

UrgoK1,

**A NEW GENERATION ALL-IN-ONE
COMPRESSION SYSTEM**

**EFFICACY, EASE OF USE
& COMFORT**

IN ONE SINGLE BANDAGE^{1;2}



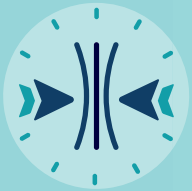
**A UNIQUE
TECHNOLOGY:**
Advanced
3D-knitting
construction to
provide effective
& comfortable
compression day
& night, in one
bandage only



1. FUSION: F-19-06-BD001 Internal Report Urgo
2. Internal Report - Laboratoires Urgo ; Tests performed with 15 nurses on a patient care manikin
3. Hanna R, Bohbot S, Connolly N. A comparison of interface pressures of three compression bandage systems. Br J Nurs. 2008;17(20): S16-24.; concerned product: UrgoK2

WITH UrgoK1, APPLY WITH CONFIDENCE

DESIGNED TO DELIVER ALL THE CONDITIONS FOR BETTER HEALING FOR ALL YOUR VLU PATIENTS, IN ALL SIMPLICITY



CONTINUOUS PRESSURE¹:

- ~40mmHg at the ankle (recommended therapeutic pressure) and high SSI for massage effect (~10mmHg)
- Dual Compression: Efficacy day & night, whatever the patient's level of activity
- Stays in place up to 3 days



ENHANCED PATIENT COMFORT¹:

- One single thin and soft layer
- Easy to put shoes on and ankle mobility
- Light for low heat sensation
- For improved patient compliance



EASY & FAST TO APPLY, EVERYTIME, SAFELY^{2;3}

- Only one layer
- Application in less than 2'
- Accurate & reliable thanks to clear pressure indicators

● 1 LARGE REPOSITIONABLE GRIPPING SYSTEM

to maintain the bandage in place after application and to enable wound checks

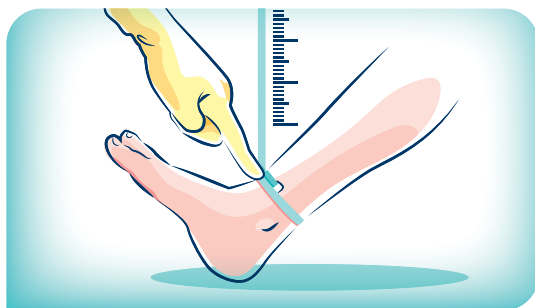


UrgoK1 is indicated for all venous leg ulcer and/or lower limb oedemas where high compression is recommended, **from day 1 to complete healing***.

* Read the leaflet before use

APPLICATION FUNDAMENTALS

1 THE RIGHT **SIZE**



2 sizes available



To choose the appropriate size, measure the ankle circumference, approximately 2 cm above the malleolus.

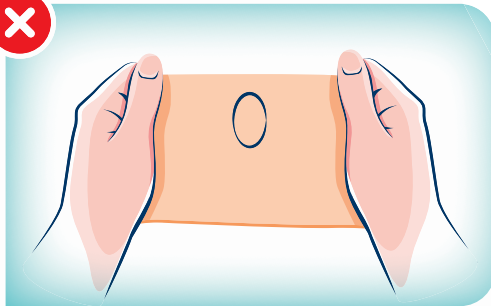


NOTE :

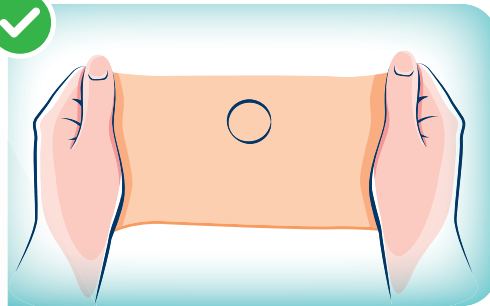
UrgoK1 should preferably be applied in the morning, after waking up, or after having raised the patient's legs for one hour to reduce orthostatic oedema



2 THE CORRECT STRETCH



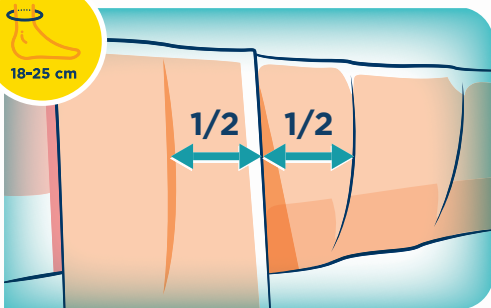
Non-stretched bandage



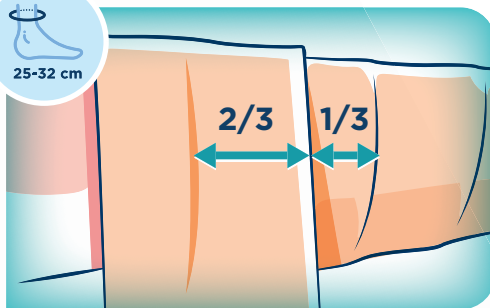
Correctly stretched bandage

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

3 THE CORRECT OVERLAP



50% overlap



2/3 overlap

To achieve the correct overlap, cover pressure indicators so that 50% of the previous wrap is covered for the 18cm kit, or 2/3 for the 25cm kit.

STANDARD APPLICATION

Position the foot at a 90° angle



Ensure that:

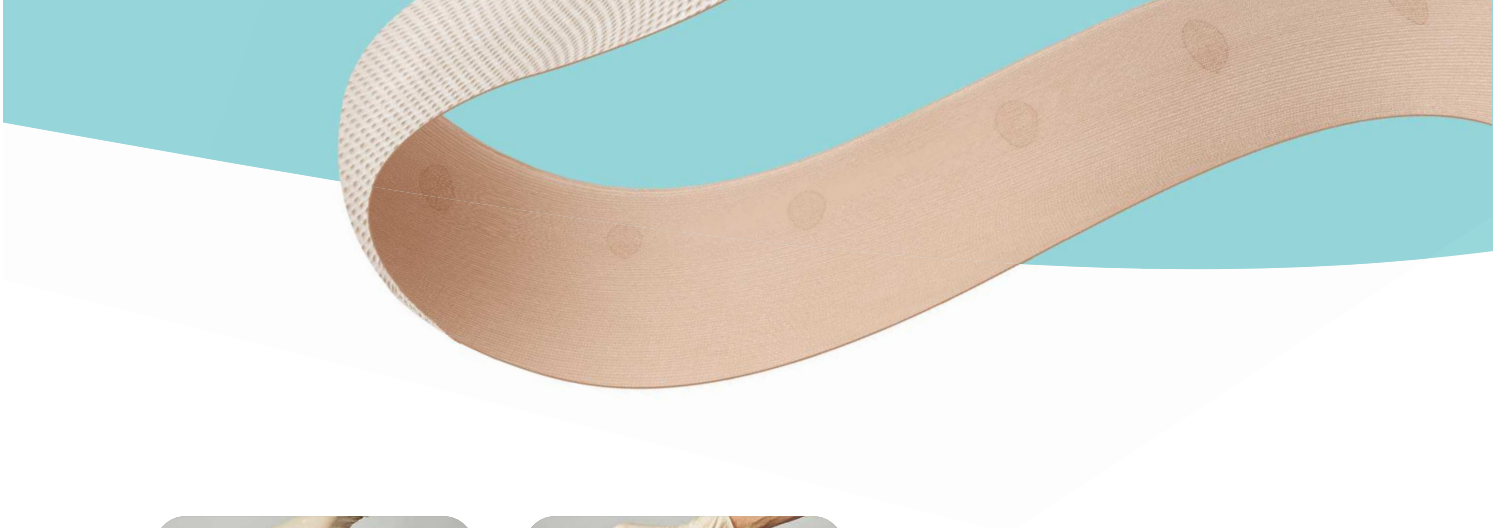
- ▶ The white side of the bandage is in contact with the skin
- ▶ The pressure spot indicators are towards the top of the leg (for the 18-25 cm kit)

For the 25-32 cm kit, the indicators are in the middle of the bandage

Start at the base of the toes, making 2 wraps without applying excess pressure.



Take the heel, **making a figure 8 wrap** around the ankle. Before moving up the ankle and the leg, **make an additional wrap on the heel**, ensuring that it is fully covered to avoid any friction.



The PresSure indicators should be fully covered by the wraps

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



Finish 2 cm below the knee and cut off any excess bandage.



Position the gripping system **vertically**, to cover the full width of the bandage



Secure with the provided gripping system, applying slight tension on the bandage for effective grip.

LEFT HANDED APPLICATION

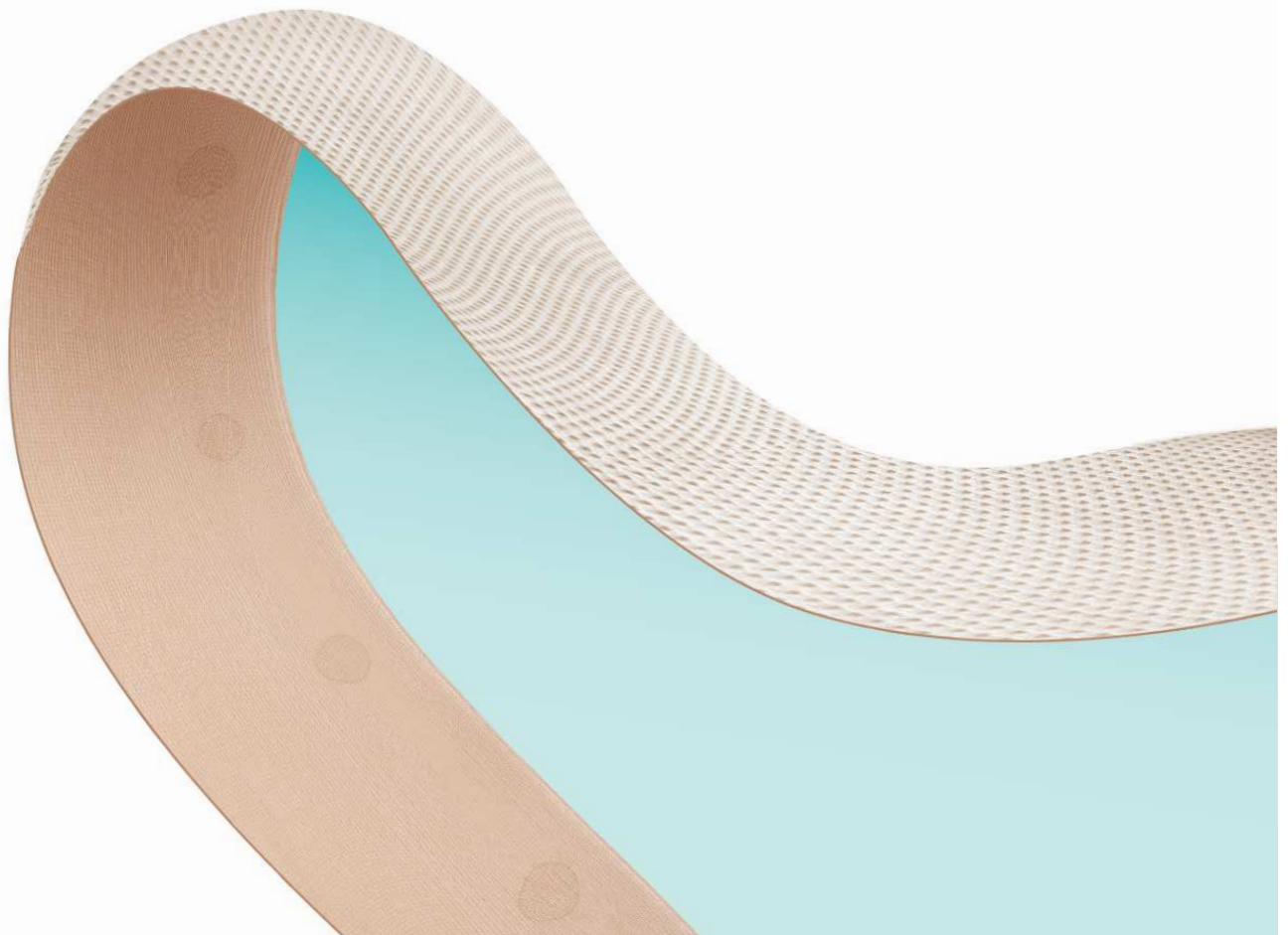
(or for people who hold the roll in their left hand)

TECHNIQUE IDENTICAL TO STANDARD APPLICATION, EXCEPT:



► HOW TO HOLD THE BANDAGE ROLL?

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





► HOW TO APPLY THE BANDAGE?

Overlap the wraps such that the pressure spot indicators remain visible.

The new wrap should cover 1/2 of the previous wrap for the 18-25cm kit (or 1/3 of the previous wrap for the 25-32cm kit)



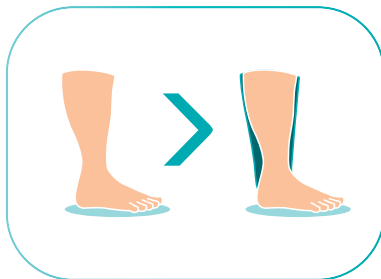
SHAPE THE LEG

WHY?

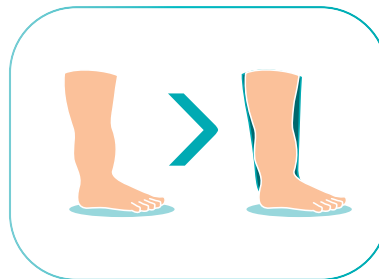
Venous leg ulcer healing requires application of therapeutic compression, enabling the blood to rise from the bottom to the top of the body

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

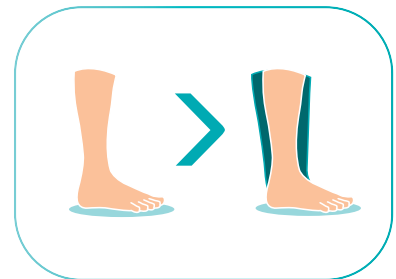
If this is not the case, a padding device (foam, wadding, cushions, etc.) may be used to re-form an inverted cone shape



Inverted champagne bottle-shaped leg.



Ankle fibrosis.



Lack of calf muscle. Unmarked calf muscle.

NEED TO RESTORE AN INVERTED CONE LEG SHAPE TO ACHIEVE DEGRESSIVE COMPRESSION.

HOW?



Depending on leg morphology, fill the hollow, reconstitute the calf muscle or reinforce the ankle using a strip of wadding. Modulate thickness according to the desired degree of reinforcement.



Fasten the reinforcement with adhesive tape.



Measure the ankle after padding and select the appropriate kit size. Next, apply **UrgoKI** in a standard manner, above the reinforcement

PROTECT BONE PROTUSION



WHY?

It is sometimes necessary to use padding devices (foam, wadding, cushions, etc.) to protect areas **at risk of excess pressure** (bone protrusions) to avoid possible lesions

These excess pressure areas are frequently located on the tibial crest and Achilles tendon



HOW?



APPLICATION FOR STOUT LEGS



WHY?

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

In this case, **2 UrgoK1 rolls** must be used to cover the entire leg and to achieve the recommended level of compression (~40 mmHg at the ankle)



HOW?

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



Apply the bandage until this bandage runs out. Fasten with adhesive tape (**not** the gripping system)
Alternatively, you can directly perform one turn around the previous bandage with the new roll



Continue with another bandage. Ensure that the required overlap is respected when starting the 2nd strip. Finish 2 cm below the knee and cut off any excess bandage. If necessary, fasten this start with adhesive tape.

UrgoK1

APPLICATION TIPS


SHARED BY HEALTHCARE PROFESSIONALS

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

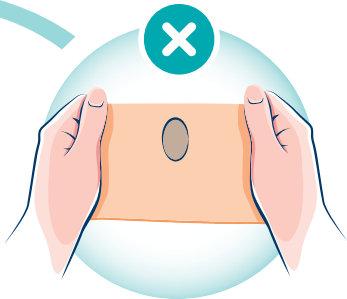
If the patient is wearing a compression bandage for the first time:

To allow the patient to become slowly accustomed to compression, some carers apply UrgoK1 for the first time at a slightly lower pressure (with a lower stretch of the bandage)





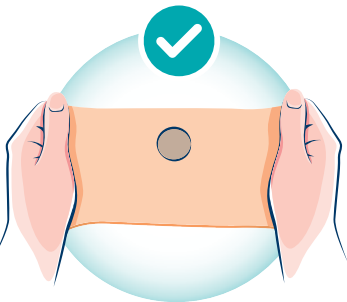
If the heel of the patient tends to uncover, especially at night, you may use a regular nylon stocking. This will also make shoe fitting even easier.



Non-stretched bandage



The champagne bubbles always rise to the top



Correctly stretched bandage



The rugby ball must become a football

THE UργοK1 APPLICATION VIDEO IS AVAILABLE ON / Uργο Medical

Your representative: _____



ANKLE CIRCUMFERENCE	BANDAGE WIDTH
18-25 cm	10 cm
25-32 cm	10 cm

NOT MADE WITH NATURAL RUBBER LATEX 