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Introduction

Venous leg ulcers (VLUs) are a common and complex wound type in long-term care (LTC), often associated with comorbidities, impaired circulation, and delayed healing. Best practice approaches emphasize the importance of managing moisture balance, reducing bioburden, and supporting debridement to promote healing. Despite standardized care, some VLUs become stalled due to factors such as biofilm, excessive exudate, and resident complexity. In LTC settings, additional challenges—including care transitions and variability in treatment approaches—may further impact outcomes. Advanced products such as UrgoClean Ag, which supports continuous debridement and provides antimicrobial activity, offer a potential strategy for addressing these barriers.

This case study aims to describe the use of UrgoClean Ag in the management of a challenging venous ulcer in a long-term care setting.

Methodology

This case study describes the management of a hard-to-heal venous ulcer in an 87-year-old female residing in a long-term care setting. The wound was acquired prior to admission (March 2025). Following admission, a standardized wound care regimen was implemented, consisting of routine cleansing, maintenance of a moist wound environment, and protection of the periwound skin. Dressing selection was guided by assessment findings, with modifications made in response to changes in healing trajectory, particularly when progress became stagnant (May 2025). UrgoClean Ag was introduced as part of the treatment plan to support autolytic debridement and manage bioburden. Routine wound care was provided (every 48 hours and as needed), and the resident was monitored closely for tolerance and wound progression. Clinical outcomes were evaluated through serial comprehensive wound assessments to track healing over time.

Key Sources & Acknowledgements

- Bohbot, S., & Lemdjadi, Z. (2016). Clinical evaluation of a dressing with polyabsorbent fibres and a silver matrix for managing chronic wounds at risk of infection: A noncomparative trial. *Journal of Wound Care*, 25(9), 531-538.
- Sibbald, R. G., Elliott, J. A., Persaud-Jaimangal, R., Goodman, L., Armstrong, D. G., Harley, C., Coelho, S., Xi, N., Evans, R., Mayer, D. O., Zhao, X., Heil, J., Kotru, B., Delmore, B., LeBlanc, K., Ayello, E. A., Smart, H., Tariq, G., Alavi, A., & Somayaji, R. (2021). Wound bed preparation: A clinical approach. *Advances in Skin & Wound Care*, 34(4), 183-195.
- Wounds Canada. (2019). Best practice recommendations for the prevention and management of venous leg ulcers. Wounds Canada.

Results (before UrgoClean Ag)

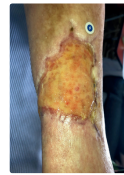


Figure 1: March 17, 2025

The wound measured approximately 13.2 cm × 4.7 cm, with 80% slough and 20% granulation tissue. Exudate was heavy and seropurulent.



Figure 2: April 30, 2025

The wound measured 5.6 cm × 4 cm, with approximately 50% slough and ongoing moderate exudate.



Figure 3: May 21, 2025

The wound measured 7.6 cm × 3.8 cm, with maceration and fragile periwound tissue. Exudate remained moderate with slough present, prompting a treatment change. UrgoClean Ag initiated.

Results (after UrgoClean Ag)



Figure 4: June 19, 2025

The wound decreased to 2.5 cm × 2.3 cm, with 90% granulation tissue and minimal slough.



Figure 5: July 24, 2025

Further reduction to 1.5 cm × 1.8 cm was observed, with 100% granulation tissue and periwound condition was dry and intact.

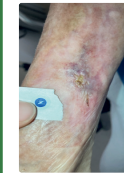


Figure 6: August 7, 2025

The wound measured 0.9 cm × 0.5 cm, demonstrating continued contraction and epithelialization.

Analysis

Following the introduction of UrgoClean Ag, the wound demonstrated consistent reduction in size and improvement in tissue composition, progressing from a slough-dominant wound to a fully granulating and epithelialized wound. This suggests that addressing key barriers to healing—particularly non-viable tissue, exudate, and bioburden—supported progression beyond a previously stalled phase. The observed trajectory aligns with principles of effective wound bed preparation, where optimizing the local wound environment facilitates healing in complex wounds.

Conclusion

This case demonstrates that the use of UrgoClean Ag, as part of an evidence-informed wound management approach, supported the successful healing of a challenging venous ulcer in a long-term care setting, while maintaining resident comfort and quality of life.

Figure 7: September 1, 2025

The wound went on to achieve full closure with intact periwound skin.



Consistency of care and client engagement were critical to outcomes. This case study is shared with informed consent and kind permission from the client.