Evaluation of polyabsorbent fibre dressings with technology lipidocolloid matrix with silver (TLC-Ag) or nano-oligosaccharide factor (TLC-NOSF): A case series from the United Arab Emirates

The multidisciplinary teams at Al Qassimi Hospital, Sharjah, United Arab Emirates, strive to provide evidence-based care to their patients to achieve the best possible outcomes. In this series of cases, the authors evaluated a novel dressing that incorporates polyabsorbent fibres, technology lipidocolloid and silver or nano-oligosaccharide factor. The evidence regarding these dressings is quite extensive and is discussed briefly in this article. The implementation of polyabsorbent fibre dressings with technology lipidocolloid silver (TLC-Ag, UrgoClean Ag, Laboratoires Urgo, France) or technology lipidocolloid with nano-oligosaccharide factor (TLC-NOSF, UrgoStart Plus, Laboratoires Urgo) as part of the wound care multidisciplinary team's holistic management provided, considering the status of both patients and wounds, positive results were obtained, , with resolution of signs and symptoms of infection and healing in a relatively short period.

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Key words
- Diabetes-related wounds
- Polyabsorbent fibre dressings
- TLC-Ag
- TLC-NOSF

Acute wounds follow a timely and orderly healing process. However, some wounds fail to heal due to local and/or systemic factors (Atkin et al, 2019). These wounds are often classified as chronic, complex, hard-to-heal or stalled and present a significant challenge for patients and healthcare professionals (Marques et al, 2024).

Chronic wounds impair the patients' quality of life by causing emotional and physical stress. Chronic wound pain is not only linked with depression and anxiety, but also leads to difficulties in performing activities and social isolation (Natarajan et al, 2024). Furthermore, the economic burden on healthcare is staggering; it is suggested that, globally, wound care expenditure reached a staggering $148.65 billion in 2022 (Sen, 2025).

For wound management to be successful, clinicians need to not only address systemic factors, but also select suitable wound care products to address local wound factors that significantly influence wound healing, including wound infection, devitalised tissue (Reddy and Patil 2020; Sengul et al, 2025). Moreover, chronic wounds exhibit a chronic pro-inflammatory environment with high levels of extracellular matrix-degrading matrix metalloproteases (MMPs) (Matoori, 2023).

Evidence-based dressings play a crucial role in wound care because they can significantly impact healing outcomes, reduce infection rates, and improve patient comfort (Britto et al, 2017). An ideal wound dressing needs to meet several critical criteria to ensure that the healing process proceeds smoothly and efficiently and balances essential characteristics to significantly improve outcomes for patients, providing both physical and psychological relief during the healing process (Ferraz, 2025).

The authors considered the evidence available for the polyabsorbent fibre dressings in order to conduct this case series to. The evidence, which is discussed in more detail later in this paper, includes a randomised controlled trial, a prospective non-comparative clinical trial, three observational studies and recent best practice recommendations (Meume et al, 2014; Dalac et al, 2016; Al Humadi et al, 2024; Manowska and Szumna, 2024; Mayer et al, 2024; Vaidya et al, 2024).

Polyabsorbent fibre dressings

Polyabsorbent fibres (Magnet Fibres™, Laboratoires Urgo, France) enable the continuous debridement of slough, as the negatively charged fibres in the dressing bond to positively charged regions in slough, trapping bacteria and other non-adherent or devitalised material in the dressing, which is then removed when it is changed (International

Wound Infection Institute, 2022; Mayer et al, 2024; Nair et al, 2024). Negative charges are also present in some other dressings, such as alginates and carboxymethylcellulose-based dressings. However, the negative charges in the polyabsorbent fibre dressings are likely much closer and higher in measurable density than in alginate or carboxymethyl cellulose dressings, which is the most likely reason why polyabsorbent fibres are superior with respect to debridement of slough (Meaume et al, 2014; Chakravarthy and Pernot, 2024).

Polyabsorbent fibres were compared to hydrofibres composed of sodium carboxymethylcellulose fibres in a randomised controlled clinical trial (Meaume et al, 2014). After a median 42-day treatment period, the percentage of relative reduction of the wound surface area remained similar between the two groups, but the relative reduction of sloughy tissue was significantly higher in the polyabsorbent fibre dressing group than in the hydrofibre group (-65.3% versus -42,6%; p=0.013), and the percentage of debrided wounds was also significantly higher in the polyabsorbent fibre dressing group (52.5% versus 35.1%; p=0.033, respectively).

These polyabsorbent fibres are impregnated with a technology lipidocolloid matrix with silver sulphate (TLC-Ag) in an antimicrobial, antibiofilm dressing (UrgoClean Ag®, Urgo Medical, France). This dressing was evaluated in a prospective, multicentre, non-comparative clinical trial, where patients with chronic wounds were treated over a 4-week period (Dalac et al, 2016). At the final visit, results showed that 52.1% of wounds were debrided, with a relative slough reduction of 62.5% (median), while the clinical score (maximum value of 5, based on inflammatory clinical signs) decreased from 4.0 to 2.0.

In a large observational study involving 2,270 patients with chronic or acute wounds of various aetiologies that were managed with the TLC-Ag polyabsorbent fibre pad dressing over a mean duration of 22 ± 13 days, all clinical signs of local infection and diagnosed wound infections were noticeably reduced by week 2 and continued to reduce until the final visit (Dissemond et al, 2020b). Clinical improvement in wound healing was reported in 98.9% of acute wounds, with a wound closure rate of 68.5%. In chronic wounds, a median RWAR of 57.4% was achieved, with an improvement in healing process in 90.6% of cases. Similar results were reported regardless of the healing stage of the wounds at the initial visit (debridement or granulation stages, depending on the percentage of sloughy tissue present at baseline). The investigators concluded that the TLC-Ag polyabsorbent fibre pad dressing had better results regarding its antimicrobial efficacy (82.6%), debridement of slough properties (85.2%), as well as easier application and better conformability (68.4%), reduced patient pain (68.9%) and better acceptance by patients (66.8%), when compared with other commonly used dressings for this indication.

The polyabsorbent fibres are also available with TLC-NOSF healing matrix (UrgoStart Plus Pad®, Urgo Medical, France). Two interventional, prospective, single-arm clinical trials assessing these dressings concluded that polyabsorbent fibre dressings with TLC-NOSF healing matrix are an effective, safe and easy-to-use treatment for the local management of chronic wounds at the different stages of healing and until wound closure (Sigal et al, 2020).

A real-life prospective multicentre study conducted on 961 patients with wounds of various aetiologies treated with these dressing range (polyabsorbent fibre pad with TLC-NOSF matrix, with or without silicone border) reported, after a mean period of 62 days, wound closure or improvement in wound healing in 92.0% of the wounds, 87.5% relative reduction of sloughy tissue, a decrease of the level of exudate in 68.9% of the wounds, and an improvement in the periwound skin condition in 66.4% of the patients at the final visit (Augustin et al, 2021).

In a similar study, of 1,140 patients with chronic wounds of various aetiologies, observed for a mean duration of 56 ± 34 days, 48.5% of wounds healed and 44.8% improved (Dissemond et al, 2020c). It should also be noted that it was found that the earlier the TLC-NOSF treatment was initiated, the better the clinical outcomes were for all types of wounds.

The TLC-Ag and TLC-NOSF dressings were also evaluated as a sequential treatment in various case studies (Al Humadi et al, 2024; Manowska and Szumna, 2024; Vaidya et al, 2024). It was concluded that these dressings provide clinicians with effective and rapid results (Vaidya et al, 2024), with a rapid reduction of clinical signs of infection, slough, exudate and pain, and a rapid wound closure, with no adverse events reported during the treatment (Al Humadi et al, 2024; Manowska and Szumna, 2024).

Polyabsorbent fibre dressings evaluation

In view of the evidence discussed above supporting the polyabsorbent fibre dressings, the authors sought to evaluate the dressings in the management of patients they treat at Al Qassimi Hospital. This hospital is a 362-bed tertiary government hospital with 235 in-patient beds and an approved training centre for undergraduate and postgraduate medical training in the Emirate of Sharjah, United Arab Emirates.

Figure 1

Figure 1A. On presentation (16/01/2024).

Figure 1B. After 4 weeks with TLC-Ag polyabsorbent fibre pad dressing (12/02/2024).

Figure 1C. After 2 weeks with TLC-NOSF polyabsorbent fibre pad dressing (26/02/2024).

Figure 1D. After 9 weeks of TLC-NOSF polyabsorbent fibre pad dressing, healed (22/04/2024).

Case 1

A 64-year-old man, with a history of type 2 diabetes (T2D) for the past 12 years, and peripheral sensory neuropathy, with no other specific comorbidities, underwent a hallux (right foot) amputation in December 2023, with five subsequent debridement procedures between August and December, and ultimately, a metatarsal amputation.

The wound was not showing progress towards healing after use of different antimicrobial dressings application, where the wound size, exudate levels and local signs of infection were not reducing. The patient was referred and admitted to Al Qassimi Hospital on 16 January 2024. The wound extended from the amputation site to the plantar aspect of the foot [Figure 1A], with profuse exudate production. The wound management included cleaning with a blended hypochlorous acid and sodium hypochlorite (HOCl/NaOCl) solution, followed by application of the TLC-Ag polyabsorbent fibre pad dressing. Systemic antibiotics (ceftriaxone) were administrated during the hospital stay plus one week post discharge. The dressing was changed every 2 days. The patient was advised against any weight bearing on the affected foot.

Within 4 weeks of this regimen, the wound was showing progress, with a substantial decrease in the level of exudate [Figure 1B]. As the clinical signs and symptoms of local infection, including levels and viscosity of exudate had reduced, it was decided to initiate local therapy with the TLC-NOSF polyabsorbent fibre pad dressing. Dressing changes were again performed every 2–3 days.

Within two dressing changes with the new therapy (4 days), the size of the wound had considerably decreased and there were no signs of local infection [Figure 1C]. With this treatment the wound continued to progress and was completely healed within 9 weeks of TLC-NOSF [Figure 1D] – 13 weeks in total.

Case 2

A 75-year-old woman, with T2D for the past 37 years, hypertension, chronic kidney disease, anaemia, dyslipidaemia and heart failure, suffered a traumatic wound on the left tibia in July 2023. Although the wound was relatively small in size (1.5 x 1 cm), there was no progress for 7 months during which the wound was managed with antimicrobial gelling fibre dressing. When the patient was referred to the wound care team due to lack of progress on 23 January 2024, the wound was exudating copiously, with signs and symptoms of local infection [Figure 2A]. On admission, the wound was cleansed with irrigation using HoCl/NaOCl solution and dressed with a TLC-Ag polyabsorbent fibre pad. The primary dressing was kept in situ by means of traditional dressings. No antibiotic therapy was administered, and debridement was not carried out because the wound was painful. The combination of the antimicrobial wound cleanser and the antimicrobial fibre dressing were utilised to manage the existing infection and prevent further breakdown throughout the treatment. The patient was referred to the community nursing services with instruction to continue management. The dressing was changed every 2 days at home, with weekly follow up at the wound management clinic.

By 14 February 2024 (3 weeks of treatment), the wound size had reduced to 0.4 x 0.2cm [Figure 2B]. The wound was considered healed by 29 February 2024 after 5 weeks of treatment with TLC-Ag polyabsorbent fibre pad dressing [Figure 2C].

Case 3

A 54-year-old man, with a history of hypertension, coronary angioplasty (November 2023), class 1 obesity (BMI 31), and T2D for 10 years with peripheral sensory neuropathy, developed a plantar ulcer of unknown origin on the left foot and was managed for 7 months

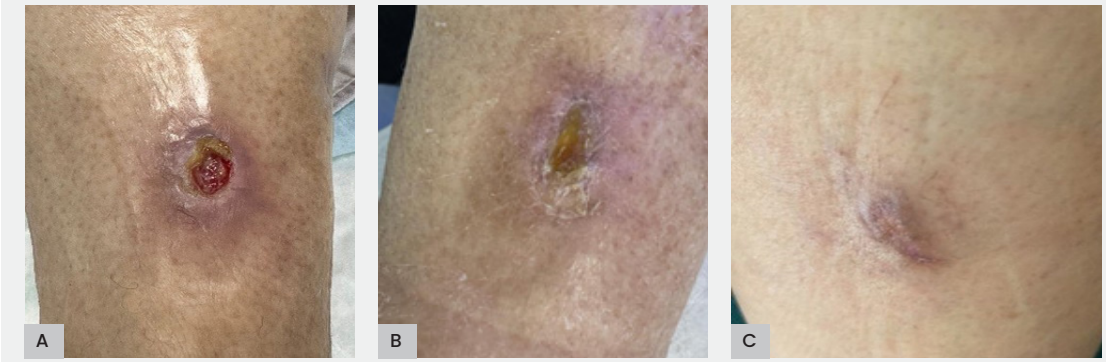

Figure 2

Figure 2A. On presentation (23/01/2024).

Figure 2B. After 3 weeks of management with TLC-Ag polyabsorbent fibre pad dressing (14/02/2024).

Figure 2C. The wound healed with 5 weeks treatment with the TLC-Ag polyabsorbent fibre pad dressing (29/02/2024).

Figure 3

Figure 3A. The wound on presentation, post debridement of hyperkeratinised tissue (15/02/2024).

Figure 3B. After 1 week with TLC-Ag polyabsorbent fibre pad (22/02/2024).

Figure 3C. The wound healed within 6 weeks of TLC-Ag polyabsorbent fibre pad (28/03/2024).

with silver dressings and simple gauze and crepe bandage. No offloading was prescribed. Due to lack of progress, he was referred to the wound care clinic on 15 February 2024. The hyperkeratinised tissue was debrided [Figure 3A]. Hyperkeratosis, caused by excessive mechanical loading in particular areas, further increases pressure and may carry a high risk for ulceration and infection (Dayya et al, 2022). The wound was cleaned by irrigation with a HOCl/NaOCl solution and dressed with the TLC-Ag polyabsorbent fibre pad dressing. No antibiotics were administered. The primary dressing was kept in situ with traditional dressings. As in the previous case, the combination of the antimicrobial wound cleanser and the antimicrobial fibre dressing were utilised to manage the existing infection and prevent further breakdown throughout the treatment. The patient was referred to the community nursing services with instructions to continue management as stated above with weekly follow up at the wound management clinic. The dressing was changed every 2 days. Within 1 week of this management, the wound size was greatly decreased [Figure 3B], and the wound was considered as healed by 28 March 2024 [Figure 3C]. It should be noted that no specific offloading was implemented throughout the treatment, due to the patient's financial reasons and his refusal. However, the patient was advised to avoid any weightbearing on the area, but adherence with this instruction could not be confirmed.

Case 4

A 42-year-old man with a history of hypertension, T2D for 13 years and peripheral sensory neuropathy. He sustained a traumatic wound on his third toe after stepping on a nail and underwent amputation of the toe. He was referred to the wound management team on 5 March 2024 [Figures 4A and 4B]. The wound was painful, with high levels of exudate. It was previously managed with antimicrobial dressings, gauze and crepe bandages without any real progress. The wound was cleaned with an irrigation solution of sea salt and sodium hypochlorite NaOCl (0.2%) and dressed with the TLC-Ag polyabsorbent fibre pad dressing. The primary dressing was kept in situ by means of a secondary layer of gauze and bandaging. IV antibiotics were administered during the hospital stay followed by antibiotics orally for 1 week post discharge. The dressing was changed three times a week.

Within 1 week, the wound bed looked healthier, especially in the region between the toes [Figure 4C]. Dressing changes with the TLC-Ag polyabsorbent fibre pad dressing continued for 6 weeks, when all the signs and symptoms of local infection, including pain

Figure 4A. The wound on referral (5/03/2024).

Figure 4B. The wound on referral (5/03/2024).

Figure 4C. After 1 week with TLC-Ag polyabsorbent fibre pad dressing(13/03/2024).

Figure 4D. After 6 weeks with TLC-Ag polyabsorbent fibre pad dressing (15/04/2024).

Figure 4E. After 7 weeks of TLC-NOSF pad dressing (10/06/2024).

Figure 4F. After 8 weeks of TLC-NOSF pad dressing (15/06/2024).

Figure 4

and exudate were eliminated [Figure 4D]. At this stage, the treatment was changed to the TLC-NOSF polyabsorbent fibre pad dressing, with dressing changes three times a week. Improvement was seen after 7 weeks [Figure 4E] and the wound was completely healed by 15 June 2024, after 8 weeks of TLC NOSF and 14 weeks in total [Figure 4F].

Case 5

A 44-year-old woman with uncontrolled T2D for 15 years and a history of metastasised cervical cancer (still receiving treatment from the oncology department). Previously, she had been managed for abscess after foreign body removal and later was admitted for surgical amputation of the right hallux on 14 May 2024, which was followed by several debridement sessions. She had consistent pain and oedema, induration of the peri-wound skin and malodourous exudates.

On referral to the wound care team a week later, topical management was initiated with TLC-Ag polyabsorbent fibre pad dressing [Figure 5A]. She was discharged from the hospital on 28 May 2024 [Figure 5B] and continued with the TLC-Ag polyabsorbent fibre pad dressing, with dressing changes every 2 to 3 days. Within 5 weeks, the wound showed remarkable progress with healthy granulation tissue, and reduction of pain and exudate [Figure 5C]. As all signs of infection had subsided, the dressing was changed to the TLC-NOSF pad dressing on 14 August 2024 [Figure 5D]. Within a week with the TLC-NOSF polyabsorbent fibre pad dressing, the wound showed good progress with a healthy wound bed and reduction in wound surface area.

Dressing change of the TLC-NOSF polyabsorbent fibre pad dressing continued every 3-4 days [Figure 5E and 5F] until full closure was achieved [Figure 5G]. The sequential treatment of TLC-Ag polyabsorbent fibre dressing and the TLC-NOSF polyabsorbent fibre pad dressing was successful to close this wound within 25 weeks from referral. The patient was not on any offloading device due to financial reasons.

Case 6

A 72-year-old obese woman with multiple co-morbidities, including T2D, hypertension, cardiovascular impairment (atrial fibrillation post CABG), coronary artery complications, hyperlipidaemia, chronic kidney complications, osteoarthritis, anaemia, chronic pulmonary oedema, hyperuricaemia without signs of inflammatory arthritis and tophaceous disease, and varicose veins of lower extremities. She had multiple surgical procedures, including open surgical treatment of fractured tibia on left limb. After 2 months of different dressings and several wound debridement and surgical excisions of the necrotic tissue, the surgical wound was not healing, showing clinical signs of infection including pain, high exudate level, peri-wound skin induration, also with exposed tendon.

Figure 5

Figure 5A. The wound on referral (21/05/2025).

Figure 5B. After 1 week of TLC-Ag polyabsorbent fibre pad dressing (28/05/2024).

Figure 5C. After 5 weeks of TLC-Ag polyabsorbent fibre pad dressing (02/07/2024).

Figure 5D. After 1 week of TLC-NOSF polyabsorbent fibre pad dressing (14/08/2024).

Figure 5E. After 1 week of TLC-NOSF polyabsorbent fibre pad dressing (14/08/2024).

Figure 5F. After 18 weeks of TLC-NOSF polyabsorbent fibre pad dressing (27/12/2024).

Figure 5G. After 20 weeks of TLC-NOSF polyabsorbent fibre pad dressing (15/01/2025).

She was referred to the wound management team on 3 June 2024 [Figure 6A]. Treatment was initiated with the TLC-Ag polyabsorbent fibre pad dressing for continuous cleaning from debris, slough and eradication of suspected biofilm [Figure 6B]. The dressing was changed every 2 days for 2 weeks, until the wound was clean without signs of local infection.

At this point, treatment was switched to TLC-NOSF polyabsorbent fibre pad dressing to stimulate healing, with improvement shown after 1 week [Figure 6C] and 2 weeks [Figure 6D]. The TLC-NOSF polyabsorbent fibre pad dressing was changed every 3 days. The wound size decreased significantly and signs of epithelial tissue formation were evident after 6 weeks [Figure 6E], 9 weeks [Figure 6F] and 15 weeks [Figure 6G], even over the exposed tendon. The wound was completely epithelialised after 17 weeks of treatment with the TLC-NOSF polyabsorbent fibre pad dressing [Figure 6H] and 19 weeks in total.

Case 7

A 33-year-old man with uncontrolled type 1 diabetes diagnosed 15 years ago, managed with antihyperglycaemic medications, and paraesthesia numbness of both lower limbs, sustained a burn Injury which was followed up for 3 weeks in the private sector. He was prescribed oral antibiotics and topical management with an antimicrobial alginate dressing. The wound was stagnated without any significant improvement.

He underwent surgical debridement on the day of admission to Al Qasimi Hospital (1 April 2024) and referred to general surgery with complaints of fever, swelling, pain and malodorous pus discharges from the infected wound at his right lateral malleolus. Management included a local antimicrobial dressing, IV antibiotics and insulin injections to control his serum glucose level, followed by oral antibiotics for 2 weeks on discharge on 6 April.

On review on 9 May, the wound was still heavily exuding and painful, with had clinical signs of infection, suspected biofilm and sloughy tissue. The wound care team initiated topical treatment with the TLC-Ag polyabsorbent fibre pad dressing after wound cleansing with HOCl/NaOCl [Figure 7A]. The dressing was changed every 2 days at home and the patient was followed up weekly at the clinic. Ten days later, the wound bed was healthier but treatment with the TLC-Ag polyabsorbent fibre pad dressing was continued to avoid reinfection [Figure 7B]. By week 4, the wound surface area was reduced with healthy granulation [Figure 7C].

The local treatment was changed to the TLC-NOSF polyabsorbent fibre pad dressing TLC-NOSF dressing with more progress noted on after 4 weeks with the TLC-NOSF pad dressing [Figure 7D]. Full closure was achieved after 9 weeks of the TLC-NOSF polyabsorbent fibre pad dressing [Figure 7E].

Figure 6A. On referral (03/06/2024).

Figure 6B. After 1 week with TLC-Ag polyabsorbent fibre pad dressing (10/06/2024).

Figure 6C. After 2 weeks with TLC-Ag polyabsorbent fibre pad dressing and 1 week with TLC-NOSF pad dressing (24/06/2024).

Figure 6D. After 2 weeks with TLC-NOSF polyabsorbent fibre pad dressing (02/07/2024).

Figure 6E. After 6 weeks with TLC-NOSF polyabsorbent fibre pad dressing (05/08/2024).

Figure 6F. After 9 weeks with TLC-NOSF polyabsorbent fibre pad dressing (02/09/2024).

Figure 6G. After 15 weeks with TLC-NOSF polyabsorbent fibre pad dressing (14/10/2024).

Figure 6H. After 17 weeks with TLC-NOSF polyabsorbent fibre pad dressing (26/10/2024).

Figure 6

Figure 7A. On referral (09/05/2024).

Figure 7B. After 10 days of TLC-Ag pad dressing (20/05/2024).

Figure 7C. After 4 weeks of TLC-Ag pad dressing (10/06/2024).

Figure 7D. After 4 weeks with TLC-NOSF pad dressing (08/07/2024).

Figure 7E. After 9 weeks with TLC-NOSF pad dressing (15/08/2024).

Figure 7

Case 8

A 84-year-old man with a history of T2D for 25 years and comorbidities, including hypertension, ischemic heart disease, chronic kidney disease, hypothyroidism, chronic obstructive pulmonary disease (ex-smoker), paroxysmal atrial fibrillation and diverticular disease, managed on multiple medications.

He underwent left hallux surgical amputation and debridement on 27 August 2024, followed by partial surgical amputation of the left metatarsal head on 13 September.

The patient was referred to the wound care team on 30 September for wound management [Figure 8A]. He was started on oral antibiotics for 2 weeks, and local treatment with the TLC-

Figure 8

Figure 8A. On referral (30/09/2024)

Figure 8B. After 3 weeks with TLC-Ag polyabsorbent fibre pad dressing (17/10/2024).

Figure 8C. After 14 weeks of TLC-Ag polyabsorbent fibre pad dressing (12/01/2025).

Ag polyabsorbent fibre pad dressing. During the treatment of the diabetic foot ulcer, patient was admitted three times for congestive cardiac failure with associated hypoxia.

The dressing was changed three times weekly at home by the family, with irregular wound care clinic follow-up due to his compromised medical status. Consultations were done through telemedicine. The wound was cleaned with HOCl/NaOCl followed by the TLC-Ag polyabsorbent fibre pad dressing/ Within 3 weeks the wound bed appeared healthier and the wound surface area was reduced [Figure 8B]. The dressing changes continued with the antimicrobial dressing due to the high risk of non-healing and complications, including infection, due to the patient's multiple complex comorbidities. The wound completely healed after 14 weeks of TLC-Ag polyabsorbent fibre dressing [Figure 8C].

Discussion

Chronic wounds are those that take a long time to heal, although alternative terms, such as hard-to-heal, complex, delayed, recalcitrant and stalled, are used in the literature (Holloway, 2021). Whatever the terminology used, the concept of treatment is based on the wound bed preparation concept, which includes tissue debridement, infection and inflammation control, moisture balance, and edges of the wound. After these general measures have been addressed, treatment is specific to the ulcer type (Bowers and Franco, 2020).

The evaluated dressings assessed in these complex cases have robust evidence behind them, including a randomised control trial (Meume et al, 2014), a prospective non-comparative clinical trial (Dalac et al, 2016), three observational studies involving 4,370 patients, and other case series (Al Humadi et al, 2024; Manowska and Szumna, 2024; Vaidya et al, 2024). Furthermore, the fibres are mentioned in recent best practice recommendations (Mayer et al, 2024). The TLC-Ag polyabsorbent fibre pad dressing has been shown to provide debridement and to be effective in continuous wound cleaning by physically binding onto debris, such as slough (Percival, 2020). The combined debriding and antimicrobial action of the dressing support its use in the prevention and management of a localised wound infection and support the strategy for progression of a stagnated wounds to a healing trajectory (Percival, 2020). TLC-NOSF polyabsorbent fibre pad dressings have been demonstrated to reduce healing times, improve patients' quality of life and offer a cost-effective approach (Nair et al, 2021).

In this evaluation, the authors' choice was based on the positive results portrayed in previous clinical trials and case series. The TLC-Ag polyabsorbent fibre pad dressing was used to resolve local infection, while the TLC-NOSF polyabsorbent fibre pad dressing was thereafter adapted to promote healing, thus reducing healing times.

Conclusion

Managing stagnated, complex wounds in patients that have multiple comorbidities is always a challenge. The wound care team at Al Qassimi Hospital have managed these types of complex wounds for many years. However, the introduction of the polyabsorbent fibre pad dressing with TLC-Ag or TLC-NOSF healing matrix has provided an evidence-based solution for continuous debridement, management of local infection, curtailing inflammation, and rapid wound closure.

The dressings in the cases portrayed in this article have shown positive results, resonating with the published evidence and clinical studies assessing their performance, with a noticeable rapid resolution of local infection, reduction in slough and level of exudate and faster healing. Most of the wounds had been managed with other dressings without any real positive outcomes and the application of the TLC-Ag polyabsorbent fibre pad dressings

and the TLC-NOSF polyabsorbent fibre pad dressings achieved the desired results, with resolution of signs and symptoms of infection, and, considering the complexity of the wounds, resolution to healing in a appreciably short period, which encourages the wound care team to implement this regimen as part of their holistic management of patients living with wounds.

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