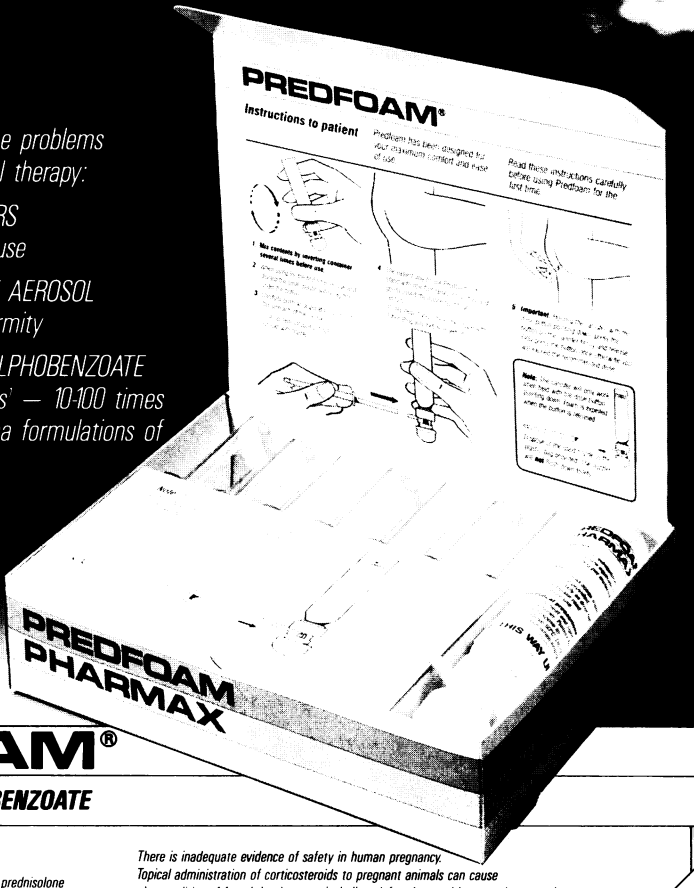
Ulcerative Colitis?

dispose of a problem...

. . . How Predfoam helps solve the problems currently associated with local therapy:

- *DISPOSABLE APPLICATORS*
  — Clean and simple to use
- *UNIQUE METERED DOSE AEROSOL*
  — Ensures dosage uniformity
- *PREDNISOLONE METASULPHOBENZOATE*
  — High local tissue levels[1] — 10-100 times those produced by enema formulations of prednisolone[2]



PREDFOAM®

PREDNISOLONE METASULPHOBENZOATE

Prescribing Information

Presentation: A white mucoadherent aerosol foam containing prednisolone metasulphobenzoate sodium equivalent to 20mg prednisolone per metered dose.

Uses: Treatment of proctitis and ulcerative colitis.

Dosage and Administration: One metered dose inserted rectally once or twice daily for two weeks, extending treatment for a further two weeks when a good response is obtained.

Contra-indications, warnings, etc:
Contra-indications: Local conditions where infection might be masked or healing impaired e.g. peritonitis, fistulae, intestinal obstruction, perforation of the bowel.

Side effects: The consequences of systemic absorption should be considered with extensive use over prolonged periods. As with all rectal corticosteroids, prolonged continuous use is undesirable.

There is inadequate evidence of safety in human pregnancy. Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development including cleft palate and intra-uterine growth retardation. There may therefore be a very small risk of such effects in the human foetus. Overdosage by this route is unlikely.

Legal Category : POM
PL 0108/0101

Pack and basic NHS price : Box containing 1 fourteen-dose canister, 14 disposable nozzles and 14 plastic bags £7.00

® Registered Trade Mark

References: (1) McIntyre, P.B. et al. (1985) GUT 26 822-824
(2) Rodrigues, C. et al. (1987) Lancet, June 27th, 1497.

Full information is available on request

PHARMAX LIMITED
Bourne Road, Bexley, Kent. DA5 1NX
Telephone 0322 91321

NEW

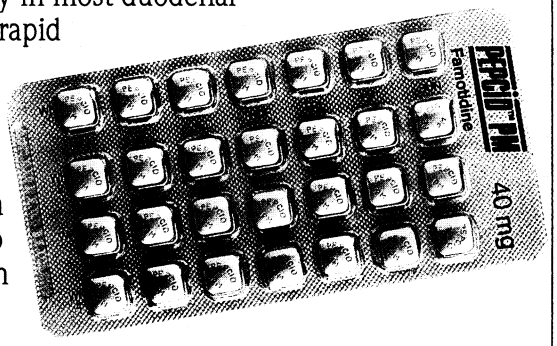
ANNOUNCING THE FIRST SPECIFICALLY DEVELOPED

THE IMPORTANCE OF NIGHT-TIME COVER

Leading gastroenterologists say that the inhibition of nocturnal acid is the key to successful peptic ulcer therapy.[1,2]

During the day, normal gastric acid is required for natural digestion and as protection against unwanted ingested bacteria. 'PEPCID' PM, the first H_2-receptor antagonist specifically developed for night-time use, inhibits acid production when it's not needed.

'PEPCID' PM, when administered at night, effectively controls nocturnal acidity in most duodenal ulcer patients, providing rapid healing and swift relief of pain. 'PEPCID' PM has been shown to achieve a 90.5% healing of duodenal ulcers within four weeks[4] and up to 81% of gastric ulcers within eight weeks.[5]



That's 'PEPCID' PM, a simple, once-nightly 40 mg tablet, supplied in a convenient 28-day calendar pack to help maximise compliance.

ABRIDGED PRODUCT INFORMATION ▼

Full prescribing information is available and should be consulted before prescribing.

INDICATIONS Duodenal ulcer; prevention of relapses of duodenal ulceration; benign gastric ulcer; hypersecretory conditions such as Zollinger-Ellison syndrome.

DOSAGE In duodenal and benign gastric ulcer, 40 mg at night for four to eight weeks.
For prevention of duodenal ulcer recurrence, 20 mg at night.
Initiate antisecretory therapy of Zollinger-Ellison syndrome with 20 mg every six hours and adjust to individual response. Maximum 480 mg daily.

CONTRA-INDICATION Hypersensitivity.

PRECAUTIONS Exclude any likelihood of gastric carcinoma before using 'PEPCID' PM.
Consider reducing the daily dose if creatinine clearance falls to or below 30 ml/min.
'PEPCID' PM is not recommended in pregnancy, nursing mothers or children.

SIDE EFFECTS Rarely, headache, dizziness, constipation, diarrhoea. Less frequently, dry mouth, nausea, vomiting, rash, abdominal discomfort, anorexia, fatigue.

BASIC NHS COST 20 mg tablets, £14.00 for 28-day calendar pack and £25.00 for bottles of 50.
40 mg tablets, £26.60 for 28-day calendar pack and £47.50 for bottles of 50.

PRODUCT LICENCE NUMBERS: 20 mg tablets, 0025/0215; 40 mg tablets, 0025/0216.

▼ Special reporting to the CSM required.

Issued September 1987.

TM denotes trademark

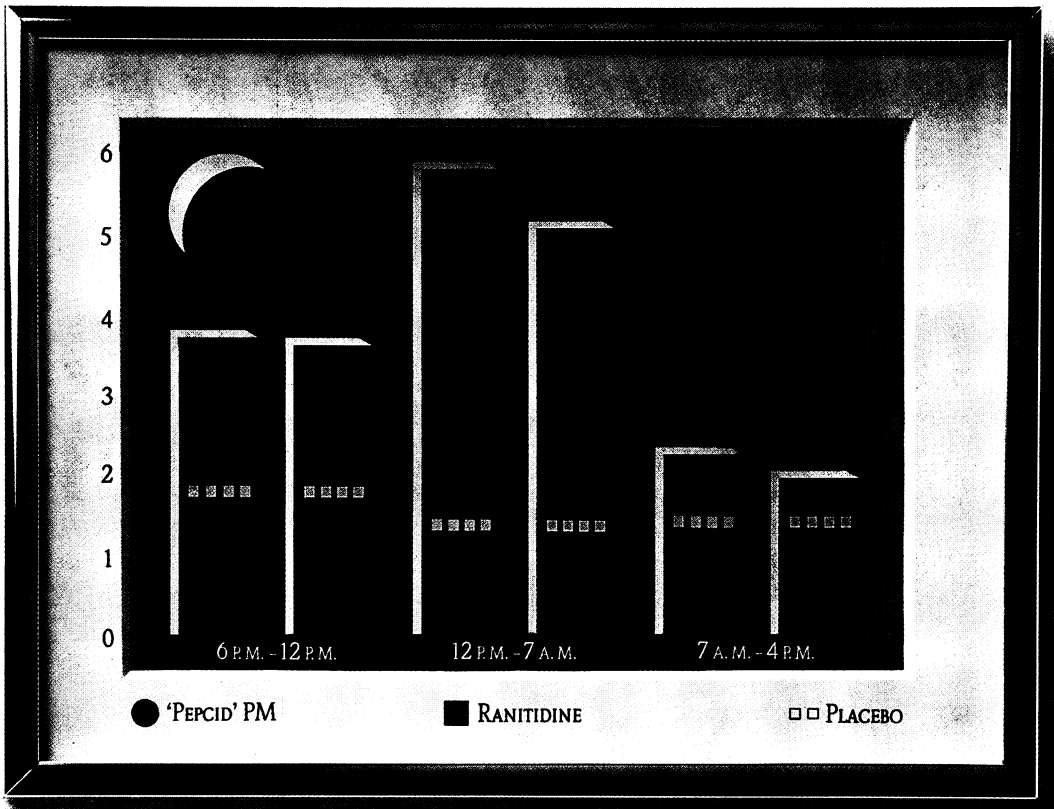
References
1. Gledhill, T., *et al., Gut,* 1983, **24,** 904.
2. Ireland, A., *et al., Lancet,* 1984, ii 274.
3. Bauerfeind, P., *et al., Gastroenterology,* 1986, 90(5), 1340.
4. Simon, B., *et al., Digestion,* 1985, **32** (Suppl. 1), 32.
5. Data on file.

Thomas Morson Pharmaceuticals
Hertford Road, Hoddesdon, Hertfordshire
Division of Merck Sharp & Dohme Limited

8-88 PCD.87.GB.1231.J.

H_2-RECEPTOR ANTAGONIST FOR ONCE-NIGHTLY USE

NIGHT-TIME COVER FROM A SINGLE DOSE[3]



Median pH values for evening, night and day

PEPCID™ PM

40mg (famotidine)

One at night can make their day

TABLETS

New Evoxin

domperidone

activates the static stomach

for relief of nausea and vomiting

A move in the right direction

SRL

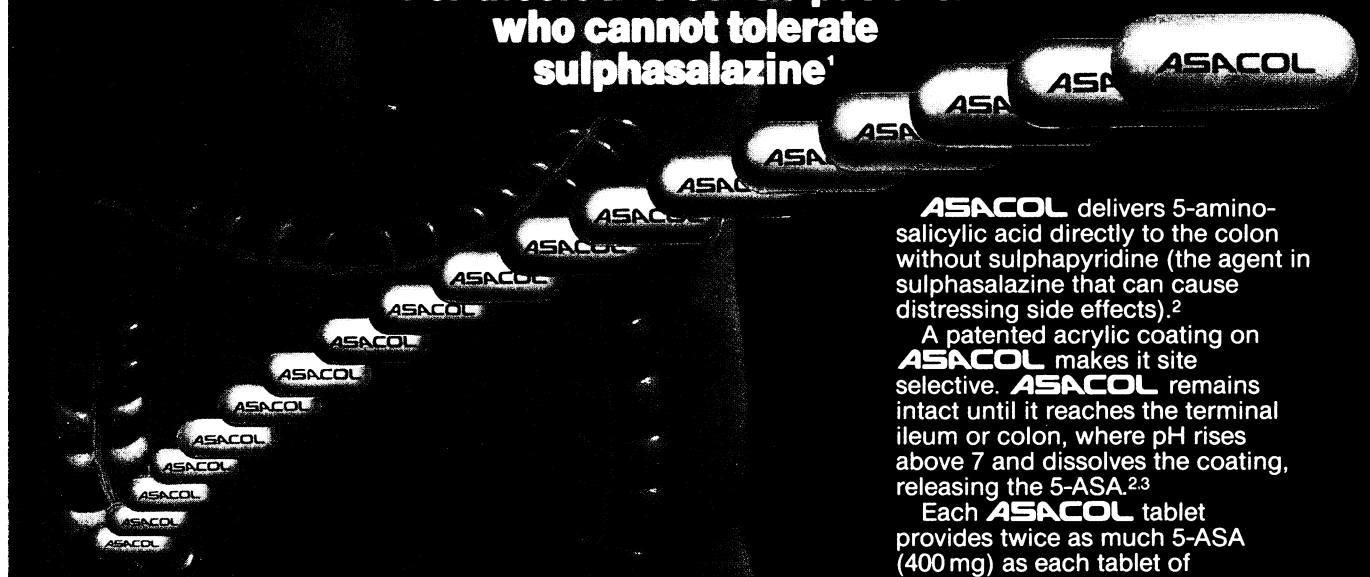
Evoxin is a trade mark. Full information available from Sterling Research Laboratories, Onslow Street, Guildford, Surrey GU1 4YS.

[SRL05711587]

ASACOL
(MESALAZINE)*

Direct delivery to the colon

For ulcerative colitis patients who cannot tolerate sulphasalazine[1]



ASACOL delivers 5-amino-salicylic acid directly to the colon without sulphapyridine (the agent in sulphasalazine that can cause distressing side effects).[2]

A patented acrylic coating on **ASACOL** makes it site selective. **ASACOL** remains intact until it reaches the terminal ileum or colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.[2,3]

Each **ASACOL** tablet provides twice as much 5-ASA (400 mg) as each tablet of sulphasalazine (200 mg), which allows patients to take fewer tablets daily.

Clinical studies have shown that **ASACOL** offers efficacy comparable to that of sulpha-salazine in maintaining the remission of ulcerative colitis.[4]

ASACOL

Direct Delivery to the Colon

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Red tablets containing 400 mg of mesalazine (5-aminosalicylic acid) coated for release in the terminal ileum and colon.

USES

For the maintenance of remission of ulcerative colitis in patients who cannot tolerate sulphasalazine.

DOSAGE AND ADMINISTRATION

Adults: 3 to 6 tablets daily in divided doses. There is no dose recommendation for children.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Contra-indications: a history of sensitivity to salicylates. Children under 2 years of age.

Precautions

Renal disorder. Mesalazine is excreted rapidly by the kidney mainly as its metabolite, N-acetyl 5-aminosalicylic acid. In rats large doses of mesalazine injected intravenously produce tubular and glomerular toxicity. Although no renal toxicity has been reported in patients taking 'Asacol', it is not recommended in patients with renal impairment and caution should be exercised in patients with a raised blood urea or proteinuria.

Asacol should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine.

Use during pregnancy

Use of 'Asacol' during pregnancy should be with caution, and only if, in the opinion of the physician, the potential benefits of treatment are generally greater than the possible hazards.

Adverse Reactions

Adverse reactions occur in a small proportion of patients who previously could not tolerate sulphasalazine. The side-effects are predominantly gastrointestinal (nausea, diarrhoea and abdominal pain) and headache. 'Asacol' may be associated with the exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine.

Other side effects observed with sulphasalazine such as depression of bone marrow and of sperm count and function, have not been reported with 'Asacol'.

LEGAL CATEGORY: POM. **PL:** 0424/0032.

Daily treatment cost: 66p-£1.31

Licence Holder:
Tillotts Laboratories, Henlow Trading Estate, Henlow, Bedfordshire SG16 6DS.

Supplier:
Smith Kline & French Laboratories Limited Welwyn Garden City, Hertfordshire AL7 1EY

U.K. Patent No. 8322387 7.4.87

REFERENCES:

1. Dew M.J. Harries A.D. Evans B.K. et al. Treatment of ulcerative colitis with oral 5-aminosalicylic acid in patients unable to take sulphasalazine. *Lancet*, 1983; ii:801.
2. Dew M.J. Hughes P.J. Lee M.G. et al. An oral preparation to release drugs in the human colon. *Br. J. Clin. Pharmacol.*, 1982; 14:405-408.
3. Dew M.J. Ryder R.E.J. Evans N. et al. Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. *Br. J. Clin. Pharmacol.*, 1983; 16:185-187.
4. Dew M.J. Hughes P.J. Harries A.D. et al. Maintenance of remission in ulcerative colitis with oral preparation of 5-aminosalicylic acid. *Br. Med. J.*, 1982; 285:1012.
5. Dew M.J. Harries A.D. Evans N. et al. Maintenance of remission in ulcerative colitis with 5-aminosalicylic acid in high doses by mouth. *Br. Med. J.*, 1983; 287 23-24.

***Mesalazine is the British Approved name for 5-aminosalicylic acid.**

SK&F Smith Kline & French Laboratories Limited
A SMITHKLINE BECKMAN COMPANY
Welwyn Garden City, Hertfordshire AL7 1EY

Recent clinical evidence..

... strongly supports the role of Guarem for the symptomatic relief of the Dumping Syndrome.

Reduction in Symptoms after Proximal Selective Vagotomy through Increased Dietary Viscosity

Guar gum and glucose tolerance

DIETARY FIBER

MATERIALS AND METHODS

Clinical characteristics of participants

NEW

For the relief of symptoms of

DUMPING SYNDROME

"The favourable effect of the addition of guar gum to the meals of patients suffering from the dumping syndrome is based on the normalization (i.e. slowing down) of the passage of food from the stomach to the duodenum and jejenum, and hence the slowing down of the absorption of nutrients, especially monosaccharides, and the prevention of a rapid postprandial increase in intraluminal osmolarity in the duodenum".[6]

- ★ **slows gastric emptying**[1–3]
- ★ **reduces hyperglycaemia and hyperinsulinaemia**[4–5]
- ★ **helps improve patient comfort, food tolerance and nutritional status**[6–7]

Guarem®

Guar 5g

References 1. Jenkins et al **Br.Med.J.** 1978, 1, 1392 2. Blackburn et al **Clin.Sc.** 1984, **66,** 329 3. Leeds et al **Lancet** 1981, 1, 1075 4. Jenkins **Proc.Soc.Exp.Biol.** 1985, **180,** 422 5. Fuessl et al **Pract.Diab.** 1986, **3,** 258 6. Harju & Larmi **J.Parent.Ent.Nutr.** 1983, **7,** 470 7. Harju & Makela **Amer.J.Gastroent.** 1984, **79,** 861

Clinical Information

Action. Guar gum which is derived from natural sources is a high molecular weight polysaccharide, galactomannan. In solution it (i) increases gastric transit time and (ii) slows the rate of absorption of other carbohydrates leading to a reduction in post prandial hyperglycaemia and insulin secretion. Guar gum is not absorbed and remains chemically unchanged until it reaches the colon where it is broken down before excretion. **Indication.** The relief of the symptoms of the 'dumping syndrome' **Dosage & Administration.** Adults One 5g sachet to be taken with each main meal. The contents of a sachet are preferably sprinkled evenly over a meal on the plate or stirred into suitable foods (e.g. tomato juice, yoghurt, muesli, etc), in which case the food should be accompanied by a drink of 150ml (⅔ tumbler) **Contra-Indications, Warnings, etc.** To avoid any risk of oesophageal obstruction or rupture, this product should not be given to patients with a history of oesophageal disease or difficulty in swallowing. While Guarem may be expected to reduce malabsorption, usual monitoring of nutritional status should be continued. Guarem should not be ingested as dry granules. **Side-Effects.** Gastro-intestinal symptoms (flatulence, diarrhoea) are quite common at the commencement of treatment. These can be reduced or avoided by initiating treatment gradually, in accordance with advice on the pack. **Presentation.** Sachets, each containing guar gum granules 5 grams. The fine pale cream granules are tasteless and readily water-miscible. Cartons of 100 sachets. **Product Licence Numbers.** PL0237/0023 & 0026. PA 3/6/1. Further information available from Rybar Laboratories Ltd., Amersham, Bucks, UK

Rybar

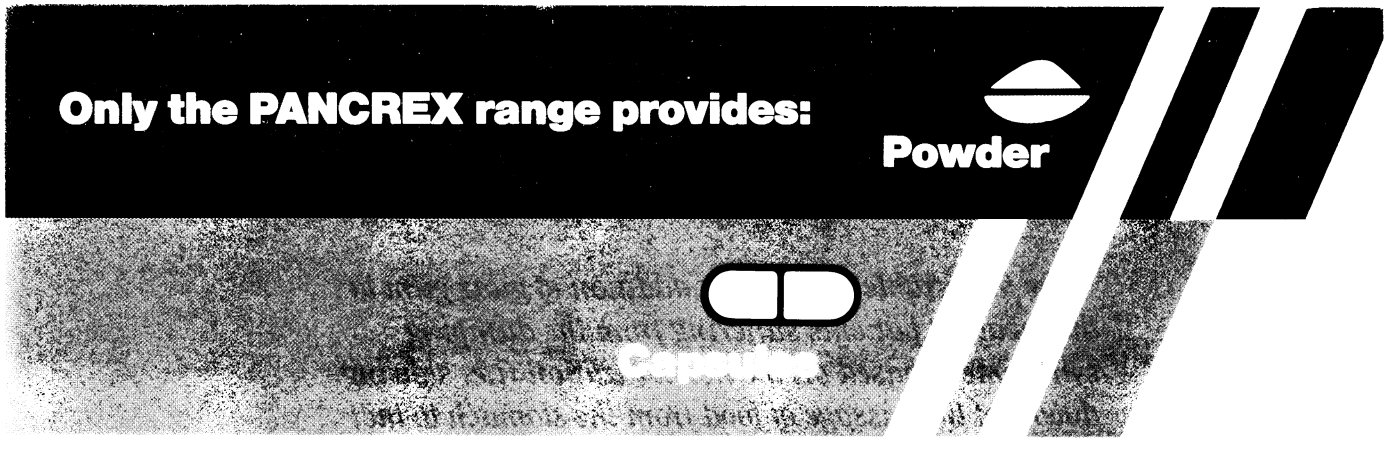
Extend the range...

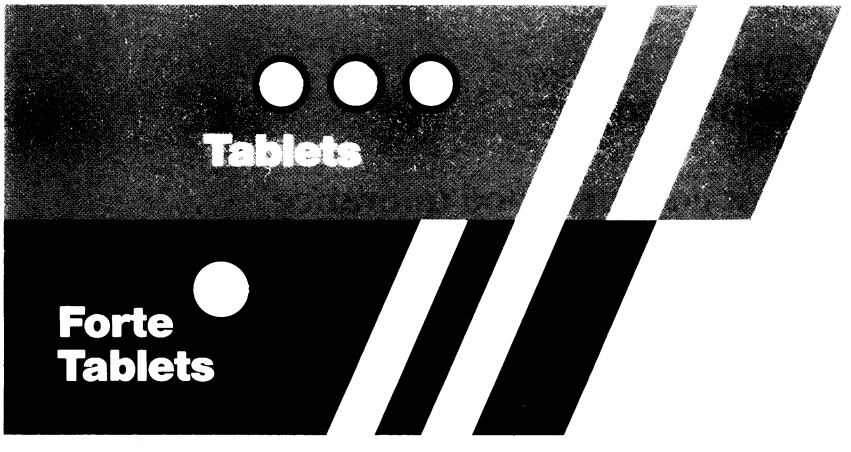
of pancreatic enzyme therapy
with the five flexible forms of

PANCREX®

(pancreatin)

Only the PANCREX range provides:





- **More dosing options for more types and ages of patient**
- **Low daily cost for long-term therapy**

ABRIDGED PRODUCT INFORMATION
Full prescribing information is available and should be consulted before prescribing.

Indications: Fibrocystic disease of the pancreas (cystic fibrosis), chronic pancreatitis and pancreatic steatorrhoea following pancreatectomy. May also be indicated following gastrectomy as an aid to digestion.

Minimum activity in BP Units:

PREPARATION	PROTEASE	LIPASE	AMYLASE
PANCREX V POWDER	1400/g	25,000/g	30,000/g
PANCREX GRANULES	300/g	5,000/g	4,000/g
PANCREX V CAPSULES	430	8,000	9,000
PANCREX V CAPSULES '125'	160	2,950	3,300
PANCREX V TABLETS	110	1,900	1,700
PANCREX V FORTE TABLETS	330	5,600	5,000

PABYRN

Dosage:
PANCREX V POWDER: 1/2-2g swallowed dry or mixed with water or milk, 4 times daily with meals.
PANCREX GRANULES: 5-10g swallowed dry or mixed with water or milk, 4 times daily before meals.
PANCREX V CAPSULES: Infants – contents of 1-2 capsules mixed with feeds. Older children/adults – 2-6 capsules, 4 times daily with meals.
PANCREX V CAPSULES '125': Neonates 1-2 capsules with feeds
PANCREX V TABLETS: 5-15 tablets, 4 times daily before meals
PANCREX V FORTE TABLETS: 6-10 tablets, 4 times daily before meals.

Main Contra-indications/Warnings:
If Pancrex V is mixed with feeds or liquids, the mixture should be consumed within one hour.
In the case of newborn infants high dosage of Pancrex V may result in irritation around the mouth and anus. Barrier creams will prevent such local irritations.
Rare cases of hyperuricosuria have been reported after taking extremely high doses of Pancreatin.

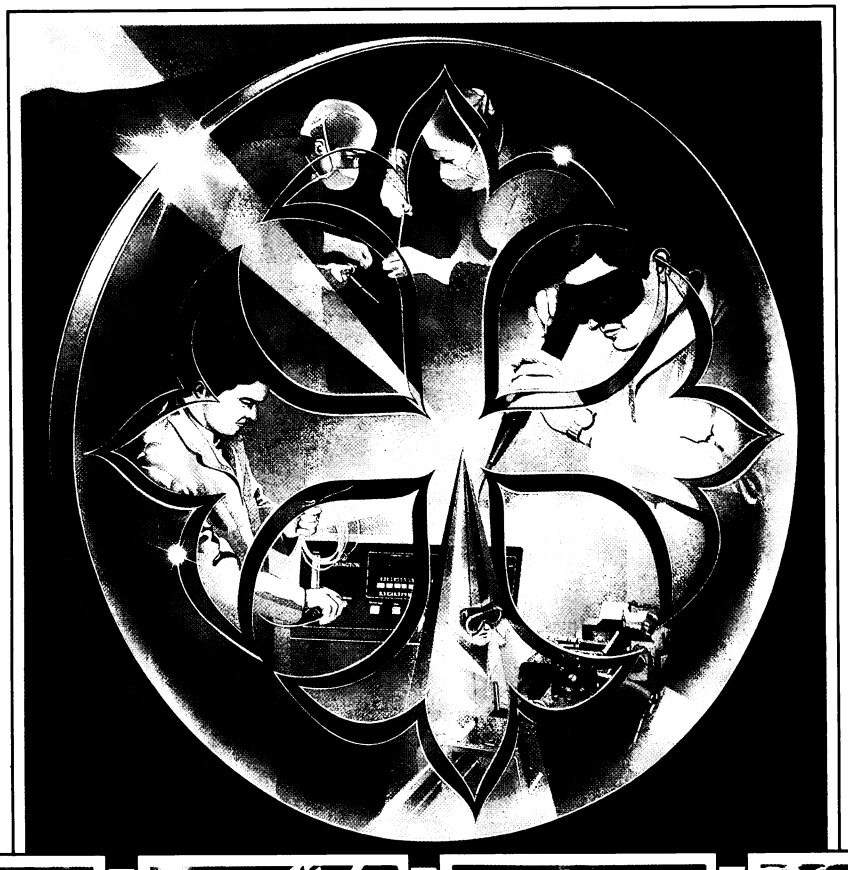
Basic NHS Cost: Pancrex V Powder 100g £6.53, 250g £13.90. Pancrex V Capsules 100 £3.71, 500 £14.37. Pancrex V Capsules '125' 500 £10.89. Pancrex Granules 100g £4.79, 500g £19.16. Pancrex V Tablets 100 £1.79, 500 £4.79. Pancrex V Forte Tablets 100 £3.23, 500 £12.46.

Product Licence Numbers: Pancrex V Powder 0051/5004, Pancrex V Capsules 0051/5043, Pancrex V Capsules '125' 0051/5104, Pancrex Granules 0051/5003, Pancrex V Tablets 0051/5002, Pancrex V Forte Tablets 0051/5000.

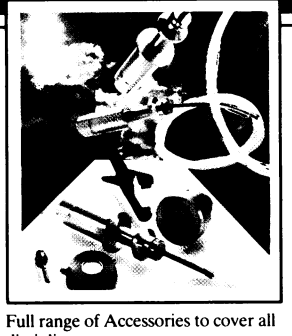
Paines & Byrne Limited
Bilton Road, Greenford, Middlesex UB6 7HG

(pancreatin)

—THE SYMBOL OF MEDICAL PROGRESS.—



Fiberlase 100. A multi-discipline Nd YAG Laser, controllable from 3-100W.



Full range of Accessories to cover all disciplines.

The world's first sterile disposable fibre. No need for cleaving/repair.

CO_2 Lasers. 25W Dedicated Gynaecology & 35W General Surgery.

Pilkington Medical Systems, a British company, is at the forefront in medical laser technology, achieving worldwide success with its comprehensive range of Nd YAG and CO^2 medical laser systems.

The company's ongoing programme of clinical trials confirms its commitment to healthcare. New applications for medical lasers are being explored and innovative surgical techniques established.

Purchasers of Pilkington Medical Systems lasers are assured of an exceptional package which sees the installation, medical training and back-up servicing carried out by Pilkington's qualified Engineering and Medical team.

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HELPING YOU TO CARE

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Olympus Endoscopy System

THE GOLD

– an evolution in endoscopy

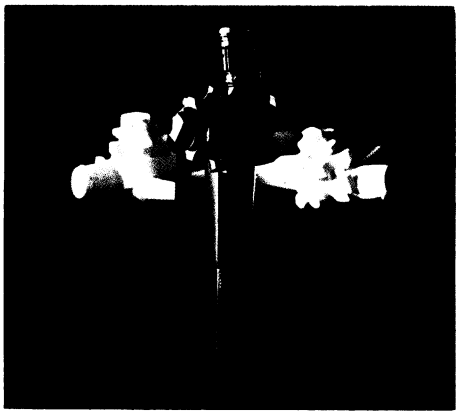
STANDARD

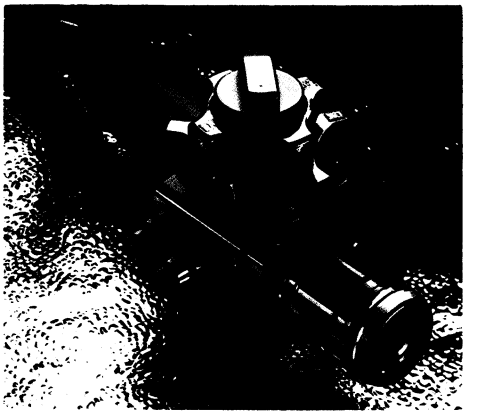
The evolution of the Olympus Endoscopy System (OES) 10 series has resulted in a new range — OES-20 — destined to become the 'Gold Standard' in endoscopy.

OES-20 is the culmination of a four year development programme, resulting in instruments which represent a significant advance in fiberscope technology.

High resolution optics, lighter in weight, improved durability, outstanding handling and insertion characteristics are just some of the exciting features offered by the unique OES-20 range of fiberscopes.

The Olympus Endoscopy System — OES-20.





KeyMed

Specialised Services to Medicine

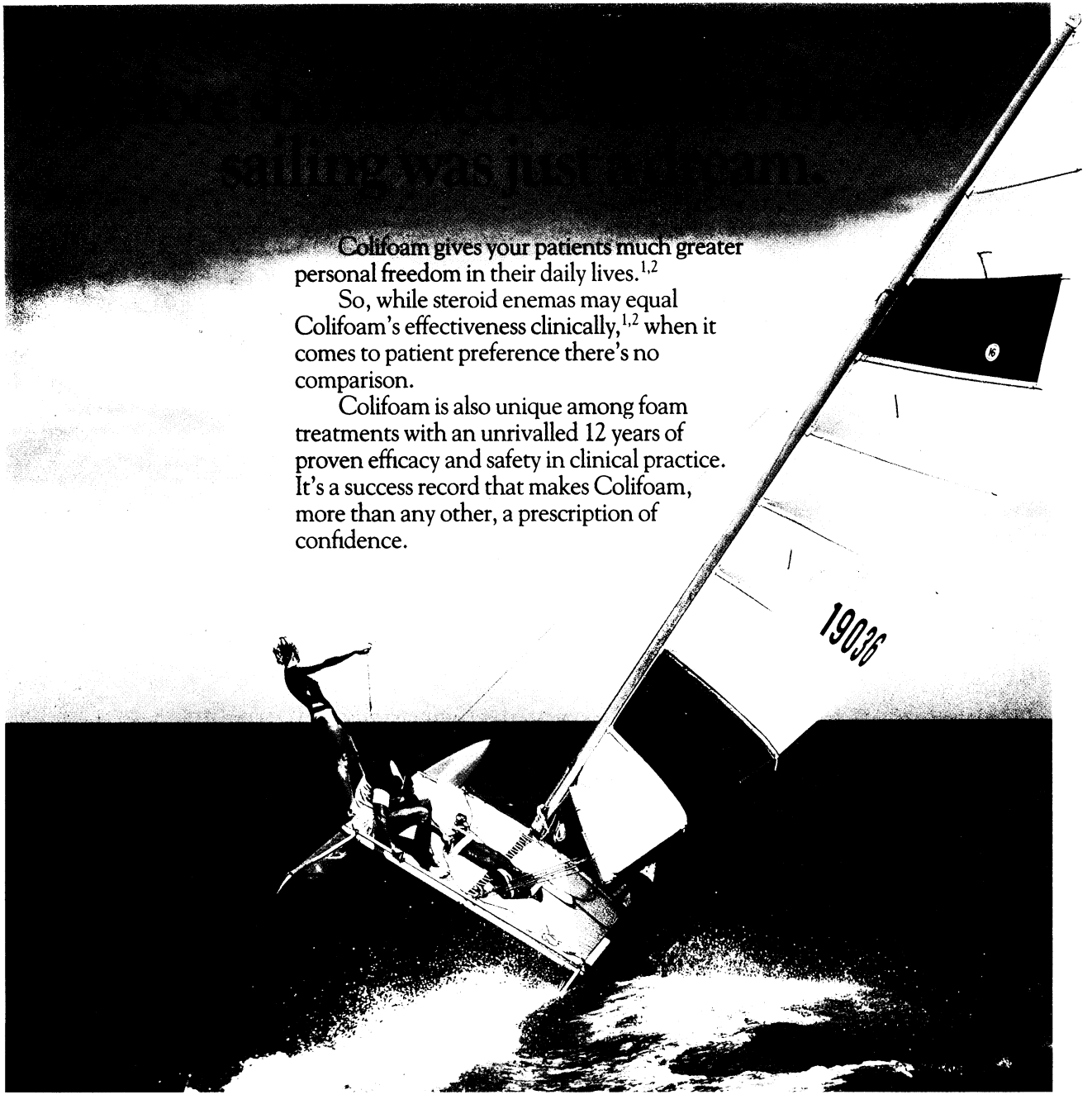
KeyMed (Medical & Industrial Equipment) Ltd.
KeyMed House, Stock Road, Southend-on-Sea, Essex SS2 5QH.
Telex: 995283, Facsimile: (0702) 65677, Telephone: (0702) 616333 (24 lines).

Scotland: KeyMed, Peel House, Ladywell East, Livingston EH54 6AH. Telephone: (0506) 416655

Ireland: KeyMed Ireland Ltd., KeyMed House, Lord Edward Court, Bride Street, Dublin 8. Telephone: 774855

USA: KeyMed Inc., 400 Airport Executive Park, Spring Valley, New York 10977. Telephone: (914) 425-3100

The Gold Standard – Seeing is believing



Colifoam gives your patients much greater personal freedom in their daily lives.[1,2]

So, while steroid enemas may equal Colifoam's effectiveness clinically,[1,2] when it comes to patient preference there's no comparison.

Colifoam is also unique among foam treatments with an unrivalled 12 years of proven efficacy and safety in clinical practice. It's a success record that makes Colifoam, more than any other, a prescription of confidence.

The proven choice in distal inflammatory bowel disease

1. Ruddell WSJ et al. Gut 1980; 21: 885-889 2. Somerville KW et al. British Medical Journal 1985; 291: 866

PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. Uses: 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 with pack). Contra-indications, warnings etc.: Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulae. 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 disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. Pharmaceutical precautions: Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refrigerate. Keep out of reach of children. For external use only. Legal category: POM. Package Quantity & Basic NHS cost: 25g canister plus applicator, £7.25. Further Information: One applicatorful of Colifoam provides a dose of approximately 125mg 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. Further information is available on request.
Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

INTRODUCING

NEW AXID

NIZATIDINE

The new H_2 antagonist that starts life with a once-daily dosage.

PRESCRIBING INFORMATION APPEARS 3 PAGES FORWARD

Axid
Acid control by night

A single Axid capsule in the evening suppresses acid production only during the night when mucosal damage may occur.

Axid produces a high degree of efficacy in both pain relief and healing of duodenal and gastric ulcers,[1-3] together with a minimal suppression of daytime gastric acid.[4]

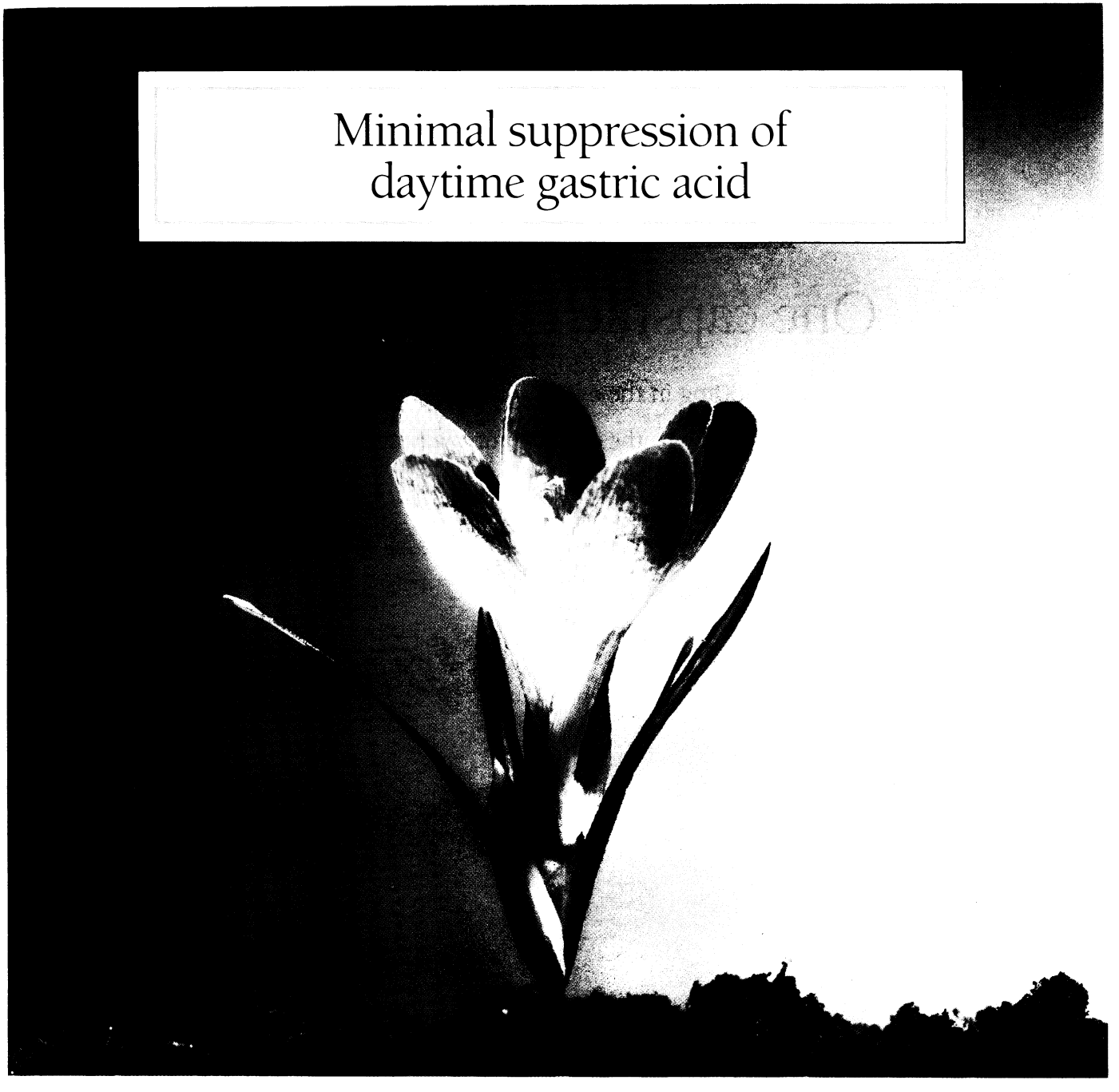
Axid causes minimal interference with other body systems; daytime serum gastrin levels are unaffected,[5] anti-androgenic effects are rare[6] and Axid does not bind to the P450 cytochrome system in the liver.[7]

Axid has been shown to have a favourable side effects profile in trials with over 3,800 patients.[8]

Axid has simple dosage parameters. A half-life of 1½ hours[9] (1.9 hours in patients over 65 years of age) means that dosage

Lilly

Minimal suppression of daytime gastric acid



adjustment is only necessary in patients with moderate to severe renal impairment, (creatinine clearance <50ml/min). Axid has not been shown to interact with a number of commonly administered drugs.[8]

A one-capsule, once-daily dosage and calendar pack presentation make patient compliance with Axid very easy.

NEW

AXID

NIZATIDINE

ONCE A DAY H_2 ANTAGONIST

PRESCRIBING INFORMATION APPEARS OVERLEAF

NEW

AXID

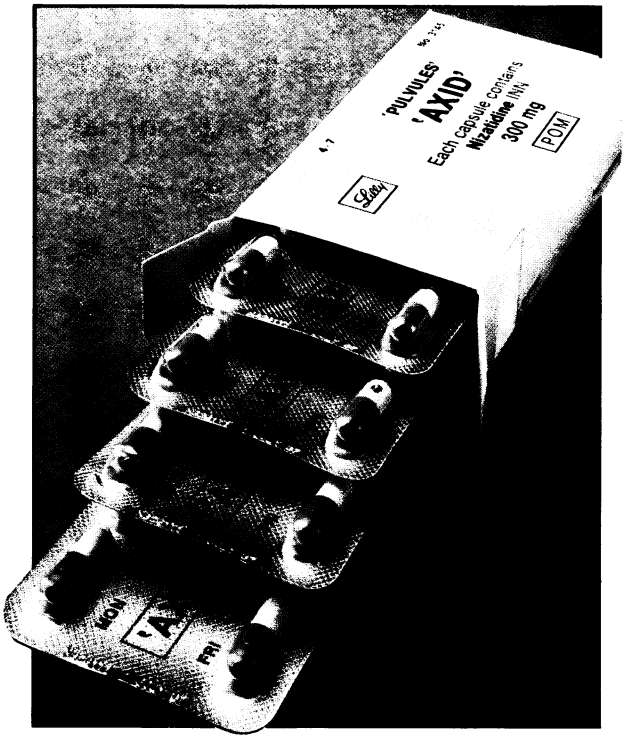
NIZATIDINE

One capsule in the evening

300mg in the evening for ulcer healing

150mg in the evening for maintenance therapy

- A highly effective H_2 antagonist[1-3]
- A favourable side effects profile[8]
- Once daily dosage
- Minimal suppression of daytime gastric acid[4]



▼ ABBREVIATED PRESCRIBING INFORMATION

Presentation: Capsules containing 150mg or 300mg nizatidine INN. **Uses:** For the treatment of duodenal and benign gastric ulcer, and prevention of duodenal ulcer recurrence. **Dosage and Administration:** (For full information, see data sheet). Axid is administered orally. *Adults:* For duodenal and benign gastric ulcer, the recommended daily dose is 300mg in the evening for 4 or, if necessary, 8 weeks. For prevention of duodenal ulcer recurrence, the recommended daily dose is 150mg in the evening. *The elderly:* Normally dosage modification is not required except in patients who have moderate to severe renal impairment. *Children:* Not recommended. *Patients with impaired renal function:* Moderate renal impairment (creatinine clearance less than 50ml/min), the dose should be reduced by 50% to 150mg in the evening. Severe renal impairment (creatinine clearance less than 20ml/min), the dose should be reduced by 75%, to 150mg on alternate days. Prevention of duodenal ulcer recurrence in moderate renal impairment (creatinine clearance less than 50ml/min), the dose may be reduced to 150mg on alternate days. Severe renal impairment (creatinine clearance less than 20ml/min), the dose may be reduced to 150mg every third day. **Contra-indication:** Known hypersensitivity to H_2-receptor antagonists. **Warnings:** **Usage in pregnancy:** The safety of nizatidine for use during pregnancy has not been established. *Usage in lactation:* Administer to nursing mothers only if considered absolutely necessary. *Drug interactions:* No interaction has been observed between nizatidine and aminophylline, theophylline, chlordiazepoxide, diazepam, metoprolol, warfarin or lorazepam. Nizatidine does not inhibit the hepatic cytochrome P450-linked drug metabolising enzyme system. **Precautions:** Patients with impaired liver or kidney function should be treated with caution (see data sheet). **Side-effects:** Possible side-effects include headache, asthenia, chest pain, myalgia, abnormal dreams, somnolence, rhinitis, pharyngitis, cough, pruritus, sweating and reversible, asymptomatic elevations of transaminases. *Overdosage:* There is no experience of overdose in humans. Tested at very high doses in animals, nizatidine has been shown to be relatively non-toxic. *Treatment:* Symptomatic and supportive therapy is recommended. Activated charcoal may reduce nizatidine absorption and haemodialysis may remove absorbed nizatidine. **Legal Category:** POM. **Product Licence Numbers:** Capsules 150mg 0006/0230. Capsules 300mg 0006/0231 **Basic NHS Cost:** Per 28-day calendar pack – 150mg capsules £11.52, 300 mg capsules £23.04. **Date of Preparation:** August 1987

▼ Special reporting to the CSM required.

Full prescribing information is available from:

Eli Lilly & Company Limited
Kingsclere Road
Basingstoke,
Hampshire RG21 2XA
Telephone: (0256) 473241

References

1. Simon B et al, Scand J Gastroenterol 1987; **22**: 61
2. Naccaratto R et al, Ibid 71.
3. Cerulli MA et al, Ibid 79.
4. Dammann HG et al, Ibid 56.
5. Kovacs TOG et al, Ibid 41.
6. Van Thiel DH et al, Ibid 24.
7. Klotz U, Ibid 18.
8. Cloud ML, Ibid 29.
9. Callaghan JT et al, Ibid 9.

'AXID' is a Lilly trade mark.

Lilly

WHERE RESEARCH BECOMES REALITY

AX.04

MATERIAL BENEFITS - NOW AND FOR THE FUTURE.

Many more surgeons are joining the growing group of synthetic absorbable suture users, for very good reasons.
They have greater initial strength and give stronger, more predictable wound support than catgut, with less tissue reaction. A soft, easily knotted suture, Coated VICRYL* (Polyglactin 910) sets the standard for braided synthetic absorbables.
A revolutionary monofilament material, PDS* (Polydioxanone) provides unique wound support, retaining its breaking strength longer than any other synthetic absorbable suture. PDS (Polydioxanone) sutures handle easily, pass smoothly through tissue and knot well.

SYNTHETIC ABSORBABLES FROM ETHICON
The future of surgical sutures

PDS
(Polydioxanone)

ETHICON*
a Johnson & Johnson company

ETHICON Ltd., P.O. Box 408, Bankhead Avenue,
Edinburgh EH11 4HE, United Kingdom.
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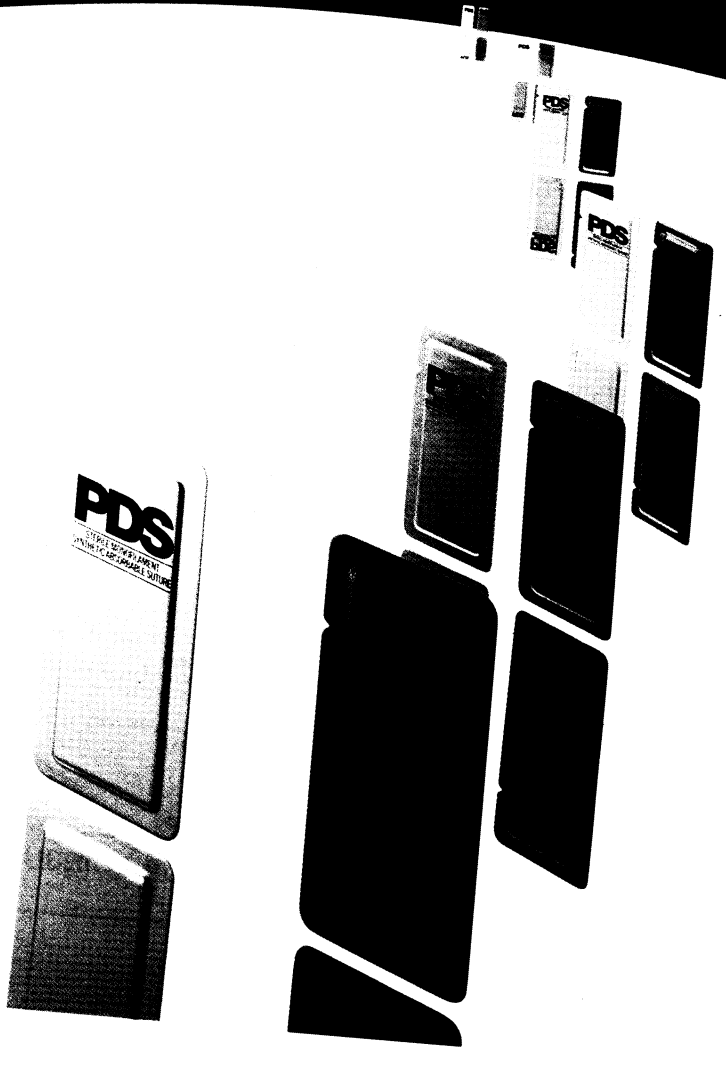
Technical Data Overleaf



TECHNICAL DATA

DATA SHEET

PDS* (Polydioxanone) Sterilised Monofilament Synthetic Absorbable Suture

Presentation
PDS (Polydioxanone) Monofilament Synthetic Absorbable Suture is prepared from the polyester poly (p-dioxanone). The empirical molecular formula of the polymer is $(C_4H_6O_3)n$. PDS (Polydioxanone) sutures are coloured by adding either D & C blue No 6 (gauges metric 0.2 and 0.3, 10/0 and 9/0) or D & C violet No 2 (gauges metric 0.4 to 5.0; 8/0 to 2) during polymerisation. These sutures may also be manufactured undyed (clear).

PDS (Polydioxanone) sutures are relatively inert, non-antigenic, non-pyrogenic 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.

Data obtained from implantation studies in rats show that, at two weeks post implantation, approximately 70% of the suture strength is retained whilst at four weeks the strength retention is approximately 50%. At eight weeks approximately 14% of the original strength remains. *This indicates a significantly longer period of wound support than previously available with an absorbable suture.*

The absorption or loss of mass is minimal until about the 90th post implantation day and is essentially complete within six months.

Uses
PDS (Polydioxanone) monofilament sutures are intended for use where an absorbable suture or ligature is indicated. They may have particular application where longer wound support is required. See strength retention data above.

Dosage and Administration
By implantation.

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

As with all monofilament synthetic sutures, care should be taken to ensure proper knot security.

Conjunctival, cuticular and vaginal epithelium sutures could cause localised irritation if left in place for longer than 10 days. Superficial placement of subcuticular sutures may also be associated with erythema and reaction during the course of absorption.

The safety and effectiveness of PDS (Polydioxanone) sutures in neural and cardiac 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
The gauge range initially available will be 0.2 metric (10/0) to 5 metric (2). Various lengths of material attached to non traumatic stainless steel needles are packaged in sealed aluminium foil sachets. This primary pack is contained in a peel-apart secondary pack. The unit of sale is 12 or 24 packs contained in a film wrapped drawer style carton.

Further Information
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 0508/0011 (dyed); 0508/0012 (clear).
Br Pat No 1 540 053.

Date of preparation of Data Sheet—September 1982.
Revised 8/1986.

DATA SHEET

Coated VICRYL* (Polyglactin 910) Sterilised Braided Synthetic Absorbable Suture

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.

Coated VICRYL (Polyglactin 910) Sutures are coloured by adding D & C Violet No 2 during polymerisation of the lactide and glycolide. Sutures 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 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
Coated VICRYL synthetic absorbable sutures are intended for use where an absorbable suture or ligature is indicated.

Dosage and Administration
By implantation

Contra-indications, 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 7 days and should be removed as indicated.

At the discretion of the surgeon, appropriate non-absorbable sutures may be used to provide additional wound support when coated VICRYL sutures are used in ophthalmic procedures.

The safety and effectiveness of Coated VICRYL (polyglactin 910) Sutures in neural tissue and in cardiovascular tissue have not been established.

Pharmaceutical Precautions
Do not re-sterilise.

Legal Category
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.

Further Information
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 No 0508/0009
Br. Pat. No. 1583390

Date of Preparation of Data Sheet April 1981.
Revised 4/1987.

ETHICON LTD., PO BOX 408, BANKHEAD AVENUE, EDINBURGH EH11 4HE.

*Trademark

For the treatment of irritable bowel syndrome

THIXOTROPIC PASTE FORMULATION FOR SUSTAINED RELIEF

First Line Therapy . . . Naturally

PRESCRIBING INFORMATION

Presentation: Enteric-coated hard gelatin capsule. Each contains 0.2ml 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.

Contra-indications, Precautions, Warnings, etc.: 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:** £10.58 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.

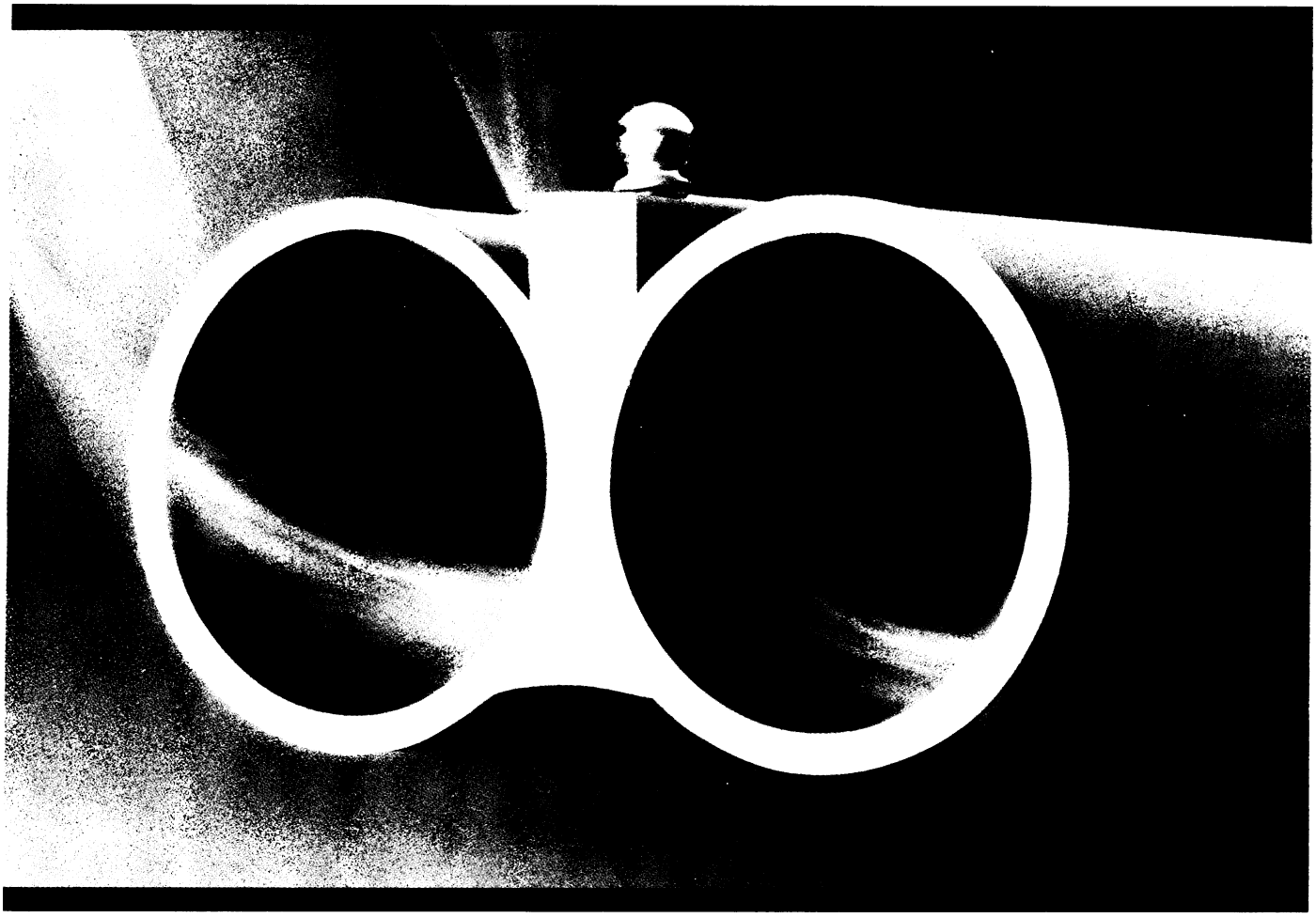
European Patent No. 0015334 **UK Patent No.** 2006011

Tillotts
LABORATORIES

Henlow Trading Estate,
Henlow, Beds. SG16 6DS

COL A2

De-Nol gives ulcer



So they tend not t

REFERENCES: 1. Ward, M. et al, Digestion, 1986; 34: 173-177. **2.** Bianchi Porro et al, Scand. J. Gastro. 1984, 19: 905-908. **3.** Lee, F. et al, Lancet (1): 1299-1302 (1985) **4.** Cipollini, F. et al, Brit. J. Clin. Pract. Vol 41: 4 (1987). **5.** Martin, D. et al, Lancet (1): 7-10 (1981). **6.** Hamilton, I. et al, Gut 27: 106-110 (1986). **7.** Bianchi Porro et al, Gut 25 A565 (1984). **8.** Konturek, S.J. et al, Gut 28: 201-205 (1987). **9.** Marshall, B. et al, Lancet (1) 1984: 1311-1314. **10.** Rathbone, B.J. et al, Gut 27: 635-641 (1986)

PRESENTATION: Each tablet or 5 ml dose contains 120 mg tri-potassium di-citrato bismuthate (calculated as Bi_2O_3). **USES:** Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **DOSAGE AND ADMINISTRATION:** By oral administration. **Adults:** The more convenient dosage is two tablets or two 5 ml spoonsful twice daily (half an hour before breakfast and half an hour before the evening meal) for 28 days. If necessary a further month's treatment may be given. Maintenance therapy with De-Nol is not indicated, but treatment may be repeated after a interval of one month. The tablets are to be taken with a draught of water and each 10 ml dose of the liquid diluted with 15 ml of water. **Children:** Not recommended.

Gist-brocades

s both barrels.

NEW FORMULATION, NEW DOSAGE 2 b.d.

o come back.

De-Nol has a clinical benefit which goes beyond merely healing ulcers as effectively as the H_2 antagonists.[1,2,3,4]

Quite simply, an ulcer healed with De-Nol is less likely to come back than one healed with an H_2 antagonist. This remarkable observation was first made in a trial published in the Lancet in 1981[5] and has subsequently been confirmed by further clinical trials.[3,6,7]

The reasons for this benefit appear to be twofold. Firstly, De-Nol is a cytoprotective, enhancing mucosal defence through the stimulation of mucosal prostaglandins.[8] Secondly, De-Nol is antibacterial to Campylobacter pyloridis[9], a bacterium recently shown to be a potential aggressive factor in the development of gastritis and ulcer disease.[10]

Treatment is simple now with the new formulation. As simple as swallowing two tablets, morning and evening.

℞ **De-Noltab 2 b.d.**

De-Nol®

tri-potassium di-citrato bismuthate

REBALANCES THE ULCER EQUATION

CONTRA-INDICATIONS, WARNINGS: De-Nol/De-Noltab should not be administered to patients with renal disorders and, on theoretical grounds, is contra-indicated in pregnancy. **Special precautions:** De-Nol/De-Noltab may inhibit the efficacy of orally administered tetracyclines. **Side effects:** Blackening of the stool usually occurs; nausea and vomiting have been reported. Darkening of the tongue may occur with De-Nol liquid only. **Overdosage:** No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **LEGAL CATEGORY:** P. **PACKAGE QUANTITIES:** De-Noltab: Treatment pack of 112 tablets. De-Nol: Treatment pack of 560 ml. **BASIC N.H.S. PRICE:** De-Noltab: £18.90. De-Nol: £12.74. **PRODUCT LICENCE NUMBERS:** De-Noltab: 0166/0124. De-Nol: 0166/5024.

Brocades/Great Britain/Limited, West Byfleet, Surrey.

INFLAMMATORY BOWEL DISEASE

TREATMENT

AD·INFINITUM NOT AD·NAUSEAM

Salazopyrin EN-tabs®

enteric coated sulphasalazine

Salazopyrin EN-tabs 'ad infinitum' may mean therapy for life, but it may also mean a 4-fold reduction in relapse rate.[1]

Success depends on continued compliance,[2] – compliance on tolerability.

That is why Salazopyrin EN-tabs are enteric-coated to reduce local gastric effects,[3] like dyspepsia and nausea.

To encourage your patients to continue therapy even when they are in remission, prescribe Salazopyrin EN-tabs.

It's therapy 'ad infinitum' rather than 'ad nauseam'.

References 1. Dissanayake AS, Truelove SC, Gut, 1973;14:923-96 · 2. Van Hees PAM, J.Clin.Gastroenterol, 1982;4:333-36 · 3. Nielsen OH, Scand J.Gastroenterol, 1982;17:389-93.

PRESCRIBING INFORMATION

Presentation Orange elliptical convex film-coated tablets containing 0.5g sulphasalazine (USP) with Pharmacia logo on one side. **Uses** · 1 Induction and maintenance of remission of Ulcerative Colitis. 2 The treatment of active Crohn's disease. **Dosage and Administration** · Salazopyrin EN-tabs should not be broken or crushed. **A** *ULCERATIVE COLITIS Adults Severe*: 2-4 tablets four times a day given in conjunction with steroids as part of an intensive management regime. The night-time interval between doses should not exceed eight hours. In severe disease rapid passage of the tablets may reduce the effect of the drug. *Mild-moderate*: 2-4 tablets four times a day given in conjunction with steroids. *Maintenance*: With induction of remission reduce the dose gradually to four tablets per day in divided doses. This dosage should be continued indefinitely, since discontinuance even several years after an acute attack has been shown to be associated with a four fold increase in the risk of relapse. *Children*: The dose is reduced in proportion to body weight. Severe: 40-60mg/kg per day · Mild-Moderate: 40-60mg/kg per day · Maintenance: 20-30mg/kg per day. **B** *CROHN'S DISEASE* In active Crohn's disease. Salazopyrin EN-tabs should be administered as for severe ulcerative colitis. **Contra-indications** Sensitivity to sulphonamides and salicylates. Infants under 2 years of age. **Precautions** Blood checks and LFTs should be carried out monthly for 3 months. Care in renal or hepatic disease, in glucose-6-phosphate deficiency and porphyria. **Adverse Effects** The most commonly encountered reactions are nausea, headache, rash, loss of appetite and raised temperature. The following adverse reactions have been reported. Haematological: Heinz body anaemia, methaemoglobulinaemia, hypoprothrombinaemia, haemolytic anaemia, leucopenia, agranulocytosis, aplastic anaemia, megaloblastic anaemia, thrombocytopenia. Hypersensitivity reactions: Generalised skin eruptions. Stevens-Johnson syndrome, exfoliative dermatitis, epidermal necrolysis, pruritus, urticaria, photosensitisation, anaphylaxis, serum sickness, drug fever, periorbital oedema, conjunctival and scleral injection, arthralgia, allergic myocarditis, polyarteritis nodosa, LE-phenomenon and lung complications with dyspnoea, fever, cough, eosinophilia, fibrosing alveolitis. Gastro-intestinal reactions: Stomatitis, parotitis, pancreatitis, hepatitis. CNS reactions: Vertigo, tinnitus, peripheral neuropathy, ataxia, convulsions, insomnia, mental depression and hallucinations. Fertility: Oligospermia, reversible on discontinuance of drug. Renal reactions: Crystalluria, haematuria, proteinuria and nephrotic syndrome. **Pregnancy and Lactation** Long term clinical usage and experimental studies have failed to reveal any teratogenic or icteric hazards. Amounts of drug in milk should not present a risk to a healthy infant. **Presentation and Legal Status** POM · PL0009/5007R. EN-tabs 125 (special pack for the disabled) £11.94 · EN-tabs 500 £42.58.

Further information available from Pharmacia Ltd., Pharmacia House, Midsummer Boulevard, Milton Keynes MK9 3HP. Salazopyrin and EN-tabs are registered trade marks. 1 March 1987.

Pharmacia