

# UrgoK2™

The dual compression system that ensures  
**Continuous, Consistent, Comfortable** compression



**2 = 1**

Components

Solution

**Evidence-Based Compression Care**

# The Situation Today

In a survey of 725 clinicians utilizing compression:



65%

of care settings utilizing compression stock two or more systems<sup>1</sup>



59%

of clinicians stated patient compliance is one of the biggest challenges with both two- and four-layer compression systems<sup>1</sup>



50%

Of patient population is identified as physically inactive by the majority of clinicians<sup>1</sup>

## Back to Basics



### Short Stretch (Inelastic)

— Effective when the patient is **walking** —



### Long Stretch (Elastic)

— Effective when the patient is **at rest** —

#### What are they?

Short stretch bandages are woven with cotton fibers and stretch to about 30% to 60% of their original length.

Long stretch bandages contain elastic fibers that stretch to approximately 140% of their original length.

#### How do they work?

Short-stretch bandages create a rigid wall against the calf pump, not allowing calf muscles to bulge outward when they contract and shorten, propelling blood toward the heart; This is called **working pressure**. Short stretch bandages also offer excellent containment of all forms of edema.

**High Working Pressure:** Short-stretch bandaging systems have high working pressure, meaning they are most effective when the patient is walking.

Long Stretch bandages create an inward force due to the recoil of the elastic fibers. This is called **resting pressure**.

**High Resting Pressure:** Long-stretch bandaging systems have high resting pressure, meaning they work when the limb is at rest such as when the patient is sitting or sleeping.

**Which component should be prioritized for patients?**

Historically, no two-layer systems in the United States combined both components.



**Multi-layer**

vs.

**Multi-component**



Multi-layer consists of multiple layers of bandages, but at times relies on a **single** component, typically the short-stretch component.

Multi-component **combines** short- and long-stretch bandages.

**International guidelines recommend Multi-component.**



“Multi-component bandages are **more effective** than single-component bandages.”<sup>2</sup>

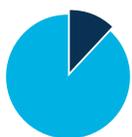


**Cochrane**

“Multi-component systems containing an elastic bandage appear to be **more effective** than those composed mainly of inelastic constituents.”<sup>3</sup>



“We suggest the use of **multi-component compression bandage** over single-component bandages for the treatment of venous leg ulcers.”<sup>4</sup>



**12%**

Despite this, only 12% of clinicians using a two-layer compression system use a combination of short and long stretch<sup>1</sup>

**Compression is the Gold Standard of care for VLU treatment, but do all compression kits meet guideline recommendations?**

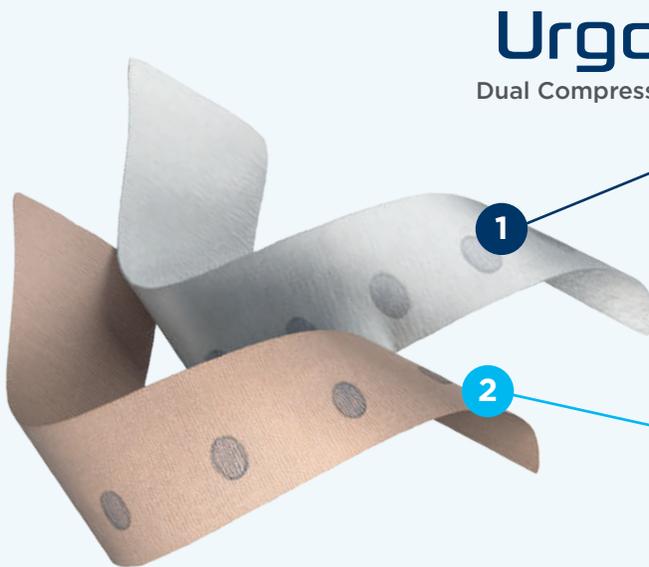
# UrgoK2™ meets guidelines recommendations by combining the benefits of short and long stretch



UrgoK2 is the only two-layer, multi-component system designed to deliver continuous, consistent, and comfortable compression, known as the 3Cs of compression therapy.

## 1 CONTINUOUS

UrgoK2 ensures continuous 24/7 compression regardless of the patient's activity level.<sup>5</sup>



### UrgoK2™ Dual Compression System

UrgoK2's short-stretch bandage (inelastic) has high working pressure when the patient is walking, delivers **80%** of the prescribed therapeutic compression, and is also soft, padded and found to be 226% more absorbent than 3M™ Coban™ 2.<sup>6</sup>

UrgoK2's long-stretch bandage (elastic) has high resting pressure when the patient is at rest, gives **20%** of the prescribed therapeutic compression, and self adheres to hold the system in place.



## 2 CONSISTENT

Delivering precise and sustained compression therapy is an ongoing challenge for health care professionals. Several factors influence consistency of compression therapy: elastic properties of the compression system, size and shape of the leg, skill and technique of the bandager and physical activity undertaken by the patient.<sup>7</sup>

### Visual indicators

take the guesswork out of application by showing correct stretch and overlap



### Two size options

ensure the correct therapeutic pressure is applied no matter the circumference of the patient's limb

18-25 cm (7 $\frac{1}{8}$ -9 in.)

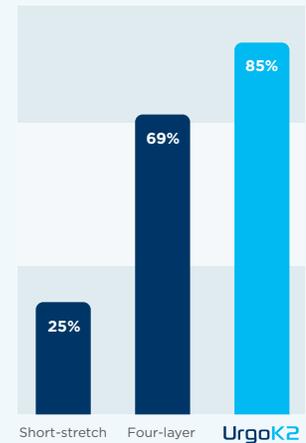


25-32 cm (9 $\frac{3}{4}$ -12 in.)



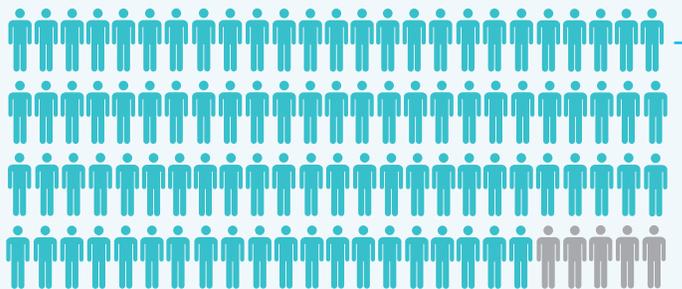
### First time's the charm

85% of nurses achieved recommended pressure on their first application of UrgoK2<sup>8</sup>



## 3 COMFORTABLE

If the patient is unwilling or unable to tolerate their compression system, healing rates will be affected.<sup>7</sup> UrgoK2 was designed to improve quality of life. In fact, UrgoK2 was found to be 76% more permeable to air and 65% thinner when compared to 3M™ Coban™ 2.<sup>6</sup>



# 95%

of patients preferred UrgoK2 to their previous compression system.<sup>9,10</sup>

And in a study with **745** total compression applications, UrgoK2 demonstrated a compliance rate of:

# 95.7%

<sup>11</sup>

# Restoring the Healing Environment by Reducing Edema

Demonstrating reduction of edema by week<sup>9</sup>



## Compression Therapy: Restoring the Healing Environment<sup>6</sup>

Effective compression therapy plays a vital role in managing venous leg ulcers (VLUs) and promotes healing. By reducing edema and addressing the underlying causes of the ulcer, compression therapy creates the optimal environment for a wound to heal.

### Ensuring Compression Works<sup>6</sup>



**Reduce:** The initial application of proper multi-component compression rapidly reduces edema, referred to as the Decongestive Phase. The faster edema is reduced, the faster the wound can heal. Expect to see some system migration as limb circumference decreases. This indicates compression must be reapplied to once again achieve therapeutic ranges.



**Adapt:** During the first few weeks of decongestion, it's important to regularly reapply compression due to changing limb size. Reapplication ensures continued edema reduction and supports healing.



**Contain:** After edema has been reduced, continued compression is recommended until the wound is fully healed. Continued compression maintains a healing environment and prevents further complications, such as venous reflux.

By addressing both the symptoms and underlying causes of venous ulcers, **compression therapy is the gold standard for wound care and healing.**

# Clinical Outcomes

## Case 1:

This patient presents as a 76 y/o female with medial and lateral venous stasis wounds. The patient was treated with a Vashe® Wound Solution soak for 10 minutes, followed by the application of Drawtex® Hydroconductive Wound Dressing and compressed using the UrgoK2 dual component compression system.

Case photos and data courtesy of Dr. Louis Pilati MD FACEP UHM, Kettering Health, Miamisburg, Ohio.



Progression of Right Medial Leg Wound

## Case 2:

This patient presents as a 77y/o female with bilateral venous stasis. The patient was treated with a Vashe® Wound Solution soak for 10 minutes, followed by the application of Drawtex® Hydroconductive Wound Dressing and compressed using the UrgoK2 dual component compression system.

Case photos and data courtesy of Dr. Louis Pilati MD FACEP UHM, Kettering Health, Miamisburg, Ohio.



Progression of wound from presentation to closure (5 months)

## Case 3:

This patient presents as a 76 y/o male with a history of deep venous thrombosis and venous hypertension. At the time of consultation, the patient also presented with lower extremity edema and a left lower-limb wound; present for seven months. The patient was treated with compression stockings for six months prior to consultation. Compression therapy was initiated utilizing the UrgoK2 dual component compression system.

Case photos and data courtesy of Dr. Micah Siegel, Board Certified Undersea & Hyperbaric Medicine, New Orleans, Louisiana.



Lower extremity wound at the time of consultation



1 week of compression using UrgoK2



2 weeks of compression using UrgoK2

# URGO is Your Partner

- In-person wrapping training
- 24/7 resources
- On demand Continuing Education: [healingpeoplecme.com](http://healingpeoplecme.com)



## Compressiongo

An on-the-go compression guide featuring **UrgoK2™**

- Step-by-step application guide
- Access to resources such as application videos
- Medical education and FAQs



Scan Here

UrgoK2™ Not made with natural latex >0.8 Regular Compression	Product Code	Compression	Ankle Circumference	Length	CPT Code	HCPCS Code
	553243	40mm/Hg	7 $\frac{1}{8}$ -9 $\frac{3}{4}$ in (18-25 cm)	6.6 yds + 7.8 yds	29581	A6452 (each layer)
	553244	40mm/Hg	9 $\frac{3}{4}$ -12 $\frac{1}{2}$ in (25-32 cm)	8 yds + 11.5 yds	29581	A6452 (each layer)

>1.3 additional vascular assessment recommended

UrgoK2™ Lite Not made with natural latex 0.6-0.8 Lite Compression	Product Code	Compression	Ankle Circumference	Length	CPT Code	HCPCS Code
	553245	20mm/Hg	7 $\frac{1}{8}$ -9 $\frac{3}{4}$ in (18-25 cm)	6.6 yds + 7.8 yds	29581	A6449 + A6452
	553246	20mm/Hg	9 $\frac{3}{4}$ -12 $\frac{1}{2}$ in (25-32 cm)	8 yds + 11.5 yds	29581	A6449 + A6452

**References:** 1. HMP Survey Conducted December 2023. 2. European Wound Management Association (EWMA), Position Document. Understanding Compression Therapy. London: MEP Ltd;2003:13-14. 3. O'Meara s, et al. Compression for venous leg ulcers. Cochrane Database Syst Rev. 2012;14(1):CD000265. 4. O'Donnell TF Jr, Passman MA, Marston WA et al.; Society for Vascular Surgery; American Venous Forum. Management of venous leg ulcers: Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. J Vasc Surg 2014; 60(2 Suppl):35-59S. <https://doi.org/10.1016/j.jvs.2014.04.049>. 5. Young T, et al. UrgoKTwo™ Compression Bandage System made easy. Wounds Int. 2013; 4:1-6. 6. Data on file with Urgo Medical. 7. Moffatt C. Variability of pressure provided by sustained compression. Int Wound J. 2008 Jun;5(2):259-65. doi: 10.1111/j.1742-481X.2008.00470.x. PMID: 18494631; PMCID: PMC7951751. 8. Hannah R, Bolbot S, Connolly N. A comparison of interface pressures of three compression bandage systems. Br J Nurs. 2008; 17(20): S16-24. 9. Benigni JP, Lazareth I, P2arpep P, et al. Efficacy, safety and acceptability of a new two-layer bandage system for venous leg ulcers. J Wound Care. 2007; 16(9): 385-90. 10. Jünger M, et al. Comparison of interface pressures of three compression bandaging systems used on healthy volunteers. J Wound Care. 2009; 18 (11): 474-80. 11. Pilati, L, Shine, S. Compliance with wearing a compression bandage featuring a novel dual compression system (DCS) design in patients with lower extremity edema.

Disclaimer: Urgo Medical does not guarantee coverage or payment of the product. HCPCS & CPT codes are provided to assist in the preparation of insurance claims. This is intended as general information relevant to coverage and coding for Urgo Medical products. CPT code notes for application of multi-layer compression system; Leg (below knee), including ankle and foot.

**Manufactured by:** URGO Medical North America, LLC. Fort Worth, TX 76102  
To order, call 1-855-888-8273 or visit [www.urgomedical.us](http://www.urgomedical.us)  
**To order in Canada, call 1-888-446-4143**

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