Woulgan Bioactive Beta-Glucan Gel is a treatment for both acute and chronic wounds where wound healing is stalled, or is anticipated to heal slower than normal or is at high risk of becoming stalled. Woulgan has a unique formulation with gel properties and beta-glucan which reactivates stalled healing and accelerates the healing process. It is recommended to initiate Woulgan treatment after 4 weeks with standard care when the response is not satisfactory. It has been documented that a diabetic foot ulcer showing less than 40% size reduction in 4 weeks has a 91% risk of not healing in 12 weeks. The initial healing rate of venous leg ulcers has also been shown to predict complete healing. A published algorithm suggests that <40% healing in 4 weeks indicates the risk of non-healing with conservative treatment.

**Indications**
When wound healing is stalled or is anticipated to be slower than expected in:
- Diabetic foot ulcers
- Leg ulcers
- Pressure ulcers
- Open post-operative wounds
- Partial thickness burns
- Graft and donor sites
- Abrasions and lacerations

**Wound conditions suitable for Woulgan treatment**
- Dry to medium exuding.
- Partial to full thickness. Full thickness wounds might not heal with secondary intention.
- Fibrin – up to 75% of the wound surface can be covered with dry or moist fibrin. The hydrogel properties will dissolve the fibrin.
- Necrosis – the wound can be covered with up to 75% yellow or black necrotic tissue. Before applying Woulgan debride according to local practice.
- Fistulas – Woulgan can be used in fistulas, although some fistulas will not heal without surgery.
- Tendons and bones can be exposed. Woulgan will not harm these structures, but when tendon and bone are visible, the wound might not heal with secondary intention.
- Undermining – can be present.

**Precautions**
- The effect of Woulgan might be reduced if the patient is treated with systemic steroids or immune suppressive treatment.
- Infection; a clinical infection should be treated according to local guidelines, but Woulgan can be used in conjunction with antimicrobial therapies.

**Contraindication**
- Known allergy to any of the components in Woulgan.
How to apply

• Wound cleansing according to local practice
• Debride if appropriate
• Protect the wound edges, if applicable
• Cover the wound surface with a thin layer of Woulgan
  - Avoid using superabsorbent dressings
• Apply a suitable secondary dressing of choice and fixate
  • Any foam dressing or wound contact layer can be used
• Apply compression or offloading if indicated
• Apply new Woulgan at every dressing change
  • Typically, twice per week

Treatment period

• Reassess after 4 weeks of Woulgan treatment and holistic patient care.
• If none of the above improvements are seen, consider discontinuing Woulgan treatment.
• When improvements are evident, continue for a second 4-week period or until healed. After 8 weeks treatment with Woulgan, assess healing and return to standard of care if appropriate.
• If the healing progression stalls or plateaus again, start another 4-week period of Woulgan treatment, assess and continue with Woulgan if improvements are seen.
• If the wound deteriorates, the treatment should be discontinued. Assess possible reasons for deterioration; patient condition, clinical infection, changes in use of compression/ off loading or changes in use of cleansing agents or cover dressings.

Clinical observations when Woulgan is used

• An increase in signs of inflammation can be expected, do not confuse this with infection.
• Sometimes an increase in exudate may occur after a few days.

Woulgan is not:

• A biofilm remover.
  • But Woulgan can be used after debridement and may prevent new biofilm formation.
• A treatment for infected wounds, if the wound is clinically infected:
  • Treat the infection according to local practice.
  • Woulgan may be used at the same time as long as exudate level is low too moderate.

Look for these clinical improvements:

• Cleaner wound bed
• Healthier wound tissue
• Smaller size
• Less depth