

UrgoK2

Fannin Medical Devices

Introduction to Leg Ulcer Management & Introduction to Urgo KTwo

9/11/21

Approved by:

Bord Atrnáis agus Cnáimhseachais na hÉireann
Nursing and Midwifery Board of Ireland

CPD CERTIFIED
The CPD Certification Service

MEMBER OF **DCC VITAL**
HEALTH CARE SUPPLIERS

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Fannin No.1 Ranked Products

Mepitel®
Gentle two sided wound contact layer which helps minimise pain for your patients.

Mepitel is a gentle two sided wound contact layer with Softac® - the original low pain contact layer with silicone adhesion.

It's designed to mould softly to skin without sticking to the most exposed so you can remove it with minimal risk of damaging the wound or skin!

That means less pain for your patients!

Mepilex® Ag
Antimicrobial absorbent foam dressing

Mepitac Designed for fixation of medical devices
Mepitac® is designed for fixation of medical devices such as drains, tubes, probes, electrodes, IV cannulae, and dressings. Mepitac offers gentle skin protection when used under devices, such as tubes.

Mepitac can be lifted and adjusted without loss of adherent properties. With Softac® technology, Mepitac minimises pain to the patient on removal.

- Minimal pain at dressing changes
- Conforms well to body contours
- Showerproof
- Breathable
- Minimal adhesive residue on the skin upon removal

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Introduction to Leg Ulcer Management

Joseph Coogan

MEMBER OF **DCC VITAL**
HEALTH CARE SUPPLIERS

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Learning Objectives

1. To gain an understanding of the Anatomy and Physiology of the Circulatory System in relation to Leg Ulcers
2. To understand the causes of venous, arterial and mixed aetiology leg ulcers
3. To be able to recognise the signs and symptoms of leg ulcers
4. To be able to differentiate between the different types of leg ulcers
5. To know how compression works and its affect on the venous system
6. Treatment options in Leg Ulcers

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Anatomy of the Circulatory System

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Circulatory system


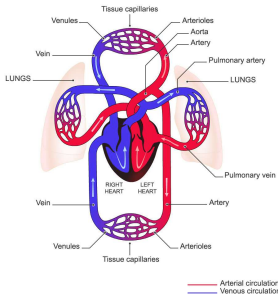
Circulatory System

The Circulatory system is a closed system which is organised around a central heart pump (i)

The Circulatory system has three different types of blood vessels


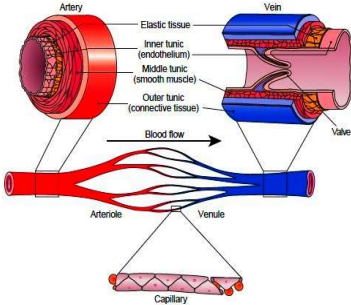
- Arteries (i)
- Veins (i)
- Capillaries (micro-circulation)(i)

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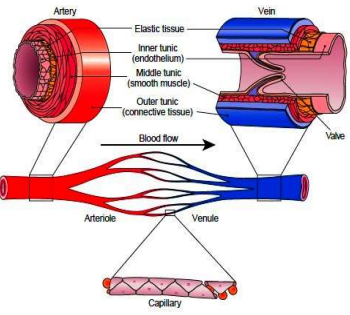
- The **arterial system** takes oxygenated blood, loaded with nutrients to all the organs and tissues of the body
- The **venous system** returns the de-oxygenated blood with the waste products from the tissues (CO₂ and toxins) back to the heart which propels it to the lungs to be re-oxygenated through respiration
- Metabolic and gaseous exchange take place in the capillary system (**micro-circulation**)

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Arteries have a thick elasticated muscle layer and a small lumen to maintain the high pressure of oxygenated blood from the heart. Damage to the lining will decrease arterial flow.

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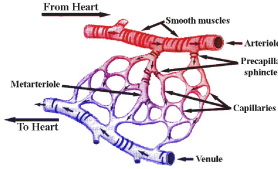
Veins have a thinner muscle layer and a wider lumen creating a lower pressure and valves to stop backflow caused by gravity

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Micro-circulation

- The **arteries** and **veins** are linked by microscopic capillaries, with a diameter of less than 20 microns, where oxygen, carbon dioxide and metabolite exchanges occur (**the micro-circulation**)
- The cutaneous microcirculation is made up of:
 - **Arterioles**
 - **Capillary loops in the dermal papillae**
 - **Collecting veins**

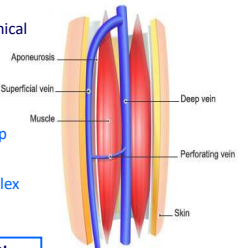


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Anatomy of the Venous System




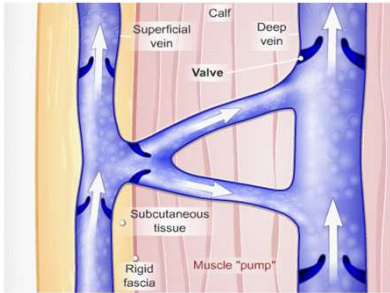
- The **venous system in the lower limbs** is made up of a number of complex anatomical structures including:
 - **The deep venous system**
 - **The superficial venous system**
 - **Perforating veins** which connect the deep and superficial venous system
 - **The veins of the foot** which form a complex network in the sole of the foot



Blood flows from the superficial veins to the deep veins through the perforating veins (1)


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Venous Blood Flow

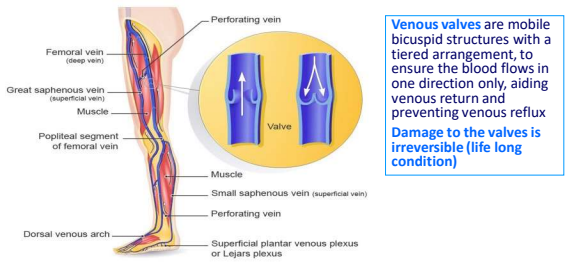



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Veins and valves



Veins have a tubular structure with a thinner, more supple muscle layer than the arteries. They are equipped with flaps to prevent blood flowing back towards the feet due to gravity. These are called **venous valves** (i)




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Physiology of Venous Return

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Venous Resting Pressure



Venous Resting Pressure is:


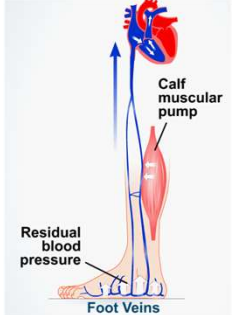
- Dependent on the position and posture of the subject
- Fluctuates mainly as a result of gravity.
- Measured at the ankle and recorded in millimetres of mercury (mmHg)
- Naturally decreases from toe to thigh

In a healthy subject the pressures are:

<p>15mmHg Lying down</p> 	<p>56mmHg Sitting</p> 	<p>85mmHg Standing Still</p> 
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Venous Working Pressure





Venous Working Pressure (i) is the result of the energy supplied by walking:

- The pressure exerted on the sole of the foot during walking ejects blood upwards
- The rhythmical contracting and relaxing of the calf muscles acts like a pump helping to propel the blood from the superficial veins to the deep veins
- Intra-thoracic and abdominal pressures also affect venous return

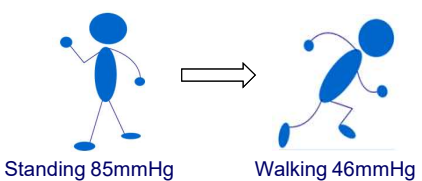
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Venous Working Pressure





The impact of this pump can be observed by measuring the pressure at the ankle:

- Venous pressure at the ankle decreases significantly when walking



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Points for Reflective Learning

- The Circulatory System is made up of:
 - Arteries
 - Veins
 - Capillaries
- Arteries have a thick elastic muscle layer. Damage to the arterial lining will decrease arterial flow
- Veins have a wide lumen with bicuspid valves to aid venous return and stop venous reflux
- Venous resting pressure is dependent on position
- Effective venous return requires an active foot & calf muscle pump to provide a high working pressure & low resting pressure

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Differentiating Leg Ulcers

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Venous Leg Ulcers

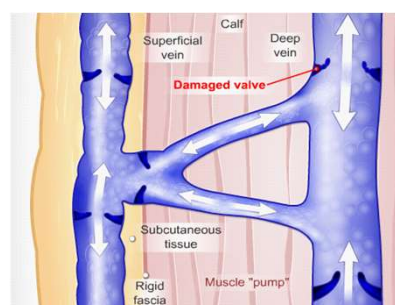
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Chronic Venous Insufficiency

- Normal venous blood flow is characterised by 4 factors:
 - Dynamic blood flow
 - Thoracic & abdominal pressures
 - Active calf muscle pump
 - Functioning valves in the veins
- Chronic Venous Insufficiency is characterised by:
 - Incompetent damaged valves (i) :
 - Venous reflux
 - Venous hypertension
 - Poor venous return
 - Calf muscle pump dysfunction

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Incompetent Venous valves



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Stages of Chronic Venous Insufficiency (CVI)

CVI has 6 stages related to the severity of the clinical signs:

C0: Heavy legs, pruritis



C1: Telangiectasia (Ankle flare)(i)

C2: Varicose veins (dilation of superficial veins)(i)



C3: Oedema (i)

C4: Trophic disorders (atrophie blanche, eczema, lipodermatosclerosis) (i)

C5: Trophic disorders with healed ulcer



C6: Trophic disorders with active ulcer (i)

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Definition

- A venous leg ulcer is the **final stage (C6) of Chronic Venous Insufficiency (CVI)** and is defined as: **"An open lesion between the knee and the ankle joint that remains unhealed for at least four weeks and occurs in the presence of venous disease"** *
- The disease is associated with a continuous cycle of healing and breakdown over decades and is associated with **considerable morbidity and reduced quality of life** *

*(SIGN Guideline 120 – August 2010)

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Predisposing Risk Factors

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- DVT & Post Thrombotic Syndrome
- Orthopaedic Trauma
- Obesity
- Female (Multi-gravidas)
- Age
- Standing Occupation (Nursing, Hairdressing etc)
- Abdominal obstruction (constipation / carcinoma)

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Causes of Leg Ulceration

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Chronic venous hypertension	>70%	
Poor arterial blood supply	10%	
Mixed arterial and venous origin	10%	(Moffatt 2001)

Leg ulcers are becoming more complicated due to a greater number of underlying co-morbidities (i.e. obesity, malnutrition, diabetes, inflammatory conditions), lifestyle and increased longevity

Uncomplicated venous in origin – 43%
Complex multi-factorial ulcers – 35%
 (Moffatt 2004)

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Signs & Symptoms of a Venous Ulcer

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- Occurs between the malleolus & gaiter area
- Highly exuding
- Irregular in shape
- Shallow in depth Generalised oedema
- Haemosiderin staining
- Varicose Eczema
- Lipodermatosclerosis
- Atrophie Blanche
- Ankle Flare
- Pain on dependency (relieved when legs elevated)

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Arterial Leg Ulcers

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Atherosclerosis

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Arterial leg ulcers are caused by Arterial Disease leading to reduced arterial blood supply to the tissues:

Atherosclerosis (i)

- A build up of fatty deposits which form plaques and may lead to the formation of thrombi & emboli
- Reduced blood supply to the tissues results in **ischaemia** (Tissue death)
- Can progress to the formation of an **Arterial Ulcer**

Compression bandaging is contraindicated for arterial leg ulcers


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Atherosclerosis

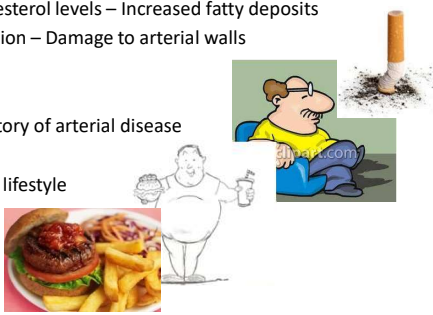
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Predisposing Risk Factors




- High Cholesterol levels – Increased fatty deposits
- Hypertension – Damage to arterial walls
- Smoking
- Diabetes
- Family history of arterial disease
- Male
- Sedentary lifestyle
- Obesity




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Signs & Symptoms of Arterial ulcers




- Mainly occur on the foot
- Localised oedema
- Punched out appearance
- Shiny hairless skin
- Thick hard toe-nails
- Pain at night when leg elevated (relieved by dependency)
- Pain when walking (intermittent claudication)
- Poor pedal pulses




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Mixed Aetiology Leg ulcers





- Due to a **combination** of **Chronic Venous Insufficiency** and **Arterial Disease**
- **Underlying causes**
 - Venous insufficiency
 - Venous hypertension
 - Peripheral arterial disease (PAD)
- **Ankle Brachial Pressure Index (ABPI)**
 - **0.6 – 0.8**
 - Reduced compression therapy of **20mmHg** should be applied due to arterial involvement



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Summary

Signs & symptoms	Arterial Ulcers (A)	Venous Ulcers (V)
Underlying Cause	Arterial Disease / Ischaemia	Chronic venous hypertension
Wound bed appearance	Deep "cliff edge" margins	Shallow irregular margins
Evolution	Rapid onset	Slow / insidious onset
Skin Aspect	Shiny, pale & dusky / Cold to touch / Hair loss / Thickened toenails	Haemosiderin staining / Ankle flare / Warm to touch / Eczema / Atrophie Blanche
Pedal (foot) pulses	Absent or diminished	Present
Location	Extremities: feet & toes	Gaiter region above malleolus
Oedema	Localised / dependent	Generalised & worsens during day
Pain	Ischaemic pain on exercise Pain on leg elevation	Nagging, aching pain Dependent pain – relieved by elevation
Doppler Reading	< 0.6	> 0.8
Associated Medical History	Hypertension / Ischaemic Heart Disease / TIA / RA / CVA	CVI / Varicose veins / Thrombophlebitis / DVT / Post-thrombotic Syndrome
Compression Therapy	No compression should be applied	Application of full compression - 40mmHg at the ankle

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Treatment Options

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Compression history



- Compression bandaging has a history stretching back to the times of ancient Egypt
- Simple woven fabrics were often coated with adhesives, resins & medicaments
- Pierre Dionis (17th Century) recommended rigid lace up stockings for the treatment of leg ulcers
- The first elastic bandages were manufactured mid 19th century
- 1878 - Callender published a letter in The Lancet recommending the use of compression bandages in the management of varicose veins
- **1988 - Development of 4-layer compression bandage system at Charing Cross Hospital based on Stemmer's Theory**



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Compression Definition

- **Compression is defined as the application of external pressure** to minimise or reverse the vascular and skin changes caused by Chronic Venous Disease. **The applied pressure is expressed in millimetres of mercury (mmHg)** (Thomas S. 1998)
- **Bandages may be described & defined in different ways:**
 - according to their performance and compression
 - full or reduced compression / active or passive
 - based on technical specifications
 - Elastic or inelastic / short or long stretch (Moore 2002)
- **Bandage performance will vary according to its properties** and the application technique of the clinician (Lee et al, 2006)

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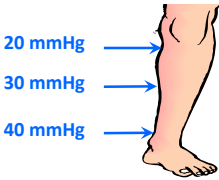
Compression Mode of Action

- **Graduated compression** is clinically proven to be the most important factor when managing Chronic Venous Insufficiency (i)
- **40mmHg** (at the ankle) is the widely accepted therapeutic pressure to heal a Venous leg ulcer (ABPI > 0.8)*
- For patients with an **ABPI 0.6 – 0.8** reduced compression applying **20mmHg** at the ankle is recommended*
- **4 main factors** affect the effectiveness of the applied compression – bandage tension / limb shape / application skill / patient mobility & concordance

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Graduated Compression

- **Graduated compression** aids drainage from the superficial veins, therefore there should be a higher pressure at the ankle than the calf (Dealey C. 2005)
- **Graduated compression** is achieved when the bandages are applied at the **correct stretch & overlap** from the malleolus to the knee (ref: LaPlace's law) (i) according to the manufacturer's instructions




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LaPlace's Law.....

.....is the scientific equation supporting the sub-bandage pressure applied by compression therapy compression bandaging

$$P (40\text{mmHg}) = \frac{T \times N}{C \times W}$$

There are 4 main elements within the equation: Bandage Tension (T) Number of Layers (N) Limb Circumference (C) & Bandage Width (W) Changing any of them will affect the pressure applied



It is important to remember:-
When the circumference (C) of the limb goes up, the pressure (P) comes down!

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Evidence based practice

The Cochrane Collaboration states:

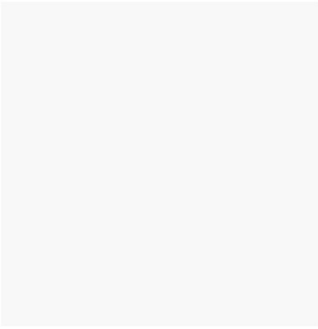
- Applying some compression is better than no compression
- Multi-component bandage systems are more effective than single component systems
- These systems appear to perform better when one part is an elastic bandage

O'Meara et al 2009

O'Meara S, Teirney J, Cullum N et al (2009) Systematic review and meta-analysis of randomised controlled trials with data from individual patients. BMJ: 338(7702)1054-57

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Functions of compression bandages



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Functions of compression bandages

External application of compression bandages impact on the haemodynamic and lymphatic functions of the lower limb (i)

- **Reduces vein diameter** - improves valve function
- **Reduces venous reflux** - Increases blood flow and venous return
- **Reduces oedema** - improves the re-absorption of interstitial fluid
- **Significantly improves the venous pump** - calf muscle and foot
- **Accelerates blood flow** - Reduces risk of stasis
- **Improves lymphatic function** - Reduces oedema
- **Improves skin condition** - Reduces friability / risk of ulcer

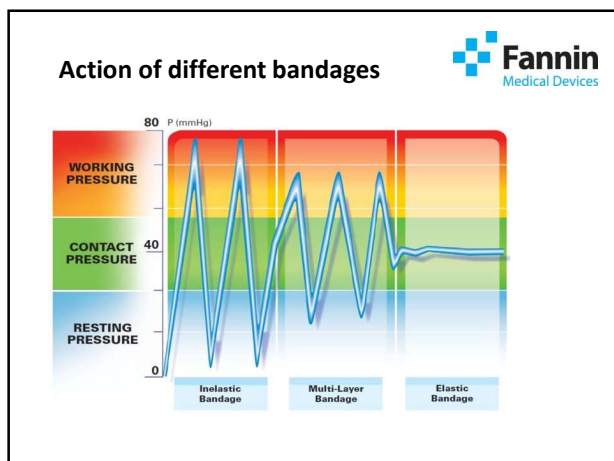
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Compression Bandage Types

Compression bandages can be categorised and work in different ways: (i)

- **Long Stretch Bandages (LSB)**
 - Elastic
 - Maintain pressure even when patient at rest
 - Low SSI <10
 - Particularly indicated for immobile patients as “squeezes” the leg
- **Short Stretch Bandages (SSB)**
 - Inelastic
 - Pressure rapidly dissipates
 - High SSI >10
 - Dependent on calf muscle activity pressing against the bandage
- **Multi-layer Bandages (MLB)**
 - Original compression bandage system
 - Uses a combination of elastic and inelastic bandages
 - Maintains a medium resting pressure
 - Gives sustained graduated compression up to 7 days

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Bandage Terminology

Bandage Term	Definition
Elastic	Stretchable / Extensible
Inelastic	Minimal or no stretch / extensibility
Passive Compression	Works by resistance against the calf muscle, giving a high working pressure low resting pressure
Active compression	“Squeezing” action of elastic bandage which maintains the resting pressure
Short-stretch	Extensibility of bandage 40 - 90% (provides passive compression)
Long-stretch	Extensibility of bandage 90 – 140% (provides active compression)

Terms used to describe compression therapy
(Woffatt 2007)

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Working and resting pressures

Working Pressure

- When the muscle pump is active it **presses against the bandage**
- The **resistance** of the bandage ‘presses back’
- This creates a **working pressure**
- An **inelastic (short-stretch) bandage** with no ‘give’ **donates a high working pressure**

Resting Pressure

- When the muscle pump relaxes it is **not pressing against the bandages**
- There is **no resistance** from the bandages
- This creates a resting pressure
- **Elastic (long stretch) bandages** maintain a **constant pressure** by ‘squeezing’ the muscle


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Compression Summary

- **Compression bandaging is essential** to correct the effects of venous hypertension and damaged valves caused by Chronic Venous Insufficiency
- **LaPlace’s law states that as the circumference of the limb increases from ankle to knee, the bandage pressure will decrease**, creating a negative graduated pressure (40, 30, 20 mmHg)
- Dependent on their elasticity and extensibility **bandages provide either passive or active pressure**

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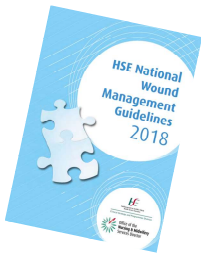
What about the wound?



- Manage underlying cause through compression
- Assess/ Treat wounds as a normal wound
- Tissue
- Infection
- Moisture
- Edges

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Document

- B - Bed
- E - Exudate
- S - Site
- S - Size
- S - Surrounding Skin
- O - Odour
- P - Pain


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Remember!



- A leg ulcer is defined as a defect in the dermis located on the lower leg. Leg ulcers are not a disease entity but rather a symptom of an underlying disease. (Lauchli et al., 2013)
- Every patient presenting with a leg ulcer must be assessed by a clinician educated and trained in leg ulcer assessment to identify the underlying disease and to identify the local factors that may impair wound healing (Andriessen et al., 2017)

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- Questions?



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UrgoKTwo
MULTICOMPONENT SYSTEM
COMFORTABLE,
CONTINUOUS COMPRESSION

URGO MEDICAL
Making people's lives better

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Patient Experience

- [Roland's Story – YouTube](#)
- <https://www.youtube.com/watch?v=5NJ0ggah84U>

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SHORT-STRETCH SYSTEMS
INELASTIC

- ✓ High pressure when active
- ✓ Massage effect
- ✗ Low pressure at rest
- ✗ Slips down the leg

e.g. Actico, Coban, *Wraps

LONG-STRETCH SYSTEMS
ELASTIC

- ✓ Constant pressure
- ✓ Adjusts to limb as it reduces
- ✗ Uncomfortable at night
- ✗ Bulky (four-layers)

e.g. Profore, *Hosiery Kits

***IMPORTANT**

If you are considering an alternative compression system to support 'self-care' it is important to take into account the mode of action and patient suitability before making a decision.
Remember: Healing must always be the priority

When these systems are used in isolation, comfortable, continuous compression is hard to achieve

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WITH UrgoKTwo
YOU GET THE BEST OF BOTH WORLDS

MULTICOMPONENT SYSTEM
combines the benefits of a short-stretch & a long-stretch bandage

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- Guarantees reliable continuous compression; effective for mobile and immobile patients ^(1,3)
- Effectively reduces oedema & stays in place for up to 7 days ⁽¹⁾
- Ensures high patient comfort day & night ⁽²⁾
- Ensures easy, accurate application due to presSURE system ⁽⁴⁾

UrgoKTwo

1 Judge M. Comparison of surface pressures of three compression bandaging systems, 2007.
2 Sengul M, Livanic S, Papan P et al. Comparison of surface pressures of three compression bandaging systems used in healthy individuals. J Wound Care, 2019.
3 European Wound Management Association (EWMA). Management of Patients with Venous Leg Ulcers: Challenges and Current Best Practice (multicomponent system). J Wound Care, 2016.
4 Kwon H, Kim H, et al. A comparison of surface pressures of three compression bandage systems, 2006.

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UrgoKTwo GIVES YOU THE BEST OF BOTH WORLDS

SHORT-STRETCH BANDAGE

K-TECH
Provides 80% of pressure
High pressure when active
Massage effect
Absorbent

LONG-STRETCH BANDAGE

K-PRESS
Provides 20% of pressure
Moderate pressure at rest
Keeps system in place for up to 7 days¹

DID YOU KNOW?
Unlike UrgoKTwo just because a compression system has 'two-layers' it doesn't mean that both layers apply continuous compression.

Protect vulnerable areas and re-shape irregular-shaped limbs with K-Soft prior to applying UrgoKTwo

1 Judge M. Comparison of surface pressures of three compression bandaging systems, 2007.

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UrgoKTwo EFFECTIVELY REDUCES OEDEMA AND STAYS IN PLACE FOR UP TO 7 DAYS

LAYER 1
K-TECH, the short-stretch bandage, effectively reduces oedema with massage effect

LAYER 2
K-PRESS, the long-stretch bandage adjusts to the limb as the oedema reduces

REDUCES OEDEMA

With short stretch systems slippage may occur as oedema reduces. If the patient is in a system such as a 'wrap' a new size may be required resulting in additional costs.

Bergin J. Efficacy, safety and acceptability of a new two-layer bandage system for venous leg ulcers. JWC, 2014.

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UrgoKTwo GUARANTEES COMFORTABLE, CONTINUOUS COMPRESSION

UrgoKTwo is effective for patients when active or at rest

LEG ULCERS DON'T TAKE THE NIGHT OFF SO WHY WOULD COMPRESSION?
Most Self-Care systems are not worn at night or for significant periods through the day.
How does this affect healing?

Young T et al. UrgoKTwo Compression bandage system made easy. Wounds Int, 2015.

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UrgoKTWO ENSURES PATIENT COMFORT DAY & NIGHT

PROMOTING CONCORDANCE

95% of patients found UrgoKTWO comfortable during the day

92% of patients found UrgoKTWO comfortable during the night

Benign J. Efficacy, safety and acceptability of a new two-layer bandage system for venous leg ulcers. JWC 2014

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UrgoKTWO ENSURES EASY, SAFE, ACCURATE APPLICATION

BUILDING CLINICIAN CONFIDENCE

85% of nurses achieved recommended pressure on their first application of UrgoKTWO

I can be confident when applying UrgoKTWO as the Pressure indicators give me peace of mind. I know that I am giving my patient safe, accurate compression every time.

Harber B. et al. A comparison of midfoot pressures of three compression systems. JWC 2009

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UrgoKTWO IS SUPPORTED BY THE HIGHEST LEVEL OF EVIDENCE

UrgoKTWO
A multicomponent system combining short-stretch and long-stretch bandages is: More effective than those composed mainly of short-stretch constituents

Leg Ulcer Algorithm Best Practice Statement

O'Hearn S. et al. Compression for venous leg ulcers (Review). 2002

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IS URGOKTWO SUITABLE FOR OEDEMATOUS LIMBS? **YES** The first layer, K-Tech is a white short-stretch bandage, which provides 80% of the pressure. The high working pressure & massage effect reduce oedema.

DOES URGOKTWO STAY IN PLACE ONCE THE OEDEMA REDUCES? **YES** K-Press the cohesive, long-stretch bandage, adjusts to the limb as the oedema reduces. UrgoKTWO has significantly lower slippage than short-stretch alternatives.

CAN I BANDAGE THE FULL LEG WITH URGOKTWO? **YES** UrgoKTWO comes in 8, 10 and 12cm bandage widths to accommodate full leg bandaging.

CAN I APPLY COMPRESSION TO THE FOOT, WITH URGOKTWO? **YES** UrgoKTWO can be applied to the foot, subject to clinical judgment. Apply with one or two turns around the foot, with moderate stretch, depending on vascular status, foot shape and presence of oedema.

Benign J. Efficacy, safety and acceptability of a new two-layer bandage system for venous leg ulcers. JWC 2014
Unger M. Comparison of limb care products of three compression bandage systems. 2002

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UrgoKTWO EFFECTIVELY REDUCES OEDEMA

VENOUS OEDEMA Swelling due to venous hypertension

LYMPHOVENOUS OEDEMA Swelling due to combined venous hypertension and lymphatic congestion

SECONDARY LYMPHOEDEMA Swelling due to severe congestion/failure of lymphatic drainage

SECONDARY LYMPHOEDEMA Reverse misshapen limbs, large skin folds, severe skin changes

UrgoKTWO

SHORT-STRETCH SYSTEM (Other than UrgoKTWO)

DISEASE PROGRESSION

Regular shaped limb

UrgoKTWO

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UrgoKTWO ENSURES EASY, SAFE, ACCURATE APPLICATION IN 3 STEPS

RESHAPE IRREGULAR SHAPED LIMBS AND PROTECT BONEY PROMINENCES WITH K-SOFT

- MEASURE THE ANKLE & CHOOSE THE CORRECT KIT**
18-25 cm / 25-32 cm
- ACHIEVE CORRECT STRETCH WITH PRESSURE INDICATORS**
- ACHIEVE CORRECT OVERLAP**

DID YOU KNOW? UrgoKTWO can be used for ankle circumferences greater than 32cm

*When applied to ankle circumference greater than 32cm pressure could be >40mmHg

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URGO MEDICAL SUPPORTS EVERY PATIENT






UrgoKTWO
40mmHg
venous leg ulcers

UrgoKTWO Reduced
20mmHg
mixed aetiology leg ulcers or those intolerant to higher compression

ALSO AVAILABLE IN LATEX-FREE
LICENSED FOR OEDEMA AND LYMPHOEDEMA


Altipress 40
LEG ULCER KIT & LINERS

COST EFFECTIVE

MADE IN BRITAIN

FAST DELIVERY

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Return to Healing with UrgoKTWO

SIMPLE Guarantee comfortable, continuous compression day and night!
UrgoKTWO stays in place for up to 7 days meaning your patient will receive 24/7 compression between visits.

SAFE UrgoKTWO ensures easy, safe, accurate application thanks to the unique built in PresSure indicators.

EFFECTIVE UrgoKTWO guarantees reliable continuous compression; effective for both mobile & immobile patients thanks to its unique multicomponent design.
95% of patients found UrgoKTWO comfortable during the day & 92% at night - promoting concordance!

Cochrane

URGO MEDICAL
HEALTH CARE

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Application

- [HOW TO APPLY URGOKTWO - COMPRESSION FOR LEG ULCERS – YouTube](#)
- <https://www.youtube.com/watch?v=WjRqMOzqV4>

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Q&A

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