessel network) and improves healing, while removing slough, exudate and debris from the wound. It is easy to apply and does not adhere to the wound bed, therefore no trauma, pain, or discomfort is caused to the patient – in turn leading to greater clinician confidence. The sooner UrgoStart Plus is applied to patients' wounds, the quicker healing can be achieved, even for wounds that have been present for a long time.

JOANNE NICHOLS

Team Lead, Bellingham District Nursing, Northumbria Healthcare Foundation Trust

> As a nurse, there is nothing better than healing wounds!

> We have saved over £22,000 in our nursing team alone last year.

> Patients feel UrgoStart Plus has changed their life.

Initially UrgoStart Plus was used on lower leg wounds, but as the range showed signs of helping to speed up the wound healing process, it is now used first-line on all wounds in all aspects of wound care, where appropriate. This can be a mixture of wounds comprising 100% slough or less.

Challenges

There was some resistance from members of the team to begin with, with some nurses having a preferred 'go-to dressing' and finding it hard to embrace change. The cost of the dressings was also initially a concern.

Pathway implemented

As a team we decided to trial the UrgoStart Plus dressing as first-line and the results were amazing – when the nurses (and patients) were able to see real-life results, all were on board. This is when I created the Bellingham District Nurses Leg Ulcer Pathway (Figure 1), which we are still currently using in our team. I wanted to capture the data and results that we had been achieving, and with the help of Urgo Medical we were provided with a Wound Outcome Tracker to track this.

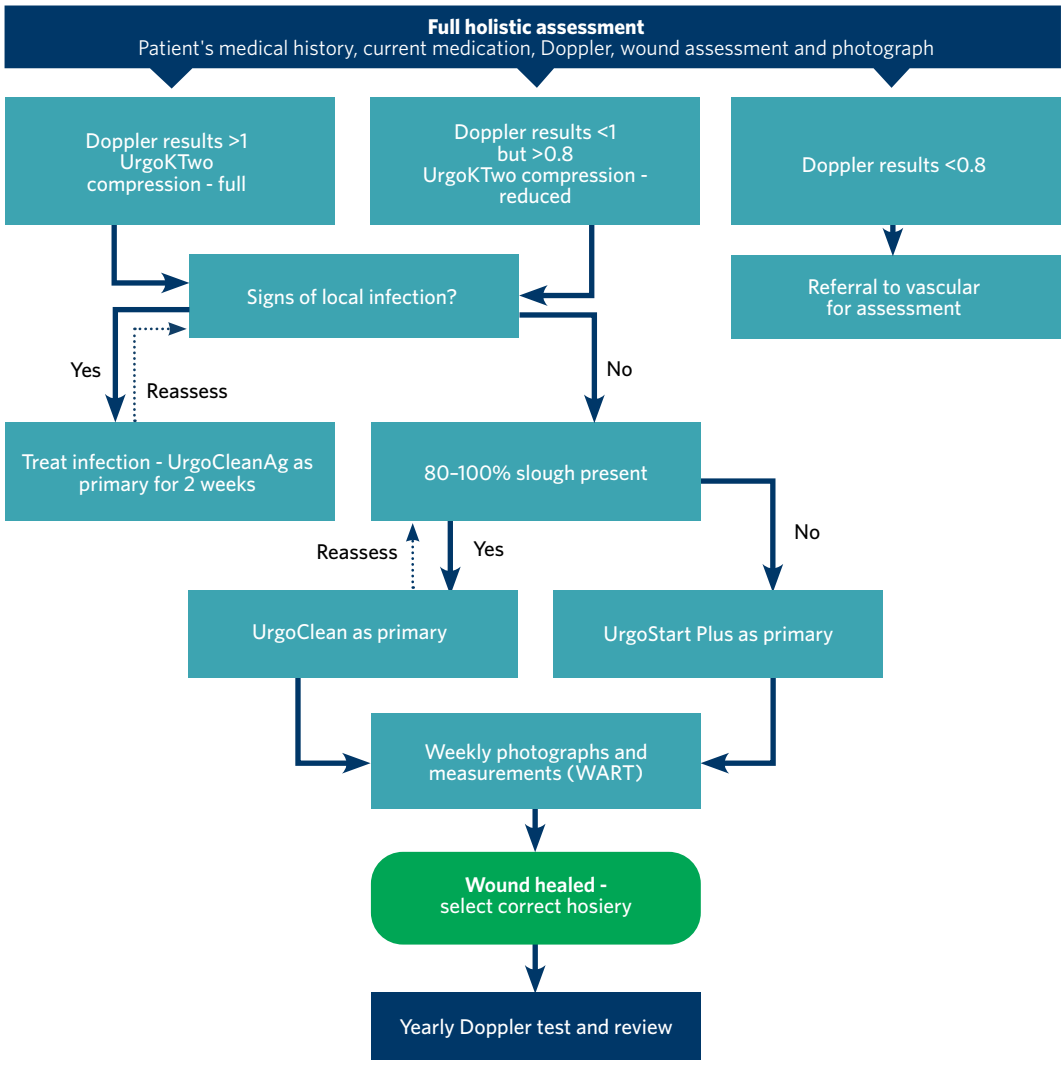


Figure 1: Bellingham District Nurses Leg Ulcer Pathway

Urgo Medical were there every step of the way, from telephone calls to discuss individual wounds, to regular review meetings – advice and support was available as often as we required. NICE guidelines recommending the use of UrgoStart Plus also helped with implementing the range within our team, as there was evidence to prove its efficacy. Local district nursing teams are now following my pathway and getting their own amazing results!

Joanne's top tips:

- Stick with it! It may appear that the wound becomes wetter, before getting better – if this does happen, you may need to temporarily increase your dressing change frequency
- Continue with the current treatment even if the wound appears to over-granulate, as from our results healing times have improved, and overall costs significantly decreased.

Service outcomes

The UrgoStart Plus range is extremely easy to use and apply, comfortable to wear, not bulky, does not stick to wounds and can be removed pain-free. Patient feedback has been very positive – wounds that they have had for a significantly long time, and that they didn't believe would ever heal, have now healed – giving them the confidence to go out and improving their quality of life.

UrgoStart Plus has had a massive impact on our team and since the range was first introduced, we have seen our caseload numbers decrease, wound healing times significantly improve, dressing change frequency reduce, and long-standing wounds are now healing. In addition to this, we have observed increased:

- Patient compliance with dressings
- Patient quality of life
- Staff morale
- Job satisfaction.

We have tracked 32 patients with a variety of wounds: the average healing time is 7.6 weeks; 28 patients were healed at 12 weeks – 87.5% of the caseload; and 4 patients healed at 24 weeks – 12.5% of the caseload.

Although a more expensive dressing to purchase, since UrgoStart Plus has been used as a first-line treatment we have been under budget on our online non-prescription ordering service spend: 2 years' worth of data is able to show this. We are finding wounds are healing quicker and, as a result, patients are requiring fewer visits. This extra time has allowed us to complete risk assessments and work on hospital admission avoidance.

CATHERINE WALLER & DONNA WELCH

Advanced Podiatrist - Diabetes and Podiatry Operations Manager and Professional Lead,
City Health Care Partnership CIC

> Challenges in practice during COVID-19 mean that a dressing like UrgoStart Plus, which encourages and supports self-care, has been crucial in maintaining services and ensuring business continuity.

> UrgoStart Plus is simple and easy to use, patients find it comfortable and are able to be involved in their own dressing changes. There is very little risk of trauma on removal.

We use UrgoStart Plus on non-infected diabetic foot ulcers. As a department, we decided that we would use UrgoStart Plus on any appropriate diabetic foot ulceration. It has increased our armoury for managing diabetic foot ulcers. Some wounds, despite optimising standard care, can become chronic and hard-to-heal. Obviously, the longer a wound remains, the more likely it is that infection or further complications will develop, which may lead to surgery. These are the wounds where UrgoStart Plus has provided us with an alternative treatment option.

UrgoStart Plus is more expensive than a simple dry dressing; however, when you consider that the time spent with a health professional constitutes the greatest cost in wound care, then any dressing that improves healing rates becomes cost-effective. UrgoStart Plus is simple to use and patients have been able to manage their own foot dressings in between appointments, reducing the costs associated with health professional time.

UrgoStart Plus was introduced at a team meeting to community podiatry teams and was well received. We developed a pathway, which we included in our standard operating practice for diabetic foot management. The pathway was launched at a local diabetic foot conference to increase awareness. We had great support from our local representative, who was on hand if we needed to discuss any concerns. UrgoStart Plus supported the development of the pathway and provided evidence to therapeutic committees. Urgo Medical provided training to the team and also supported in the planning and delivery of the dressing at the diabetic foot conference.

Catherine & Donna's top tip:

- Evaluate UrgoStart Plus on a small number of patients to ascertain how you wish to include the dressing within your pathways and formularies.

Urgo Medical offered support and training with the product. They also provided samples so we could evaluate the dressings, and supported us in developing a pathway. Any treatment recommended by NICE should be considered to support the management of the diabetic foot; the evidence within the Explorer trial supported our request.

It is important to acknowledge that dressing choice is only part of the jigsaw puzzle in managing the diabetic foot. Implementing a structured pathway ensures all aspects of management – including infection management, vascular assessment, offloading and wound bed preparation – are all optimised along with dressing choice. A structured pathway also enables you to guide practitioners in what is not appropriate use and when to stop dressing application. Pathways support professionals with decision-making.

SUE MURRAY

Clinical Lead Tissue Viability North Division, East Barnet Health Centre

> "I would absolutely recommend UrgoStart Plus, as by improving healing outcomes we have improved patient satisfaction and patient experience.

We use UrgoStart Plus on venous, mixed aetiology and arterial leg ulcers. It is the first dressing choice following assessment and is part of our evidence-based treatment pathways for leg ulceration, alongside compression therapy. This has standardised treatment within our leg ulcer clinics and provided an optimum wound healing environment. In the community setting, it has reduced unwanted variations in practice, as community nurses utilise the evidence-based clinical pathways for leg ulcers, alongside a reduced formulary. We have had improved healing outcomes for patients with venous leg ulcers, which have resulted in cost savings.

Many of our patients attending the leg ulcer clinic have been treated for many weeks by other clinicians before they are referred to our service. Once they have been assessed and treatment with UrgoStart Plus initiated, they are amazed at the progress of healing in their ulcers.

Challenges

I looked at the evidence behind the dressing and evaluated it before it was included on the formulary. As a team, we were so impressed with the results that we had. For the first time, we had a dressing that was underpinned by a double-blind randomised controlled trial. Some resistance from community nurses was noted initially about using the dressing, but regular training and the use of the clinical pathways has helped.

Pathway implemented

To implement the range within our team, we took part in the evaluation of UrgoStart Plus, and were amazed at the improvement in the healing trajectory of patients' wounds. We worked in partnership with Urgo in the development of the formulary and clinical pathways. Urgo have supported us with the training aspects of UrgoStart Plus, which is ongoing. The NICE guidance came out after we had implemented the clinical pathways and formulary; however, this is another piece of evidence to further support the dressing's use.

Sue's top tips:

- Implement clinical pathways with UrgoStart Plus as the initial first dressing
- Be aware that it may take 4 weeks before you see any effect
- If over-granulation occurs, continue with the dressing, as it will subside
- Ensure you take photographs and measurements every 2 weeks
- Track cost-saving due to improved healing rates
- Ensure that staff are aware of the 2cm border needed on application.

Service outcomes

We have a compilation of clinical pathways, which we use in our clinics, and also the community setting. The outcomes have included a reduction in variation of practice, so our leg ulcer management is standardised. Patients can wear the dressing for one week under compression, wraps or hosiery. Patients who are following the clinical pathway are amazed at the improvements that they see in their wound. They have also commented that it is a comfortable dressing and that previous dressings had been painful and caused a great deal of discomfort.

MICHELLE GOODEVE

Diabetes Specialist Podiatrist, Provide CIC

> Since the change in our dressing pathway, we have made an overall cost saving of 9.2% between April 2019/2020.

> UrgoStart Plus as part of a structured pathway has been the key to its success in our practice.

I use UrgoStart Plus on diabetic foot ulcers, with no clinical signs of infection and a 30% or more slough base. The implementation of UrgoStart Plus has been positive. For the podiatry team, we have a therapy which is supported by the highest evidence base. We can offer this as part of a treatment plan for diabetic foot ulcers, which some patients request, as they have researched the evidence themselves. Patient experience has been good, and we have seen encouraging results.

Although the cost of the dressing is higher than any of the other dressings on our formulary, the overall cost levels out due to ulcers healing quicker, therefore saving our precious appointment times. The structured pathway should also be shared and implemented by tissue viability teams, practice and district nurses and should span community podiatry and hospital multidisciplinary foot teams – depending on who is responsible for redressing diabetic foot ulcers locally.

Challenges

Our podiatry formulary is mirrored to our tissue viability formulary, to enable continuity of care and to eliminate unnecessary dressing changes within the treatment plan. We did have some challenges in getting UrgoStart Plus onto the CCG formulary for GPs and practice nurses, which required face-to-face meetings to present the evidence and local improvement outcomes.

Pathway implemented

To implement the range within our team, we first presented the evidence at our podiatry team meeting, and at a later date our local Urgo representative explained the technology to staff. Following this, we conducted our own product evaluation and initially therapy started in the hospital multidisciplinary foot clinic, for continuation in podiatry community clinics. We formulated a structured pathway agreed by our organisation, although some initial responses were still sceptical. Evidence-based working could be used more effectively in our practice as there are still signs of one dressing being favoured over others, but with no real evidence to support the decision. Cost is an important issue, but it is necessary to look beyond initial costs and at the whole therapy, ensuring there are no breaks in dressing plans. This requires good communication and working relationships with other professionals treating the diabetic foot ulcer.

We then worked in partnership with Urgo Medical to organise a GP/practice nurse education evening to explain the pathway and relay the wound care technology message to a wider audience within our area. We also used the opportunity to present what, as a podiatry service, we can offer locally by providing links to our vascular and podiatry surgery team.

The published evidence from NICE supporting UrgoStart plus in the treatment of diabetic foot ulcers gave added weight to our implementation of the pathway, as is was published at the time of completion. The pathway was shared across all the teams who have a role in the treatment of diabetic foot ulcers.

It is important to note that this is a technology and in most cases the change is not seen after the first visit. In my experience, it is important (if there is no subsequent infection) to continue with treatment for 4 weeks before reviewing its effectiveness. Diabetic foot ulcers can often appear more macerated at the surrounding edges in the initial weeks, which is normal, and an absorbent secondary dressing is needed. **Most dressing changes are weekly, although there are some which require more due to exudate levels, but this does not mean that the technology is not working.**

Michelle's top tips:

- Make sure that you are really clear on the Explorer randomised controlled trial, which highlights the evidence you need to justify the initial increased cost
- Make sure every member of the team knows the difference between using UrgoStart Plus and other Urgo dressings, as this improves outcomes and reduces waste/cost
- Carry out your own product evaluation before implementing
- Challenge perceptions within the team, to be able to justify why they use a specific dressing. We have a challenge in wound care to perform evidence-based practice as the robust evidence is lacking; because of this, there still remains some scepticism on using any new therapy
- Review current dressing formularies and practice before you introduce the dressings. This changed quite a lot in our team and has resulted in a saving this year on our overall dressing budget.

Service outcomes

For clinicians, it has released time to care, improved diabetic foot ulcer healing times, reduced the variability of dressings being applied by different clinicians, and increased clinical confidence, as the dressing is supported by evidence. For patients, they experience more ulcer-free days, increased confidence as they are involved in their own treatment plan, and reduced pain and discomfort, leading to a better quality of life.

UrgoStart Plus dressings are available in two different sizes, but for diabetic foot ulcers, we mainly use the smaller size (5x7mm) as dressings can be cut smaller. The light adherent layer is really helpful in application, and also aids in minimal atraumatic dressing removal. The dressing is thin and does not cause too much bulk if a secondary dressing is applied. Patients report that the dressing is comfortable and does not stick to the ulcer base.

JULIE MULLINGS

Lead Nurse Community Services: Tissue Viability & Infection Prevention, Manchester University NHS Foundation Trust

> “Used on the right wound at the right time as part of a robust pathway, it can significantly contribute to reducing time to heal.

UrgoStart Plus is used first-line on venous leg ulcers in the absence of infection. **It has helped with decision-making; historically, when using UrgoStart, nurses did not always use it when there was more than 40% slough. UrgoStart Plus can be used when the wound bed contains more than 40% slough and, due to its debridement action, there is no need for two different dressings to be applied.** I would recommend UrgoStart Plus as part of a structured pathway – the success of any dressing is correct product placement. The use of a pathway promotes the right dressing at the right time, ultimately improving patient outcomes.

The decision to include the UrgoStart Plus treatment range on our formulary was based on the results from the Challenge and Explorer randomised controlled trials, which showed a significant reduction in wound area, alongside wound healing with hard-to-heal diabetic foot wounds. It is promoted as an adjunct therapy to compression when healing venous leg ulcers. It is easy to use and reduces the need for two dressings (one to debride, and then one to kick-start healing in chronic wounds). **Evidence suggests that chronic wounds require specific attention to re-balancing matrix metalloproteinases, which is addressed by UrgoStart Plus.**

Implementation of the leg ulcer pathway was of paramount importance, to ensure that the basics of leg ulcer management translated into everyday practice. Urgo Medical assisted with the development and implementation of the leg ulcer pathway; this was accompanied by product training to all staff. NICE guidance supports the rationalisation of using UrgoStart Plus in clinical practice, and assists when speaking to procurement and medicine management teams. The patient-centred leg ulcer pathway (Figure 2) includes a treatment algorithm, assisting with correct product placement and compression therapy (Figure 3). The outcome of using our pathway was reducing the time to heal by 45% when comparing healing data before and after implementation. This cannot be attributed solely to the use of UrgoStart Plus, as its use in healing wounds has not been specifically measured at this time. The outcomes relate to use of a standardised approach when embedding evidence-based practice into care delivery.

Julie's top tip:

- Read the evidence supporting the efficacy of the product; including the Challenge and Explorer randomised controlled trials and NICE guidance.

UrgoStart Plus is supported by research deemed at the higher level of the evidence pyramid. The Challenge and Explorer studies used large sample sizes within the double-blind randomised controlled trial. The results showed a significant reduction in wound area when used on venous leg ulcers, alongside compression therapy. The robust critical analysis of NICE guidance further supports its application in clinical practice. The dressing is easy to use and can be used under compression therapy; it stays in place for a week in line with the bandage changes and is not reported by the patients as painful on removal.

‘Roland’s Story’ portrays a patient’s experience of UrgoStart Plus

- In the video, Roland describes the positive impact of this dressing on reducing time to heal, improving quality of life, re-gaining his independence and supporting his return to work
- Available to watch at: https://youtu.be/5NJOggah84U

Figure 2: Treatment Room Leg Ulcer Pathway

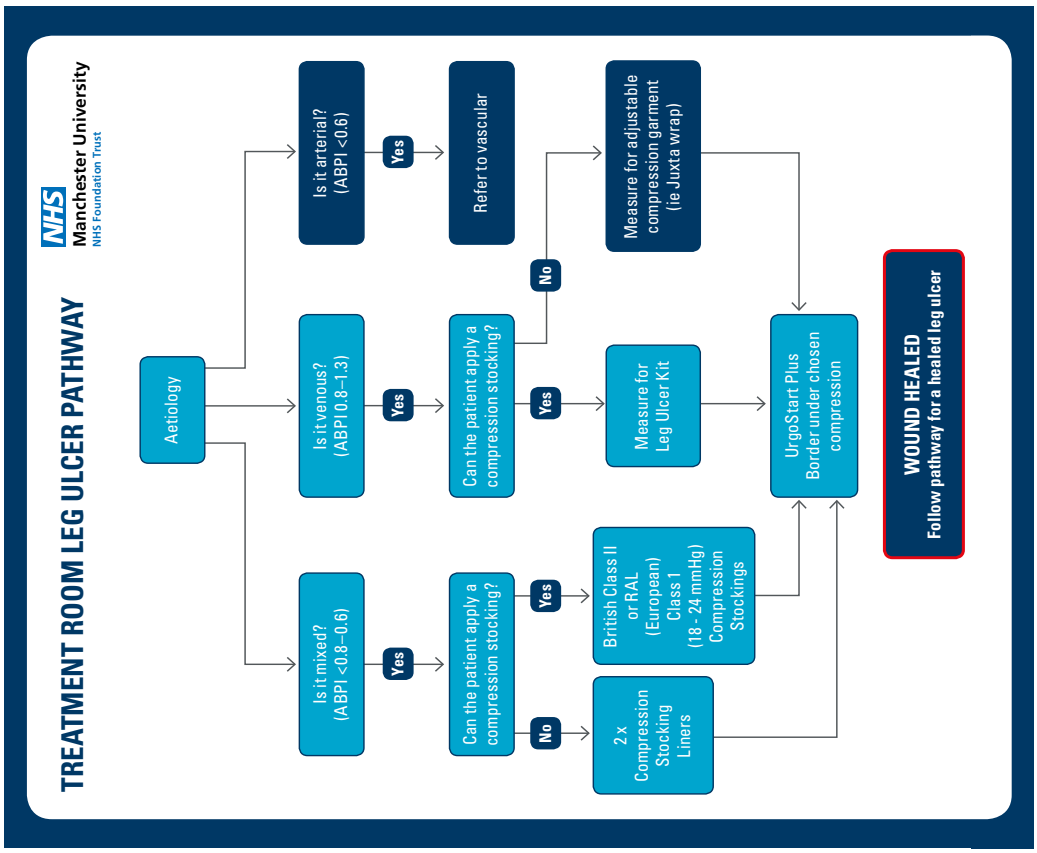
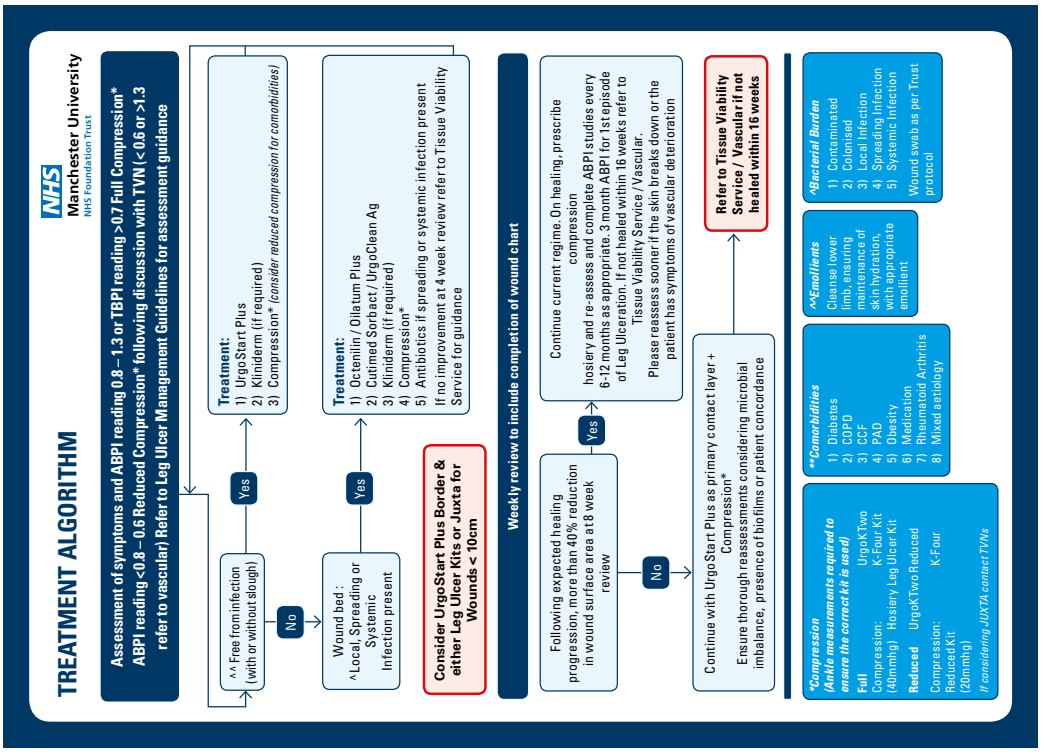


Figure 3: Treatment Algorithm



NINA MURPHY

Tissue Viability Nurse Specialist and Interim Operational Lead for Long Term Conditions,
North East London Foundation Trust

> Soon after using UrgoStart Plus for the first time, we could see the difference it was making to these hard-to-heal wounds.

Chronic wounds are historically hard-to-heal, with many service users sitting on community caseloads for years before their wounds show signs of improvement. Increased costs due to nursing time and varying dressing regimens meant many of our patients were not getting standardised care for their wounds.

Like many tissue viability nurses, I am always sceptical when a product comes onto the market offering to make a real change to the quality of life for our patients, who have often had these wounds for many months, sometimes years. My own evaluation, the endorsement from NICE on the use of UrgoStart Plus and review of the independent evidence and analysis on how the product works, meant we added the product onto a formulary and initiated a patient pathway, which uses UrgoStart Plus as our first-line treatment for non-infected venous leg ulcers.

Challenges

Nurses can sometimes be reluctant to change historical behaviour and practices. While we could see improvements in the wound bed quickly on some wounds, in others it was a slower process – we had to learn to be patient and let UrgoStart Plus do its job. Initially, some larger wounds became wetter and more painful. We had to consider the impact on patients' quality of life and refrain from moving on to the next dressing, just because there were no immediate signs of change.

We managed the pain by asking patients to take regular pain medication, and when needed added a secondary dressing to manage the increase in exudate. Soon the results started to show, and we could reduce both the pain medication and the need for a secondary dressing. Nurses' education was key in ensuring that all nursing teams were doing the same and following the pathway. UrgoStart Plus offered us the chance to change our leg ulcer practice and create a pathway that was easy to follow and could be implemented across our Trust (Figure 4 and 5).

Nina's top tips:

- Be patient – it is not a sprint, and if you continue to use UrgoStart Plus routinely you will see improvements in your patients' wounds
- Stay with the dressing until full wound healing – it is simple to use
- Cut the dressing to size – in our service we saw better patient outcomes when UrgoStart Plus was cut to the size of the wound and flat against the wound bed in pressure ulcers or cavity wounds.

Service outcomes

We could see the changes in practice quite quickly – UrgoStart Plus would be the dressing of choice for most of the wounds we were manging in clinic. Within a few months, we saw a reduction in the amount of dressing changes patients required, some going from three times a week to weekly, others even being able to self-care.

New patients attending the service would be advised to use this dressing from the outset, and many went on to heal within weeks rather than months. Patients that had been on the caseload, some for years, went on to have significant wound improvement and quality of life, reducing both clinical nursing time and costs. Since implementation of the pathway, dressing costs have reduced and there is now standardised care for all patients with venous leg ulcers, whether they are seen in a specialist clinic or their own home.

Figure 4: North East London NHS Foundation Trust Leg Ulcer Treatment Pathway

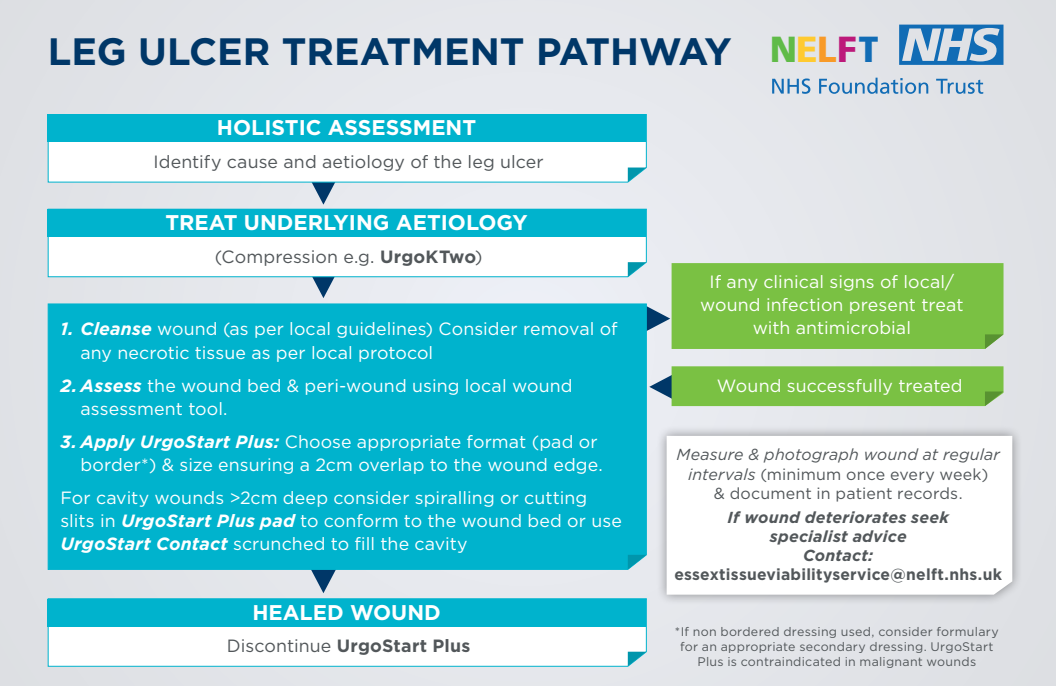
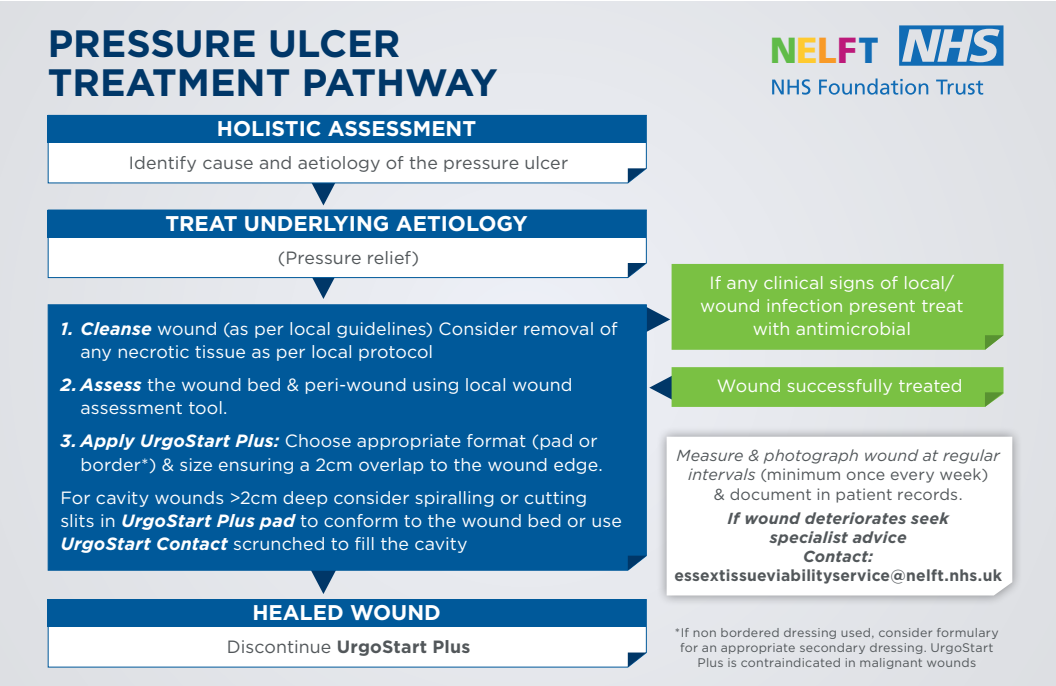


Figure 5: North East London NHS Foundation Trust Pressure Ulcer Treatment Pathway



SARAH HART

Principal Lead Podiatrist Diabetes and Tissue Viability, South Warwickshire Foundation Trust

> It has provided another tool in our toolkit to help reduce the number of wounds that stall and fail to progress to healing.

UrgoStart Plus is used on all non-infected diabetic foot ulcers and post-operative diabetic foot wounds that are granulating, with low to moderate exudate, following vascular surgery – and particularly if they are failing to progress. When sharing care, other nurses or patients/carers can be given clear instructions on how to apply the dressing, which ensures appropriate and effective use, thereby optimising outcomes.

Initially, we involved different staff volunteers across the county to become "super users" and provide feedback on their experiences within their locality and on department training days. During clinical evaluations, UrgoStart Plus appeared to have positive outcomes, and therefore members of the team and practice nurses who were sharing care swiftly initiated this dressing on other patients. More recently, our local analysis of our National Diabetic Foot Audit data, which we collect digitally on each patient, is starting to demonstrate that the introduction of our pathway has improved healing outcomes.

Urgo Medical allowed us to design our own local pathway, which incorporated work and recommendations from the International Diabetic Foot Care Group. During the COVID-19 pandemic, the pathway has supported podiatry staff reassigned from their musculoskeletal roles to assist their colleagues with active diabetic foot problems, and some of the community nurses' lower limb caseloads. It was also easily inserted into the community wound formulary, which was developed during this time.

In addition, Urgo Medical worked with us to produce a professional support booklet for the patient/carer or nurse. Nurses and patients liked this communication tool as it explained how to apply and redress the wound, which was particularly helpful when patients were encouraged to self-care during the recent pandemic. The booklet also had contact numbers for the patient or nurse if sharing the care. Our team, who deliver regular diabetes foot training to practice and community nurses, have worked in partnership with Urgo Medical to improve timely referral and share local pathways to optimise addressing standards of care and, as a consequence, best practice across the health economy.

Sarah's top tips:

- Read and understand the current evidence or best practice
- Start with a small number of staff and patients to understand how the dressing and wound responds, so that you are able to support less experienced or less confident clinicians
- Liaise with your local tissue viability team, acute and community and, if possible, put the dressing on local formulary
- Develop shared treatment pathways and a business case if required
- Train your team on how to use and apply UrgoStart Plus and, if sharing care, optimise training opportunities
- Use the most appropriate secondary dressing based on the level of exudate.

Our pathway highlights: a thorough holistic assessment, referral according to presentation to the right team, guidance and prioritising of standard of care, addressing infection, perfusion, offloading, wound care (debridement if appropriate), holistic management and advice. The pathway facilitates decision-making for the healthcare professional. Patients appreciate being able to see the pathway and are able to understand what areas need to be addressed to optimise wound healing outcomes, and as a result feel more involved in their care.

CASE STUDIES

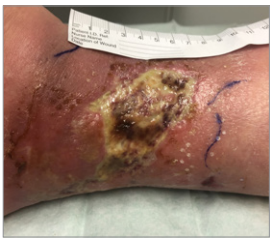


Figure 6: Initial assessment

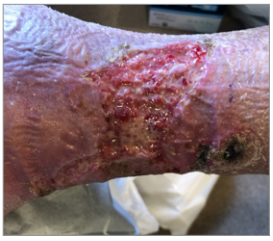


Figure 7: 3 weeks of treatment

Case study 1. (Courtesy of Joanne Nichols)
Treatment: A 76-year-old male with type 2 diabetes and daily dialysis for 3 years presented into clinic with a lower leg wound, following 3 weeks of self-care (Figure 6). The wound measured 10.5cm x 5.5cm, comprised 100% slough and was clinically infected. A full leg ulcer assessment was completed and UrgoClean Ag and UrgoKTwo compression applied, as per the leg ulcer pathway. A silver dressing was applied for 2 weeks, before changing to UrgoStart Plus.

Results: The wound fully desloughed within 3 weeks of treatment (Figure 7) and fully healed within 8 weeks. 1 year later and the lower leg wound remains healed.

Comments: Initially I thought, given the patient's age and co-morbidities, we would have been dressing this wound for a significant amount of time. It gave me immense job satisfaction that I was able to heal the leg ulcer in such a timely manner. The patient was very complimentary of the care he received; he believed he was going to have this leg ulcer for the rest of his life.

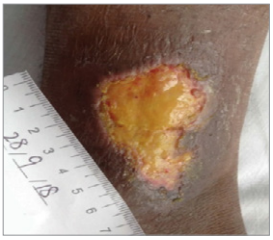


Figure 8: Initial assessment

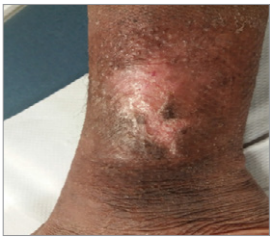


Figure 9: Final review

Case study 2. (Courtesy of Yaping Lian, Tissue Viability Nurse Specialist)
Treatment: A 20-year-old male admitted to hospital suffering with a sickle cell anaemia crisis, presented to the acute tissue viability service with a lower leg wound, which had been present for 4 months. The wound measured 6.5cm x 3.5cm and comprised of 100% slough (Figure 8), with moderate to high pain reported. UrgoStart Plus was commenced and secured with K-Soft and K-lite. No compression was required as no evidence of venous reflux was identified following a scan. On discharge from hospital, treatment continued with UrgoStart Plus.

Results: After 4 weeks, the patient presented with a significant reduction in slough and more robust granulation tissue present to the wound bed. The patient reported a reduction in pain and the wound appeared smaller in size (5cm x 2cm). Within 7 weeks, the wound had fully healed (Figure 9).

Comments: UrgoStart Plus has multiple benefits, such as facilitating wound bed preparation by encouraging autolytic and gentle mechanical debridement of devitalised tissue, and reducing chronic inflammation by reducing matrix metalloproteinases and promoting angiogenesis.

CASE STUDIES (CONTINUED)

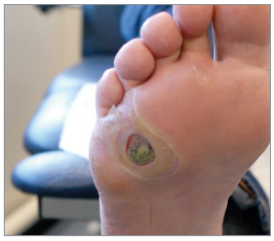


Figure 10: Initial assessment

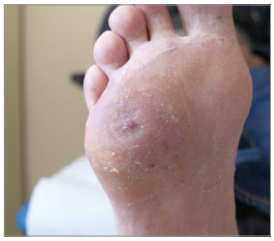


Figure 11: Final review

Case study 3. (Courtesy of Viki Jackson, Specialist Podiatrist, South Tyneside Healthcare NHS Foundation Trust and Sean Phillips, Clinical Specialist, Urgo Medical)
Treatment: A 40-year-old male was referred to the podiatry wound clinic with a diabetic foot ulcer after a 3-week episode of shared care between podiatry and practice nursing. The wound showed no signs of infection and comprised of 75% slough and 25% granulation tissue, with slight surrounding callus (Figure 10). UrgoStart Plus was commenced.

Results: UrgoStart Plus facilitated removal of devitalised tissue, managed exudate and promoted local blood supply. Within 6 weeks, the wound had completely healed (Figure 11).

Comments: Feedback from the patient during this case was positive and notable changes in patient perception of the wound were seen.

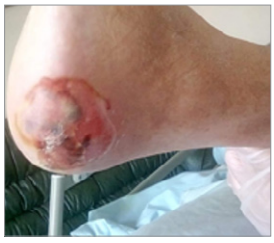


Figure 12: Initial assessment

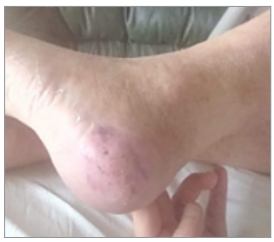


Figure 13: Final review

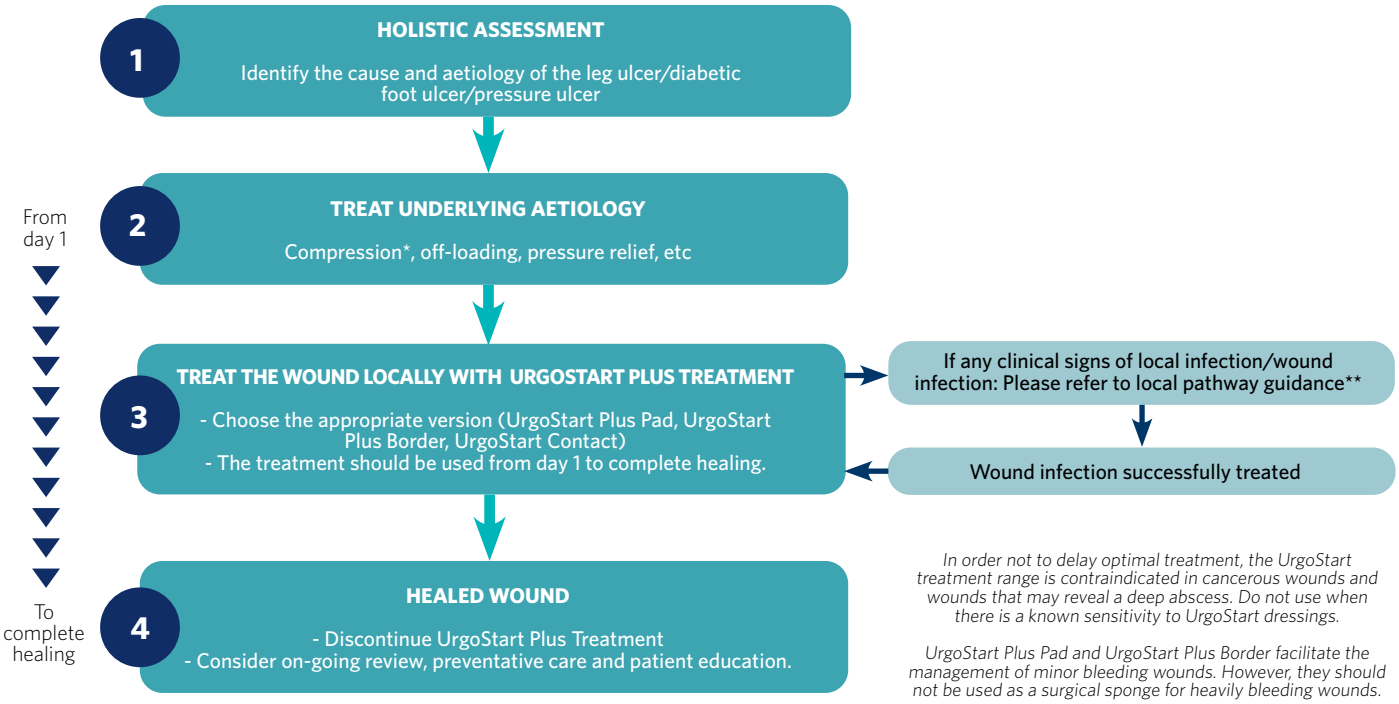
Case study 4. (Courtesy of Lorraine Grothier, UK Head of Medical Affairs, Urgo Medical and Farida Sollitt, UK Training Manager, Urgo Medical)
Treatment: A 71-year-old male, immobile and suffering from Parkinson's disease with suspected Lewy body dementia, presented with a category 2 pressure ulcer on the lateral aspect of his left heel. The wound measured 5cm x 7cm (Figure 12) and exudate levels were low. UrgoStart Plus Border was commenced, in combination with general pressure ulcer care and continuous offloading of the affected foot.

Results: The wound continued to reduce in size throughout treatment and the patient did not report any discomfort or pain on application or removal of the dressing. The nurse found the dressing easy to apply, as it conformed well to the heel area. Within 4 weeks, the wound had completely healed (Figure 13).

Comments: In this case study, a positive clinical result was seen quickly and UrgoStart Plus proved to be a very cost-effective alternative to what might have been a long-term non-healing wound.

URGOSTART PATHWAY

UrgoStart Plus is easy for you to incorporate into your current standard of care



*Urgo recommendation: **UrgoKTwo** **Urgo recommendation: **UrgoCleanAg**

Figure 14: UrgoStart Pathway

Wounds UK