

💎 fraser health



UrgoTul Ag/Silver		
Classification	Antimicrobial: Silver - Contact La	yer
Key Points	 A non-adherent polyester mesh containing silver sulphate Allows exudate to pass through to secondary absorbent dressing as silver ions are released into wound bed 	
Indications	 For fragile wounds with low to moderate exudate which shows signs and symptoms (S&S) of local wound infection For preventing wound trauma by decreasing adherence of the cover dressing/secondary dressing Can be used as an antimicrobial interface for Negative Pressure Wound Therapy (NPWT) Can be used as an antimicrobial interface between a new skin graft and its cover dressing 	
Precautions	• N/A	
Contraindications	 Do not use for clients with known sensitivity or allergy to ionic silver Do not put electrodes or conductive gels in contact with silver products Do not use silver products when client is undergoing MRI examination or during radiation therapy (dressing can be replaced after MRI or radiation treatment is completed) 	
Formats & Sizes	 Sheet 10 x 12.5 cm 15 x 20 cm 20 x 40 cm 	
Ар	plication Directions	Rationale
Cleanse/irrigate wound with sterile normal saline or agency		Reduces wound debris and allows for adhesion of
approved wound cleanser; dry peri-wound skin. If required, apply skin barrier to peri-wound skin.		dressing or tape. To protect the peri-wound skin from maceration and to improve the adhesion of the dressing or tape
To Apply		
Choose a size that covers the wound and at least 2 cm of the peri-wound skin. Dressing should be cut to size prior to removing the protective plastic films. Remove one side of the protective plastic film and apply		Ensures adequate adhesion and wear time.
onto the peri-wound protective film.	yer over the wound bed and smooth skin. Remove the remaining plastic	
cavity.	th, the dressing may be applied into the	
Apply appropriate cover dressing to maintain a moisture- balanced wound environment.		The choice of cover dressing is depended upon the amount of exudate expected.
To Remove		
Using forceps, gently remove the contact layer from the wound.		To avoid trauma to the wound.
Frequency of Dressin		
Cover dressing change will depend upon the amount of exudate. Initially, change contact layer every 1 to 3 days depending upon the condition of the wound; may progress to leaving the contact layer in place for up to 7 days.		
Expected Outcome		
Contact layer does not adhere to wound bed.		
S&S of local wound in	nfection are resolved within 2 weeks.	
	For further information, please of	contact your Wound Clinician.