LIPIIDO-COLLOID CONTACT LAYER
IMPREGNATED WITH SILVER SULPHADIAZINE

**Indication:** chronic and acute wounds at risk of infection

- Antibacterial efficacy on a large spectrum of bacteria
- Healing in a moist environment
- Painless and atraumatic removal
- Well-tolerated

Supplied in boxes of individually pouched and sterile dressings, ready to use

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<th>Sizes</th>
<th>10 x 12 cm</th>
<th>15 x 20 cm</th>
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**DESCRIPTION**

- Urgotul SSD stems from an exclusive technology which has been developed by Laboratoires URGO: Lipido-colloid Technology.
- Urgotul SSD is a hydrocolloid dressing which is non-adhesive, non-occlusive, and does not adhere to the wound bed.

**COMPOSITION:** the dressing consists of a polyester mesh impregnated with hydrocolloid particles (carboxymethyl cellulose), petroleum jelly and silver sulphadiazine.

**METHOD OF STERILIZATION:** sterilized by ionizing radiation.

**PROPERTIES**

- On contact with the exudate from the wound, the hydrocolloid particles (CMC) gel and interact with the Urgotul SSD Petroleum Jelly component in order to form a lipid-colloid contact interface which creates the conditions favouring the healing process (healing in a moist environment).
- Silver sulphadiazine has a broad spectrum of antimicrobial activity covering the Gram-negative and Gram-positive bacteria and certain moulds and yeasts. It is particularly effective against Staphylococcus aureus, MRSA, Streptococcus pyogenes and Pseudomonas aeruginosa (pyocyanic bacillus) which are most frequently responsible for infected wounds. The dressing has demonstrated in-vitro antibacterial activity for up to 7 days.
- Greasy in its chemical composition but not greasy to the touch, Urgotul SSD does not adhere either to the wound or the area around it: dressing changes are painless and atraumatic.
- Flexible and very conformable, Urgotul SSD follows the anatomical contours of the wound.

**INDICATIONS**

- Urgotul SSD is indicated in the local treatment of: chronic wounds (pressure ulcers, leg ulcers) and acute wounds (partial thickness burns, dermabrasions, traumatic wounds, etc), where there is a risk of infection.

**DIRECTIONS FOR USE**

**METHOD OF USE**

- Clean the wound as per local protocol, using normal saline. If an antiseptic is first used, rinse the wound thoroughly with normal saline.
- Remove the protective wings from the dressing.
- Apply Urgotul SSD directly to the wound.
- Cover Urgotul SSD with a secondary dressing. Secure in place with a suitable bandage (K Band or K Lite).
- Urgotul SSD should be renewed every 1-2 day depending on the wound being treated and its progress.
- The recommended treatment time is limited to one month. After one month of treatment, medical staff should reassess the need to continue treatment.

**PRECAUTIONS**

- Treatment with Urgotul SSD should be carried out under medical supervision.
- When the dressing is used over a large surface area which has been injured and/or for a prolonged treatment, on broken skin or an open wound or on mucous membranes, it is not possible to exclude the risk of a systemic effect linked to the silver sulphadiazine (risk of general haematological, renal, intestinal and skin complications).
- Urgotul SSD can adhere to latex surgical gloves. Consequently, it is recommended that the gloves be moistened with normal saline in order to make it easier to hold the dressing.
- Concomitant use with other local treatments is not recommended.
- Avoid contact with electrodes or conductive gels during electronic measurements, e.g. EEG and ECG.
- Clinicians / Healthcare Professionals should be aware that there are very limited data on prolonged and repeated use of silver containing dressings, particularly in children and neonates.
- Single use sterile individual packaging: re-using a single use containing dressings, particularly in children and neonates.
- Method of use may lead to risks of infection.
- Do not re-sterilise.
- Store Urgotul SSD flat.

**SIDE-EFFECTS**

- The silver sulphadiazine can give rise to: - Erythemas, contact eczemas and rare cases of argyria - Photosensitivity - Leucopenias which are sometimes severe and which usually arise during the first days of treatment. Passage of sulphadiazine into the systemic blood stream exposes patients to a risk of systemic sulphonamide complications: haematological, renal, intestinal and skin complications (cf. Precautions).

**CONTRA-INDICATIONS**

- Known sensitisation to sulphonamides and other ingredients.
- Use in patients with renal or hepatic impairment, pregnant or breast-feeding women, newborn and premature babies is contraindicated in the absence of any specific clinical data.
- Do not use on patients undergoing Magnetic Resonance Imaging (MRI) examination.

**INTERACTIONS WITH OTHER MEDICINES AND OTHER FORMS OF INTERACTION**

- Specific problems related to an INR imbalance. A number of cases of increased activity of oral anticoagulants have been reported in patients taking antibiotics. A marked infectious or inflammatory context, along with the age and general condition of the patient, seem to be risk factors. Under these circumstances, it would appear to be difficult to distinguish between the role of the infectious disease and its treatment in the development of an INR imbalance. However, certain antibiotic classes are more frequently involved: in particular, these include fluoroquinolones, macrolides and cyclins, cotrimoxazole and certain cephalosporins.
- Increase in the effects and haematological toxicity of methotrexate due to displacement of its plasma protein binding by certain sulphonamides. Assay of methotrexate concentrations. Adjustment of dosage if necessary during the combination and after its discontinuation.