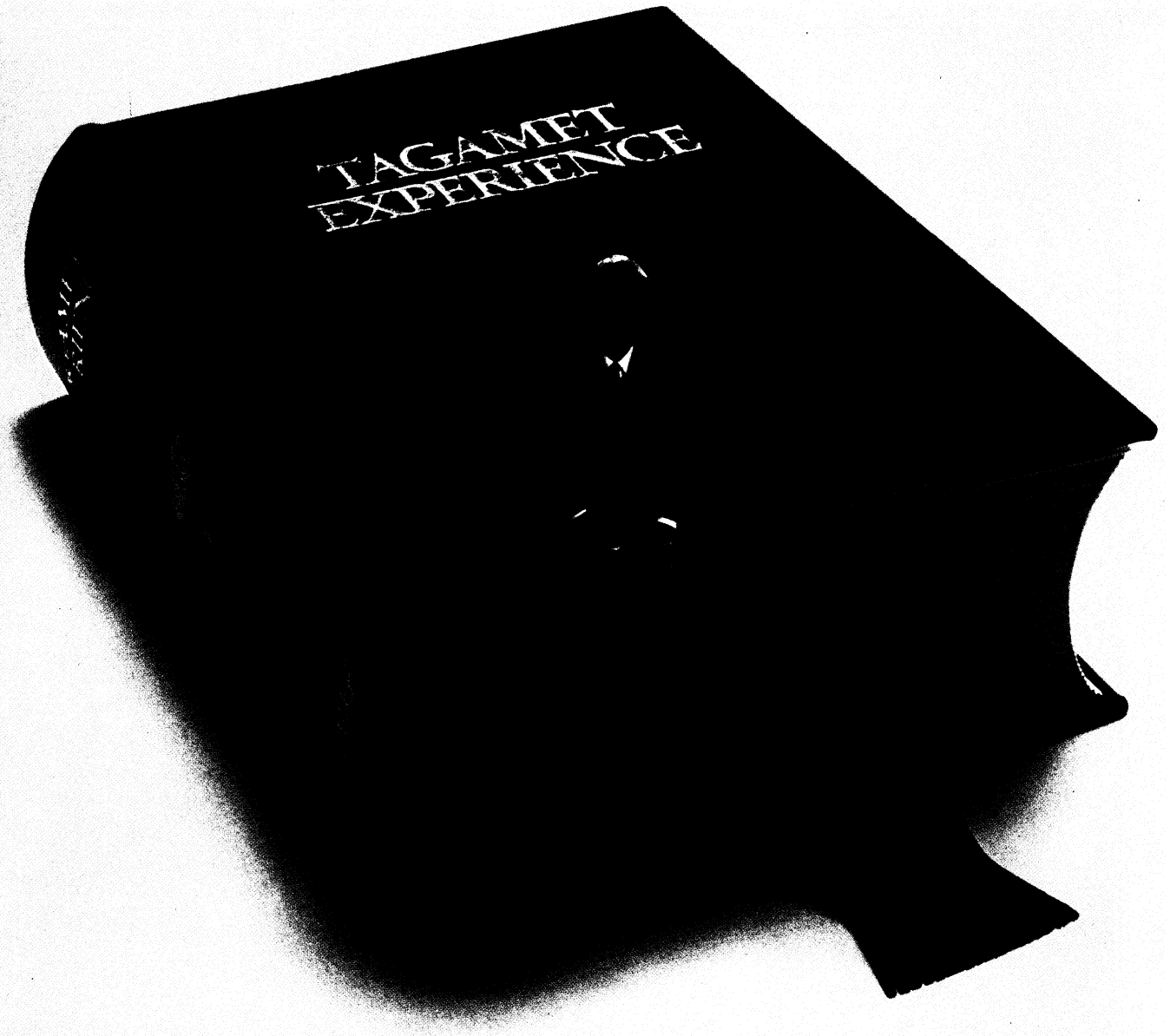


Confident prescribing demands a solid basis

Your decision to prescribe 'Tagamet' is supported by more than just highly effective therapy. Since its introduction in 1976 'Tagamet' has generated more experience than most other standard therapies.

Your patient is probably not concerned that he is just one of an estimated 15,000,000 who have now been treated with 'Tagamet' worldwide; that the use of 'Tagamet' is being systematically monitored on a scale probably larger than that of any other drug; nor that nearly 4,000 publications reflect the status of 'Tagamet' as one of the most widely studied drugs in medical history.

All of these facts determine your confidence when you decide to prescribe 'Tagamet'.

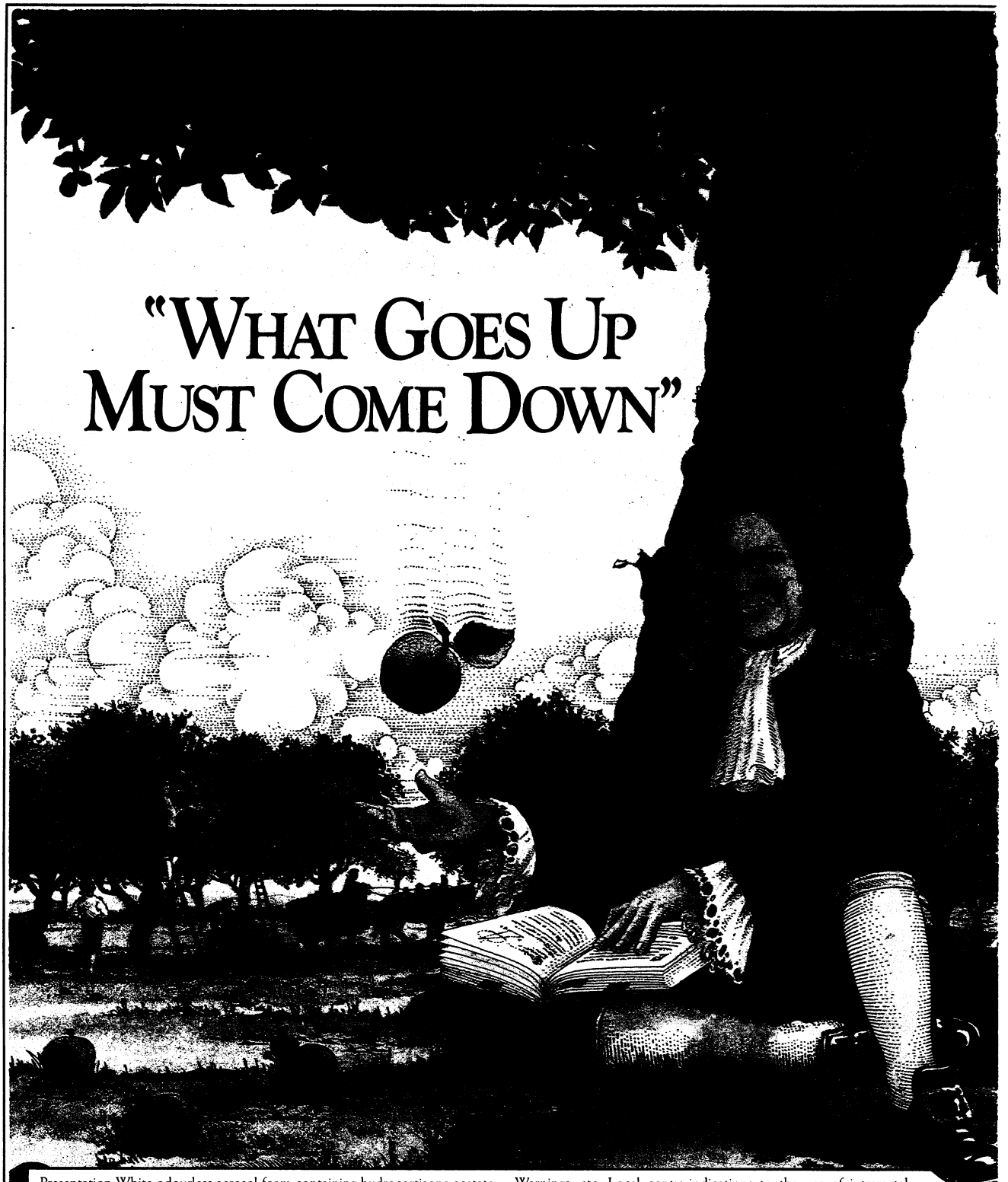
Your patient's concern is simply that it works.

Tagamet
cimetidine

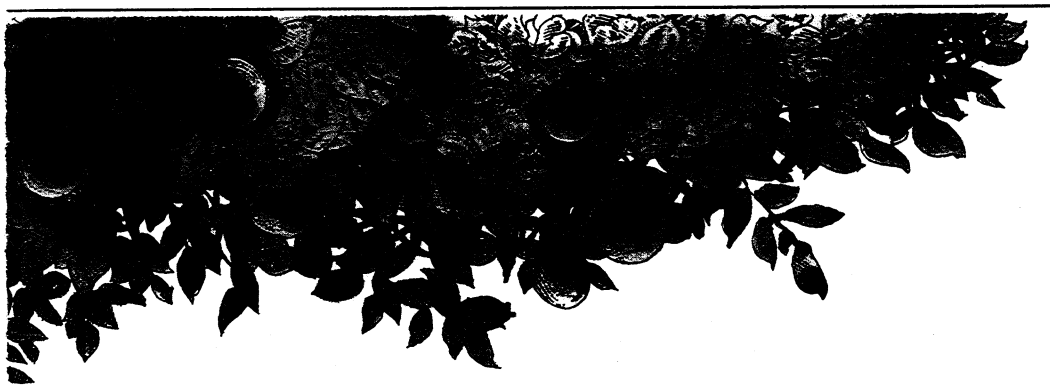
puts you in control of gastric acid

Prescribing Information
Presentation 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine. 112 (treatment pack), £16.30; 500, £72.75. 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 200 ml, £7.86.
Indications Duodenal ulcer, benign gastric ulcer, reflux oesophagitis.
Dosage Duodenal ulcer: Adults, 400 mg b.d., with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks (for full instructions see Data Sheet). To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer: Adults, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks (for full instructions see Data Sheet). Reflux oesophagitis: Adults, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks.
Cautions Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants and phenytoin (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation.
Adverse reactions Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis.
Legal category POM. 1:2:82.

SK&F a SmithKline company
Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY.
TG:AD1161/2



Presentation White odourless aerosol foam containing hydrocortisone acetate 10%. Uses Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis. Dosage and administration One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed in each pack). Satisfactory response usually occurs within five to seven days. Contra-indications and Warnings, etc. Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas. General precautions common to all corticosteroid therapy should be observed during treatment with 'Colifoam.' Treatment should be administered with caution in patients with severe ulcerative diseases because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. Pharmaceutical



WRONG.

Isaac Newton got it wrong. At least as far as COLIFOAM is concerned.

In a comparative trial (Ruddell WSJ et al. Gut 1980; 21:885) involving 30 patients with distal colitis: "Eight patients in the enema group reported difficulty in retaining the treatment, whereas none of the 15 patients receiving the foam [COLIFOAM] experienced any difficulty,..."

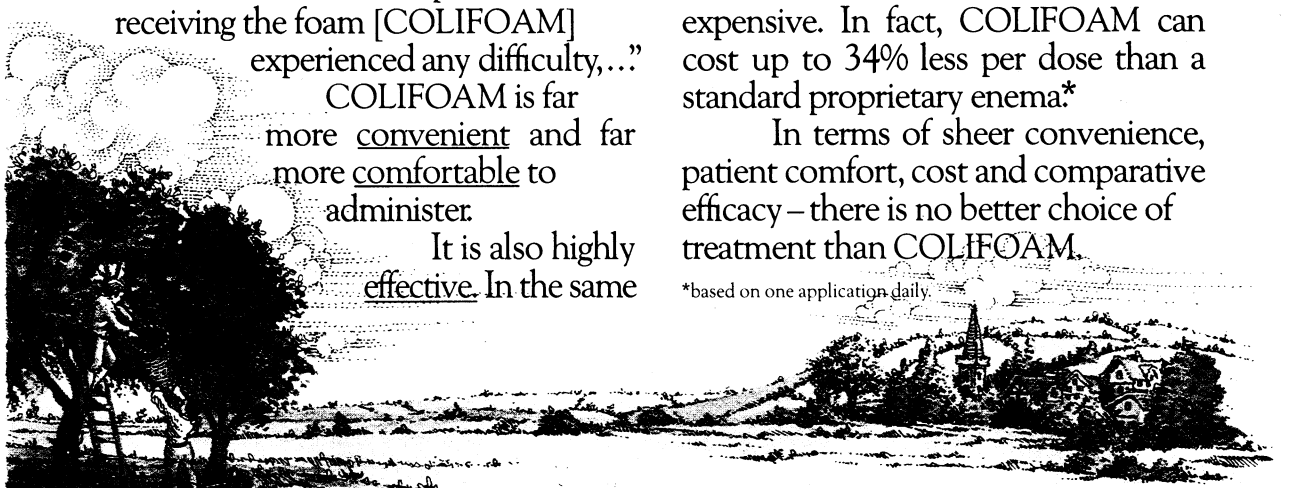
COLIFOAM is far more convenient and far more comfortable to administer.

It is also highly effective. In the same trial, COLIFOAM was shown to provide a slightly better objective improvement. The patients themselves reported an extremely significant preference ($p.<0.05$) for the modern COLIFOAM treatment.

Surprisingly, these superior benefits do not mean that it is more expensive. In fact, COLIFOAM can cost up to 34% less per dose than a standard proprietary enema.*

In terms of sheer convenience, patient comfort, cost and comparative efficacy – there is no better choice of treatment than COLIFOAM.

*based on one application daily.



Colifoam

hydrocortisone acetate foam.

A CHANGE FOR THE BETTER IN DISTAL INFLAMMATORY BOWEL DISEASE.

precautions Do not refrigerate, incinerate or puncture the aerosol can. Shake vigorously before use. Keep out of reach of children. Package quantities Aerosol canister containing 20g. (14 applications) plus a plastic applicator and illustrated leaflet. One applicatorful of 'Colifoam' provides a dose of approximately 90–110mg. of hydrocortisone acetate, similar to that used in a retention enema for the treatment of ulcerative colitis, sigmoiditis and proctitis.

Product licence no. 0036/0021.
Basic NHS Cost 20g (14 applications) plus applicator, £7.58.
Further information is available on request.
Stafford-Miller Ltd.,
Professional Relations Division,
Hatfield, Herts. AL10 0NZ.

"I feel I'm so full I could burst! With this overblown stomach I'm cursed." The Doctor smiled sweetly, Then murmured discreetly, "Well, we'd better try Maxolon first."

For relief from heartburn and flatulence

Maxolon

metoclopramide

PRESCRIBING INFORMATION

Indications
Dyspepsia, heartburn and flatulence associated with the following conditions e.g. Reflux oesophagitis. Gastritis. Hiatus hernia. Peptic ulcer. Nausea and vomiting associated with e.g. Gastro-intestinal disorders.

Adult dosage (Oral, IM or IV)
Total daily dosage of Maxolon especially for children and young adults should not normally exceed 0.5mg/kg body-weight.
Adults 10mg 3 times a day.
Young adults (15-20 years) 5-10mg 3 times a day commencing at the lower dosage.

For dosage in children please consult Data Sheet.

Side-effects and Precautions
There are no absolute contra-indications to the use of Maxolon.
If vomiting persists the patient should be re-assessed to exclude the possibility of an underlying disorder, eg. cerebral irritation.
Various extra-pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5mg/kg body-weight are administered. The majority of reactions occur within 36 hours of starting treatment and the effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug or a benzodiazepine may be used. Since extra-pyramidal symptoms may occur with both Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.
Raised serum prolactin levels have been observed during metoclopramide therapy: this effect is similar to that noted with many other compounds.
Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics.
Although animal tests in several mammalian species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis Maxolon therapy should be withheld for three or four days as vigorous muscular contractions may not help healing.

Availability and NHS Prices
Tablets 10mg (£8.50 for 100).
Syrup 5mg/5ml (£2.92 for 200ml).
Ampoules for injection 10mg (£2.34 for 10).
A paediatric liquid presentation is also available.
Prices correct at May 1982.

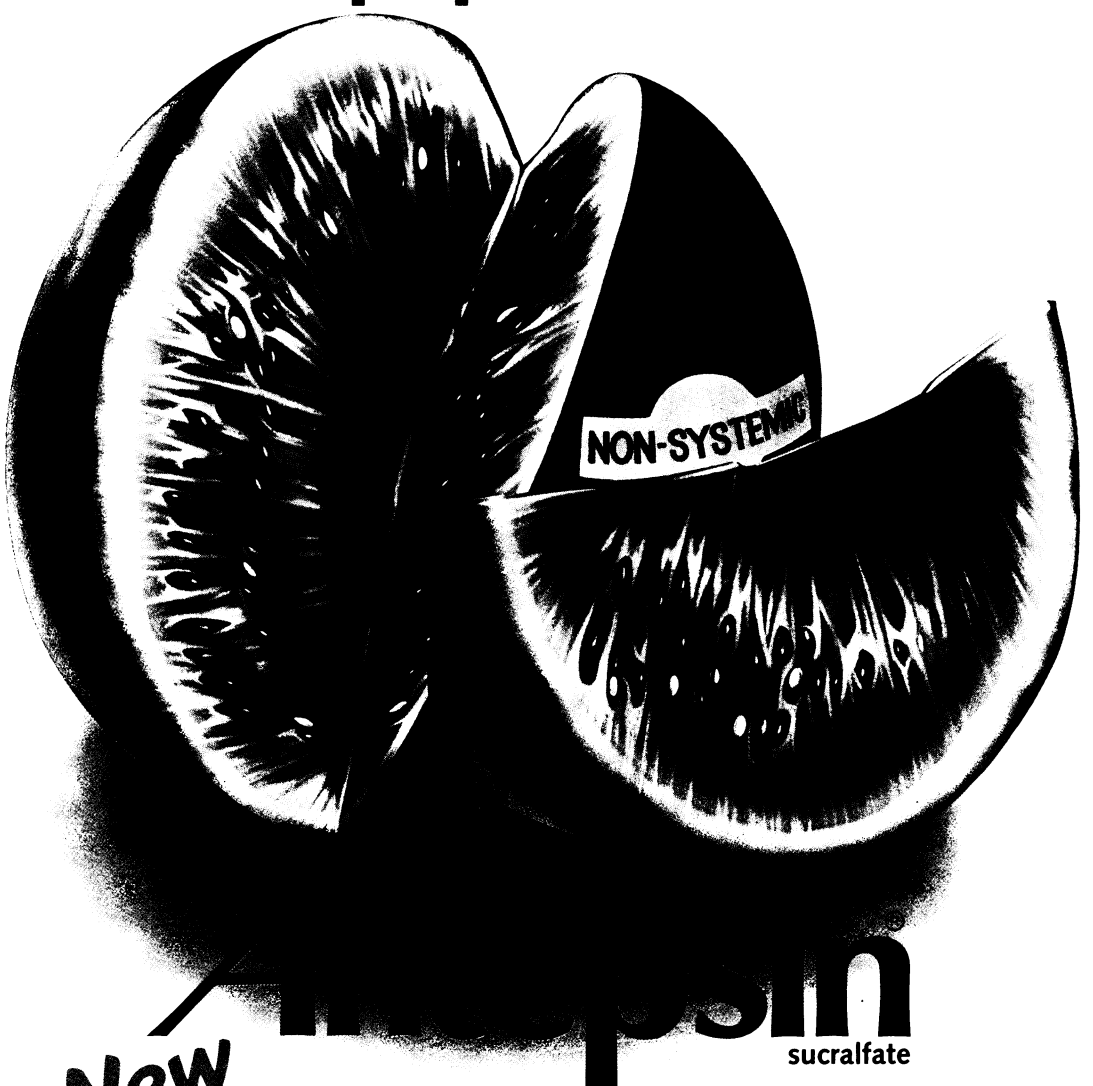
Further information is available on request to the company.

Beecham Research Laboratories
Brentford, England.
Maxolon and the BRL logo are trade marks.

PL 0038/0095 0098 5040 5041.

BRL 4026R

A fresh approach to peptic ulcers



sucralfate

New non-systemic ulcer healer

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. **Uses** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration** For oral administration. *Adults* – Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required for relief of pain. **Contra-Indications, Precautions, Warnings, etc.** *Contra-Indications* There are no known contra-indications. *Precautions* 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. **Side Effects** A low incidence of mild side effects, e.g. constipation, has been reported. **Legal Category** POM. **Package Quantities** Antepsin 1 gram – Securitainers of 100. **Pharmaceutical Precautions** No special requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045. PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p

* ANTEPSIN is a registered Trade Mark

Further information is available on request to the Company.

Ayerst International

Ayerst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT.
Telephone: 0264 58711.
Distributors in Ireland: Ayerst Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.

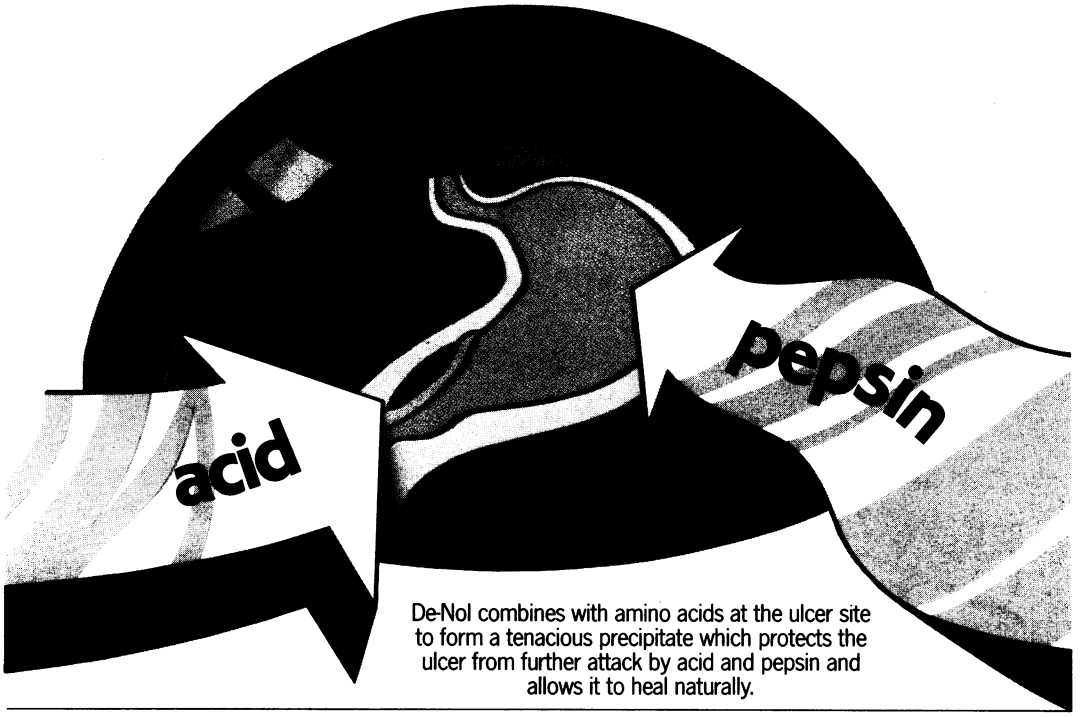
TPS/001/ACE2070-CBA-Antepsin Ad-8238-16 4.82-17-A

DE-NOL®

Tri-potassium di-citrato bismuthate (colloidal bismuth subcitrate)

protects longer

In both gastric and duodenal ulcer, De-Nol is just as effective as cimetidine,[1-4] has a non-systemic mode of action and has a lower relapse rate in duodenal ulcer.[1]



De-Nol combines with amino acids at the ulcer site to form a tenacious precipitate which protects the ulcer from further attack by acid and pepsin and allows it to heal naturally.

References: 1. Martin et al, Lancet **1**, 7-10(1981). 2. Kang et al, Aust.N.Z.Med. **10**, 111(1980). 3. Cowen et al, Aust.N.Z.Med. **10**, 364(1980). 4. Tanner et al, Med.J.Aust. **1**, 1-2(1979).

Prescribing Information De-Nol contains 120mg tri-potassium di-citrato bismuthate (as Bi_2O_3) per 5ml. For the treatment of gastric and duodenal ulcers. Oral administration, usually 5ml diluted with 15ml water four times a day on an empty stomach, half an hour before each of the three main meals and two hours after the last meal of the day. Contra-indicated on theoretical grounds in cases of severe renal insufficiency and in pregnancy. De-Nol may inhibit the efficacy of orally administered tetracyclines. Blackening of the stool can occur and darkening of the tongue has been reported. 28 day (560ml) treatment pack £10.19. P/L No. 0166/5204.

Brocades Great Britain Limited Brocades House, Pyrford Road, West Byfleet, Surrey.

Prescribing Information

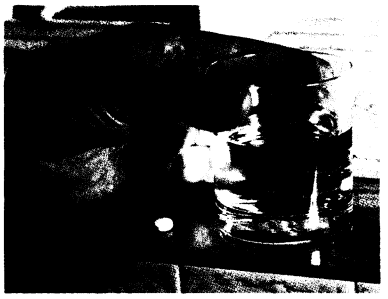
NEW Zantac

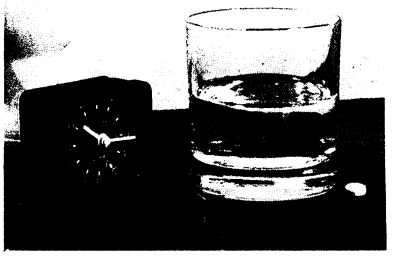
RANITIDINE

Uses

Indications: Zantac Tablets are indicated for the treatment of duodenal ulcer, benign gastric ulcer, post-operative ulcer, reflux oesophagitis and the Zollinger-Ellison syndrome.

Mode of action: Zantac is a highly effective, rapidly acting histamine H_2-antagonist. It inhibits basal and stimulated secretion of gastric acid, reducing both the volume and the acid and pepsin content of the secretion. Zantac has a relatively long duration of action and so a single dose effectively suppresses gastric acid secretion for twelve hours.





Dosage and administration

Adults: The usual dosage is one 150 mg tablet twice daily, taken in the morning and before retiring. It is not necessary to time the dose in relation to meals. In most cases of duodenal ulcer, benign gastric ulcer and post-operative ulcer, healing occurs in four weeks. In the small number of patients whose ulcers have not fully healed, healing usually occurs after a further course of treatment. Maintenance treatment at a reduced dosage of one 150 mg tablet at bedtime is recommended for patients who have responded to short-term therapy, particularly those with a history of recurrent ulcer.

In the management of reflux oesophagitis, the recommended course of treatment is one 150 mg tablet twice daily for up to 8 weeks.

In patients with Zollinger-Ellison syndrome, the starting dose is 150 mg three times daily and this may be increased, as necessary, to 900 mg per day.

Children: Experience with Zantac Tablets in children is limited and such use has not been fully evaluated in clinical studies. It has, however, been used successfully in children aged 8-18 years in doses up to 150 mg twice daily without adverse effect.

Contra-indications

There are no known contra-indications to the use of Zantac Tablets.

Precautions

Treatment with a histamine H_2-antagonist may mask symptoms associated with carcinoma of the stomach and may therefore delay diagnosis of the condition.

Accordingly, where gastric ulcer is suspected the possibility of malignancy should be excluded before therapy with Zantac Tablets is instituted.

Ranitidine is excreted via the kidney and so plasma levels of the drug are increased and prolonged in patients with severe renal failure. Accordingly, it is recommended that the therapeutic regimen for Zantac in such patients be 150 mg at night for 4 to 8 weeks. The same dose should be used for maintenance treatment should this be deemed necessary. If an ulcer has not healed after treatment for 4 to 8 weeks and the condition of the patient requires it, the standard dosage regimen of 150 mg twice daily should be instituted, followed, if need be, by maintenance treatment at 150 mg. at night.

Although the incidence of adverse reactions in clinical trials of one year's duration and longer has been very low and no serious side effects have been reported with Zantac treatment, care should be taken to carry out periodic examinations of patients on prolonged maintenance treatment with the drug as a safeguard against the occurrence of unforeseeable consequences of drug treatment.

Like other drugs, Zantac should be used during pregnancy and nursing only if strictly necessary. Zantac is secreted in breast milk in lactating mothers but the clinical significance of this has not been fully evaluated.

Side effects

No serious adverse effects have been reported to date in patients treated with Zantac Tablets. There has been no clinically significant interference with endocrine, gonadal or liver function, nor has the drug adversely affected the central nervous system even in elderly patients.

Further information

Drug interactions: Ranitidine does not inhibit the cytochrome P450-linked mixed function oxygenase enzyme system in the liver and therefore does not interfere with the effects of the many drugs which are metabolised by this enzyme system. For example, there is no interaction with warfarin or diazepam.

Pharmacokinetics: Absorption of ranitidine after oral administration is rapid and peak plasma concentrations are usually achieved within two hours of administration. Absorption is not impaired by food or antacids. The elimination half-life of ranitidine is approximately two hours. Ranitidine is excreted via the kidneys mainly as the free drug and in minor amounts as metabolites. Its major metabolite is an N-oxide and there are smaller quantities of S-oxide and desmethyl ranitidine. The 24-hour urinary recovery of free ranitidine and its metabolites is about 40% with orally administered drug.

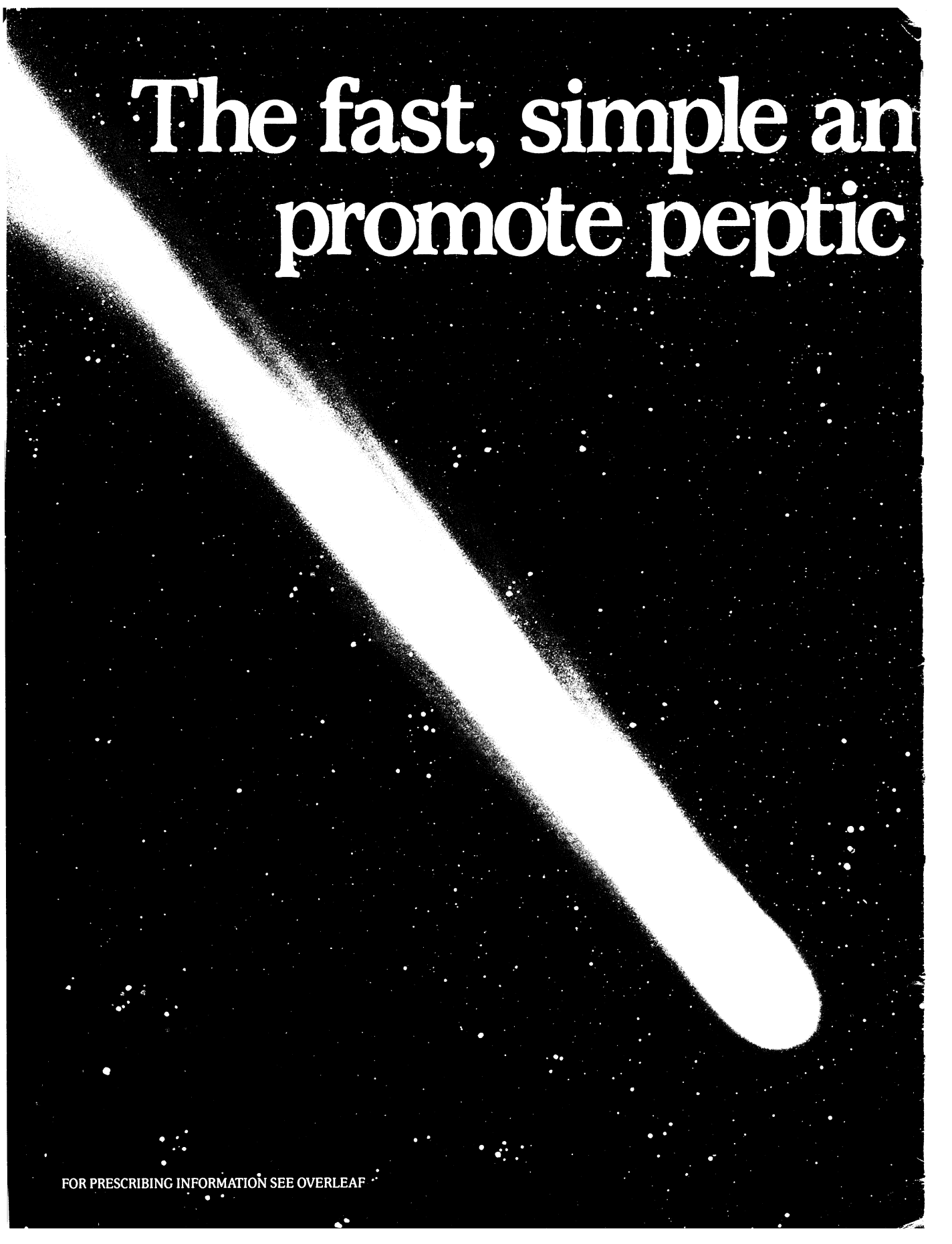
Use in renal transplants: Zantac has been used without adverse effect in patients with renal transplants.

Product licence number 0004/0279

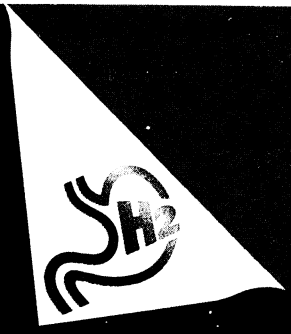
Basic NHS cost (exclusive of VAT) 60 tablets £27.43.

References: 1. Data on file, Glaxo Group Research. 2. Bories, P. *et al.*, Lancet 1980; 2 (8197):755. 3. Peden, N.R. *et al.*, Acta Endocrinologica 1981; 96:564-568. 4. Nelis, G.F. and Van de Meene, J.G.C., Postgrad. Med.J. 1980; 56:478-480. 5. Henry, D.A. *et al.*, Br.Med.J. 1980; 2:775-777.

Glaxo Glaxo Laboratories Ltd., Greenford, Middlesex UB6 0HE.


The fast, simple an
promote peptic
FOR PRESCRIBING INFORMATION SEE OVERLEAF

d specific way to ulcer healing



80% ulcers healed in one month[1]

Rapid relief of pain, rapid healing of the ulcer.

No dosage simpler in peptic ulcer treatment

Specifically developed as b.d. treatment.

The benefits of highly specific H_2 blockade

Zantac treatment has not been shown to affect the central nervous system,[1,2] to exert anti-androgenic effects,[3,4] or to cause drug interaction.[5]

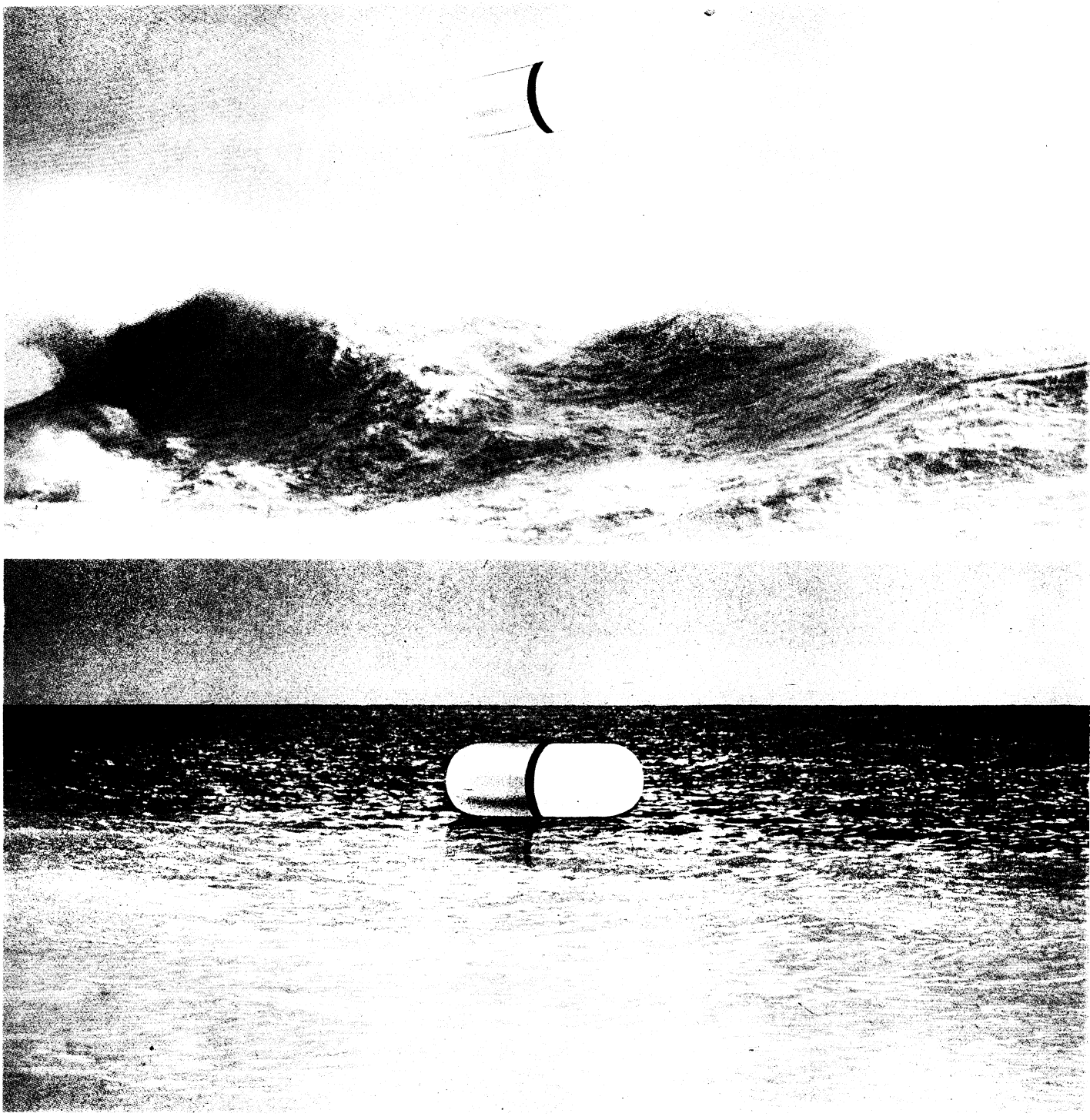
NEW

Zantac

RANITIDINE

A British advance from Glaxo

FOR PRESCRIBING INFORMATION SEE OVERLEAF



COLPERMIN CALMS THE IRRITABLE BOWEL

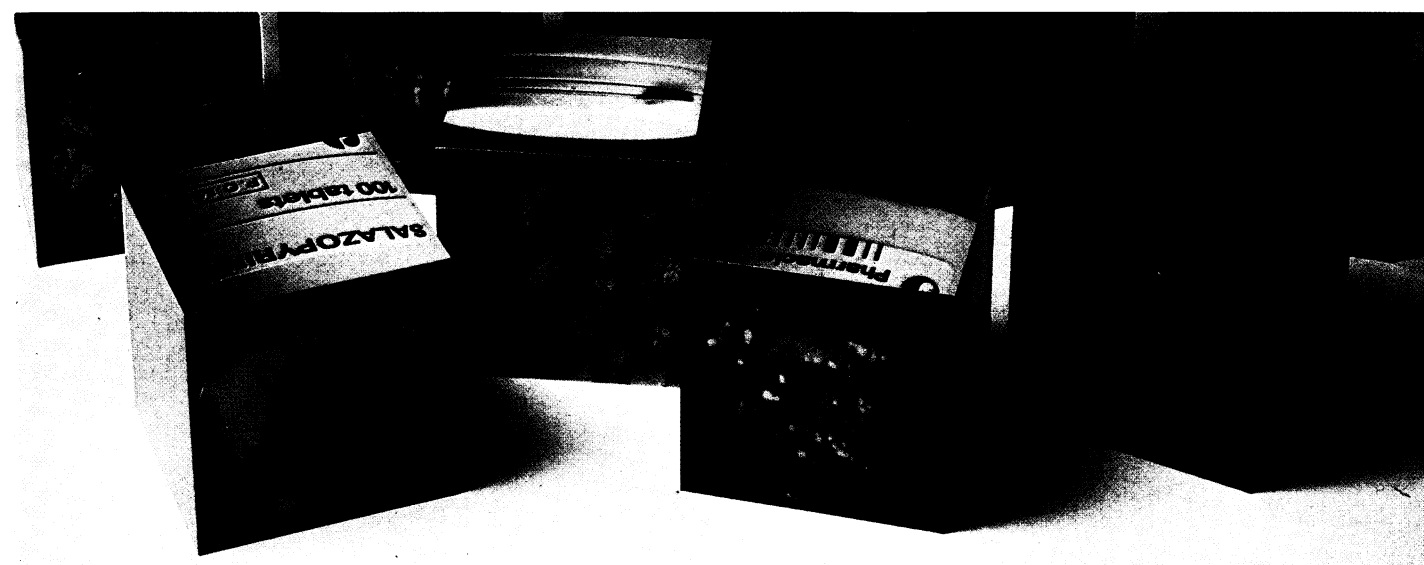
enteric-coated peppermint oil

Now for the first time, the well-proven therapeutic agent peppermint oil, can be delivered direct to the colon.

Colpermin, a newly developed enteric-coated capsule, delivers the oil precisely where it is needed. This provides an improved, rapid, and highly effective method of relieving spasmodic pain, distension and disturbed bowel habit - the dominant symptoms of the irritable bowel syndrome.

Presentation: Enteric coated gelatine capsule. Each contains 0.2 ml standardised peppermint oil B.P. Ph. Eur. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should *not* be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe. The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years. **Contraindications, Warnings, etc. Precautions:** The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. **Adverse effects:** Heartburn, sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. **Product Licence:** PL 0424/0009. **Basic NHS Cost:** £10.00 per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories, Henlow Trading Estate, Henlow, Beds.

Tillotts LABORATORIES



The many faces of Crohn's disease. And one face of its treatment.

Salazopyrin has long been established as standard treatment for ulcerative colitis and there is now further evidence to support its use as a first-line therapy for active Crohn's disease.

Now a double-blind study[1] has shown that 62% of Salazopyrin-treated patients responded favourably (at least 25% reduction in Crohn's disease activity) compared with only 8% of patients given placebo.

This supports the findings of a major study[2] in the USA, the NCCDS* involving some 569 patients, which compared Salazopyrin with azathioprine and prednisone both as short-term treatments to suppress acute disease and as long-term prophylactics against relapse. For active disease both Salazopyrin and prednisone were superior to placebo and in patients not previously treated with drugs or surgery, only Salazopyrin was superior to placebo.

Salazopyrin was also by far the least toxic of the drugs tested, which "...together with evidence of its usefulness, particularly for control of disease involving the colon, indicates sulphasalazine as the drug of choice for initial therapy of such patients."

*National Cooperative Crohn's Disease Study.

SALAZOPYRIN

sulphasalazine

YOUR BEST STARTING POINT IN ACTIVE CROHN'S DISEASE.

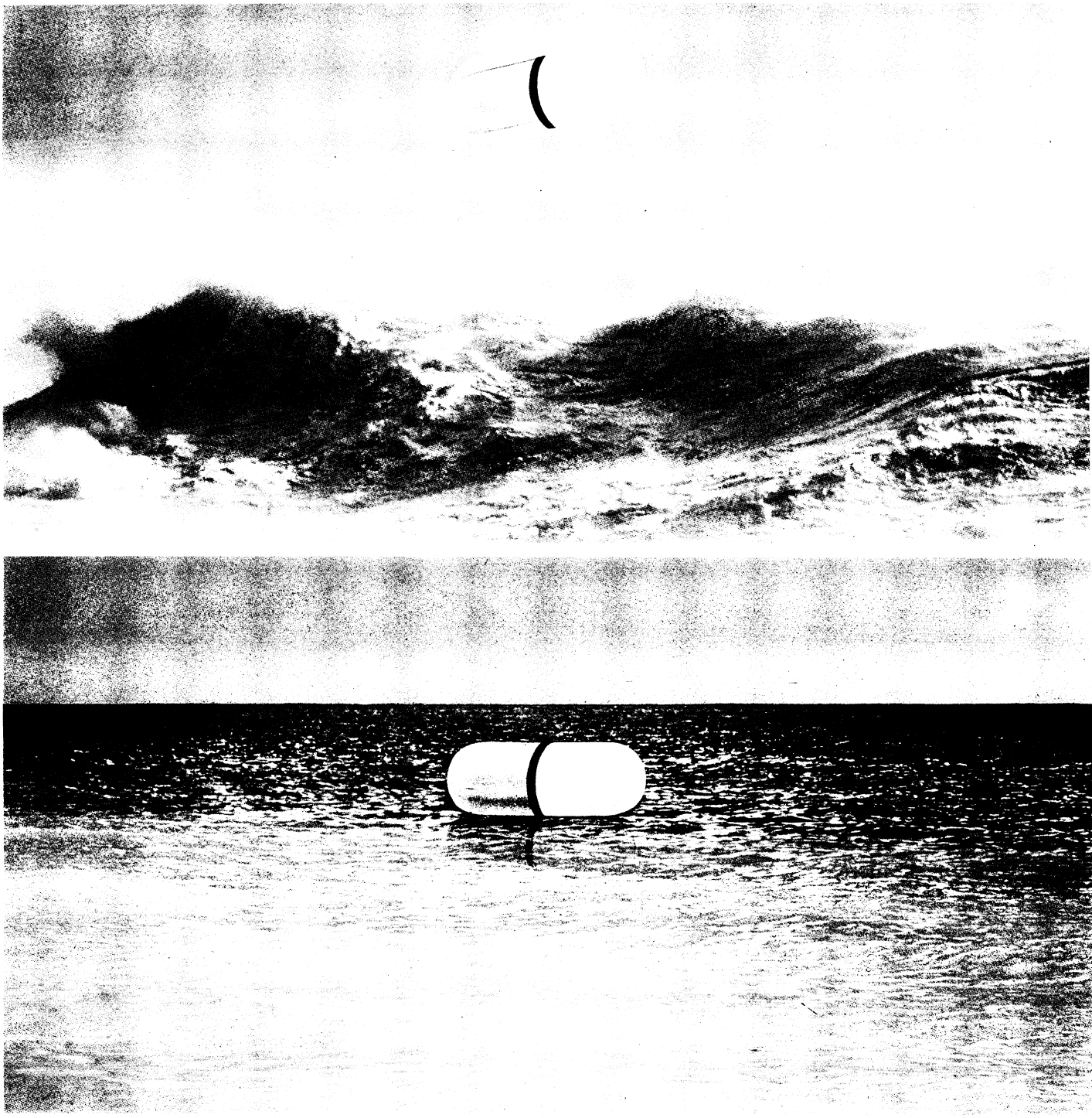
Prescribing Information
Dosage and Administration
Plain or EN Tablets: In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks steroids should also be given. After 2-3 weeks the dose may gradually be reduced to the maintenance level of 3-4 tablets daily which should be given indefinitely. *Suppositories:* Two inserted morning and night, the dose being gradually reduced after 3 weeks as improvement occurs.
Enema: One enema should be given daily preferably at bed time. This preparation contains an adult dose of Salazopyrin. Patient instructions are enclosed in each box.
Children: Reduce the adult dose on the basis of body weight.
Contra-indications, warnings etc.
Contra-Indications: Contra-indicated in sensitivity to salicylates and sulphonamides. Infants under 2 years.
Enema only: Sensitivity to parabens
Adverse Reactions: Side effects common to salicylates or sulphonamides may occur. Most commonly these are nausea, loss of appetite and raised temperature which may be relieved on reduction of dose, use of EN tablets, enema or suppositories. If serious reactions occur the drug should be discontinued.
Rarely the following adverse reactions have been reported.
Haematological: e.g. Heinz body anaemia, haemolytic anaemia, leucopenia, agranulocytosis and aplastic anaemia.
Hypersensitivity: e.g. Rash, fever.
Gastrointestinal: e.g. Impaired folate uptake, stomatitis.
C.N.S.: e.g. Headache, peripheral neuropathy.
Fertility: Reversible oligospermia.
Renal: e.g. Proteinuria, crystalluria.
Also: Stevens-Johnson syndrome and lung complications e.g. Fibrosing alveolitis.
Precautions:
Care in cases of porphyria, allergic, renal or hepatic disease, glucose 6-PD deficiency. Blood checks should be made initially and periodically.
Pregnancy and Lactation:
While the ingestion of drugs in these situations may be undesirable, the severe exacerbations of the disease which can occur commends the continuance of therapy. Long clinical usage and experimental studies have failed to reveal teratogenic or icteric hazards. The amounts of drug present in the milk should not present a risk to a healthy infant.
Packages & Prices:
Plain Tablets (0.5g): 100 & 500: £6.10 for 100.
EN Tablets (0.5g): 100 & 500: £7.90 for 100.
Suppositories (0.5g): 10 & 50; £2.55 for 10.
Enemas (3.0g): 7: £10.80 for 7.

Product Licence Numbers:
Plain Tablets 0009/5006 EN Tablets 0009/5007.
Suppositories 0009/5008 Enema 0009/0023.

1) Gut (1981) 22, 404-409.
2) Gastroenterology (1979) 77, 847 et seq.

Pharmacia

Salazopyrin (regd) sulphasalazine, is a product of Pharmacia (Great Britain) Ltd, Prince Regent Rd, Hounslow Middlesex TW3 1NE. Tel: 01-572 7321
Further information is available on request from the Company.



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enteric-coated peppermint oil

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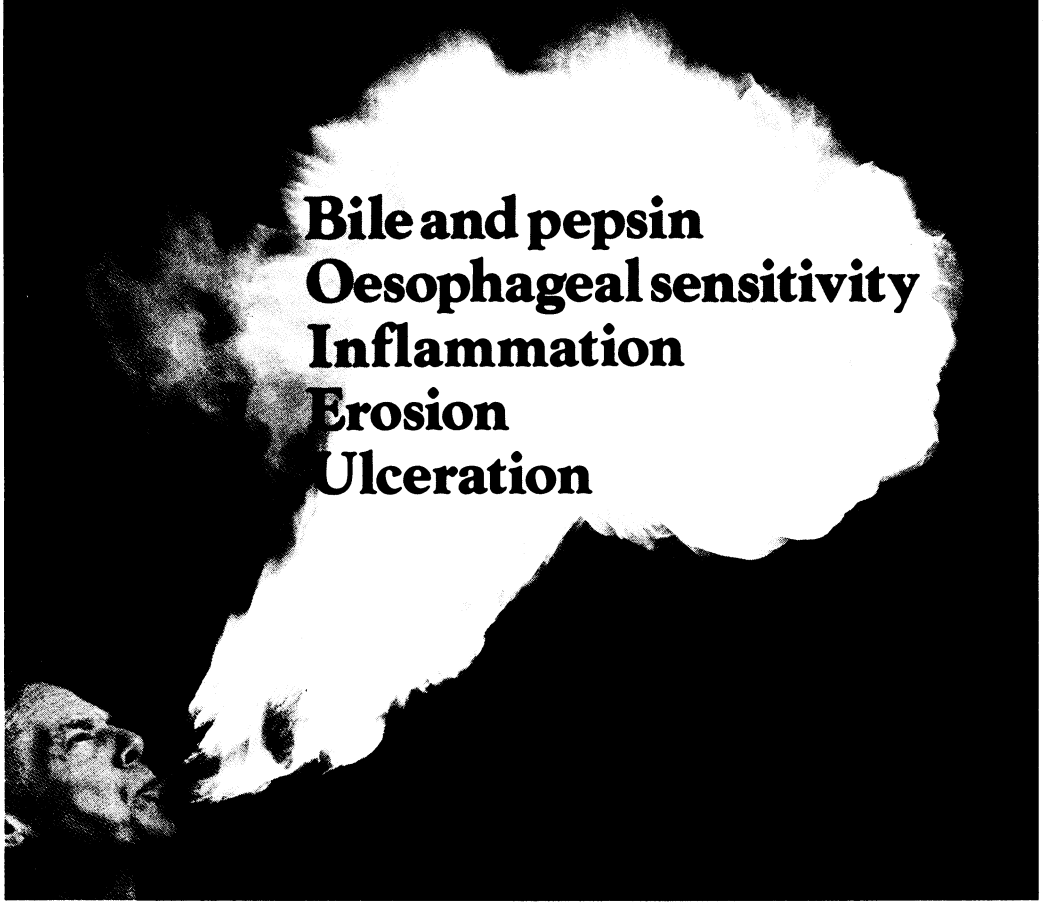
Tillotts LABORATORIES

Reflux oesophagitis
more than a little bit of acid

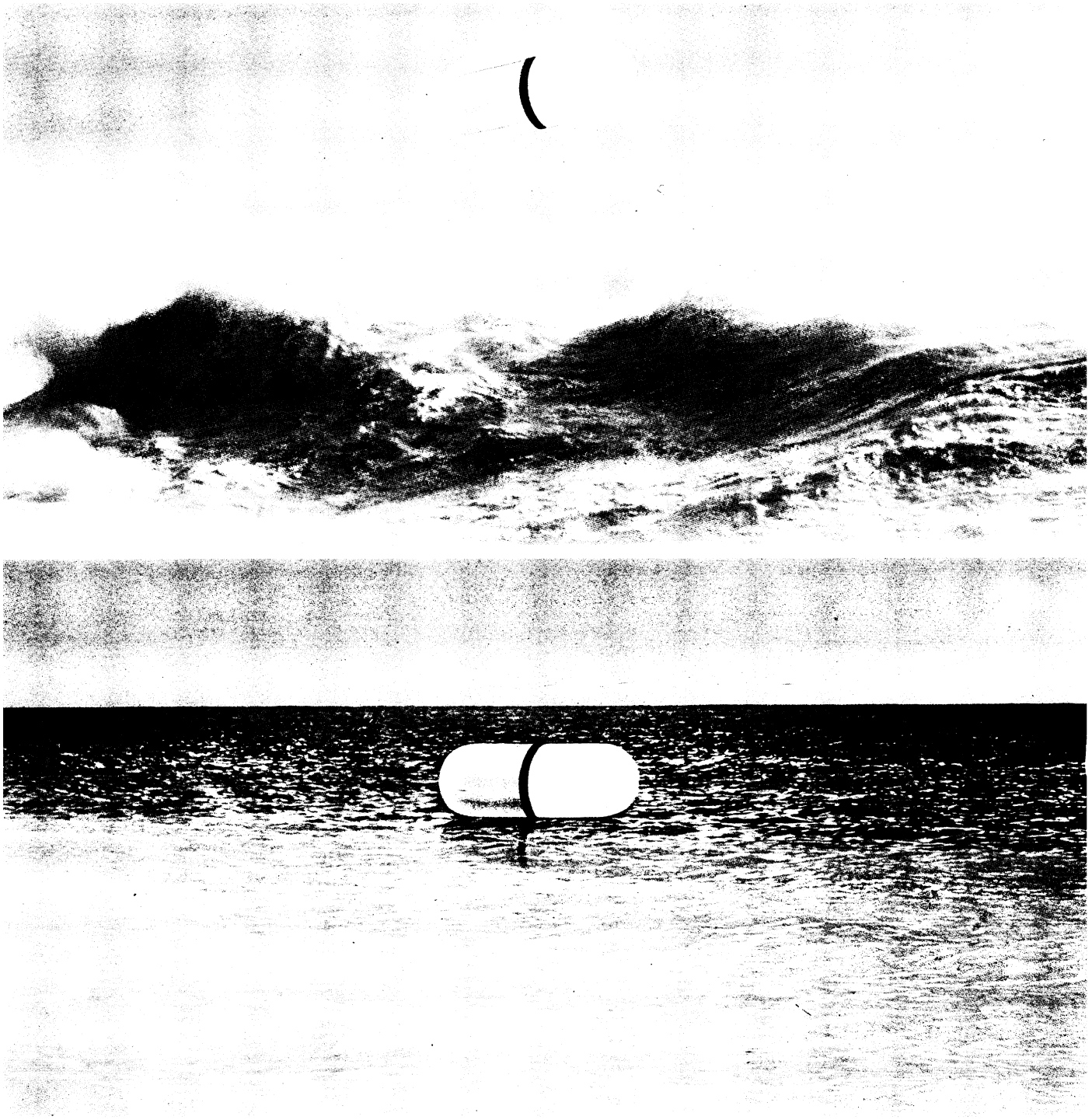


PYROGASTRONE

carbenoxolone/magnesium trisilicate/dried aluminium hydroxide gel

more than an antacid –a positive healing treatment

Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories, Brit. Pat. No. 1390683. Full information from Winthrop Laboratories, Surbiton-upon-Thames, Surrey. WINTHROP



COLPERMIN CALMS THE IRRITABLE BOWEL

enteric-coated peppermint oil

Now for the first time, the well-proven therapeutic agent peppermint oil, can be delivered direct to the colon.

Colpermin, a newly developed enteric-coated capsule, delivers the oil precisely where it is needed. This provides an improved, rapid, and highly effective method of relieving spasmodic pain, distension and disturbed bowel habit - the dominant symptoms of the irritable bowel syndrome.

Presentation: Enteric coated gelatine capsule. Each contains 0.2 ml standardised peppermint oil B.P. Ph. Eur. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should *not* be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe. The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years. **Contraindications, Warnings, etc. Precautions:** The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. **Adverse effects:** Heartburn, sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. **Product Licence:** PL 0424/0009. **Basic NHS Cost:** £10.00 per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories, Henlow Trading Estate, Henlow, Beds.

Tillotts LABORATORIES

Intravenous Valium Roche

the preferred sedative for gastro-intestinal endoscopy

Vast would be an apt description of the experience with intravenous Valium Roche in gastro-intestinal endoscopy – an experience which covers the range of procedures and patients of all age groups.* Endoscopy without premedication is for many patients an unpleasant experience.[1] Intravenous Valium Roche sedation improves patient acceptance without impairing their ability to co-operate. Keeping medication to a minimum is particularly important for out-patients[2] and avoidance of analgesics leads to faster recovery times.[3] In certain circumstances where prolonged intubation is required or pain from an operative procedure likely, the addition of a narcotic analgesic such as pethidine may be desirable.[4] Neuroleptanalgesia has also been used to good effect with intravenous Valium Roche.[5] The amnesic effect of intravenous Valium Roche undoubtedly contributes to the excellent acceptance by patients and their willingness to undergo repeat procedures.[6] The shortness of the amnesic effect is a boon for the operator too when treating out-patients.

Age is no barrier to intravenous Valium Roche sedation for gastro-intestinal endoscopy.* Whether the patient is six weeks or 103-years-old favourable results have been obtained.[7] This is true also for many poor-risk patients including those with liver disease in whom intravenous Valium Roche has been extensively used.[8-10] The dosage must, of course, be adjusted to the patient's needs and the necessary precautions observed.

**Annotated bibliography of references available on request.*

Intravenous Valium Roche
diazepam

where experience counts

Indications
Intravenous sedative cover before and during unpleasant surgical and medical procedures.

Dosage
0·2mg/kg body-weight. The usual adult dose is 10–20mg but more may be needed on occasions. In elderly patients half the usual adult dose.

Administration
With the patient in the supine position, the injection should be given *slowly* (0·5ml Valium Roche ampoule solution per half-minute) into a large vein of the antecubital fossa until the patient becomes drowsy, his speech becomes slurred and there is ptosis. He should still be able to respond to requests. Provided these conditions for administration are adhered to the rare possibility of hypotension or apnoea occurring will be greatly diminished. A second person should be present and resuscitation facilities should be available.

Precautions and side-effects
Patients should not be allowed to leave the surgery until one hour at least has elapsed from the time of injection and should always be accompanied by a responsible adult, with a warning not to drive or operate machinery for the rest of the day and to avoid alcohol. In patients with organic cerebral changes or with cardiorespiratory insufficiency IV injections of Valium Roche should not be employed unless in an emergency or in hospital if indicated and then should be given slowly and in reduced dosage. The possibility of intensified sedative effects and severe respiratory and cardiovascular depression should be considered if central depressant drugs are given, particularly by parenteral route, in conjunction with Valium Roche for Injection. Valium Roche should not be given in early pregnancy unless absolutely indicated. Intravenous injection may be associated with local reactions, including thrombophlebitis.

Presentation
Ampoules containing 10mg diazepam in 2ml and 20mg in 4ml, in packings of 10.

Product Licence Numbers
0031/0068 (ampoules 10mg)
0031/5128 (ampoules 20mg)

Basic NHS Cost
Ampoules 10mg x 10 £2·64
Ampoules 20mg x 10 £3·90

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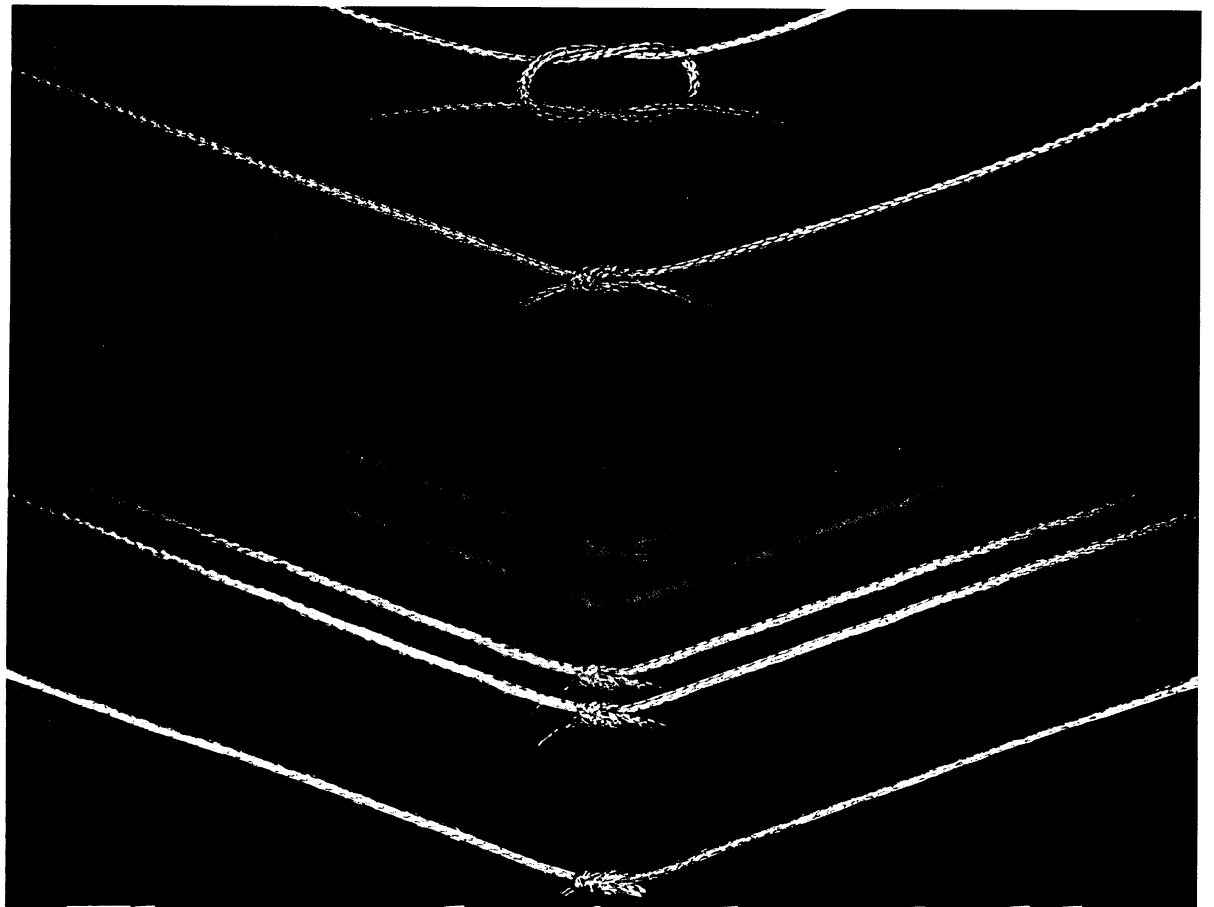

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This absorbable coating also maintains its lubricity in tissue, dramatically reducing the sawing action and drag previously associated with braided synthetic absorbable sutures.

Whilst the strength retention in tissue of Coated VICRYL Sutures is high, with 55% still remaining at 14 days, total absorption is usually complete between the 60th and 90th day.

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TECHNICAL DATA

STERILISED ABSORBABLE SYNTHETIC SUTURE COATED POLYGLACTIN 910 VICRYL*

Presentation The basic VICRYL (Polyglactin 910) Suture is prepared from a copolymer of glycolide and lactide. The substances are derived respectively from glycolic and lactic acids. The empirical formula of the copolymer is $(C_2H_2O_2)m(C_3H_4O_2)n$.

Coated VICRYL (Polyglactin 910) Sutures are obtained by coating the braided suture material with a mixture composed of a copolymer of glycolide and lactide and an equal amount of calcium stearate. This coating does not affect the biological properties of the suture.

VICRYL (Polyglactin 910) Sutures are coloured by adding D & C Violet No 2 during polymerisation of the lactide and glycolide. Suture may also be manufactured in the undyed form.

These sutures are relatively inert, nonantigenic, nonpyrogenic and elicit only a mild tissue reaction during absorption.

Action Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second absorption rate or loss of mass.

Subcutaneous tissue implantation studies of both VICRYL and Coated VICRYL Suture in rats show at two weeks post-implantation approximately 55% of its original tensile strength remains, while at three weeks approximately 20% of its original strength is retained.

Intramuscular implantation studies in rats show that the absorption of these sutures is minimal until about the 40th post-implantation day. Absorption is essentially complete between the 60th and 90th days.

Uses VICRYL and Coated VICRYL synthetic absorbable sutures are intended for use where an absorbable suture or ligature is indicated.

Dosage and Administration
By implantation.

Contraindications, Warnings, etc.
These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

Sutures placed in skin and conjunctiva may cause localised irritation if left in place for longer than 10 days and should be removed as indicated.

The safety and effectiveness of VICRYL (Polyglactin 910) and Coated VICRYL Sutures in neural tissue and in cardio-vascular tissue have not been established.

Pharmaceutical Precautions
Do not re-sterilise.

Legal Category P Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

Package Quantities Various lengths of material packaged in sealed aluminium foil sachets. This primary pack is contained in a peel-apart secondary pack. The unit of sales is 12 packs contained in a film wrapped drawer style carton.

Adverse Reactions No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence Nos PL 0508/0001
PL 0508/0009

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