Reflux controlled!

Heartburn and regurgitation: strengthening the lower oesophageal sphincter should be the primary goal of medical treatment.[1]

* Maxolon is clinically effective in increasing sphincter tone.[2-7]
* Maxolon reduces frequency and duration of reflux.[8,9]
* Maxolon eliminates or alleviates even severe symptoms.[10-11]

Maxolon-controlling heartburn by tightening the sphincter.

Prescribing Information

Indications

Heartburn, dyspepsia 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 0.5 mg/kg body weight.

Adults: 10 mg three times daily

Young Adults (15-20 years): 5-10 mg three times daily, 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, e.g. 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 0.5 mg/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 since vigorous muscular contractions may not help healing.

Availability and NHS prices

Tablets 10 mg (£9.78 for 100).
Syrup 5 mg/5 ml (£3.36 for 200 ml).
Ampoules for injection 10 mg (£2.69 for 10).
Paediatric Liquid 1 mg/1 ml (£1.52 for 15 ml).
Prices correct at August 1982.

Further information is available on request to the company

Beecham Research Laboratories
Brentford, England

PL 0038/0095 0098 5040 5041.

Maxolon and the BRL logo are trade marks

References: 1. Br Med J (1979) **1**: 3-4, **2.** Gut (1973) **14**: 275-279, **3.** Gut (1973) **14**: 380-382, **4.** Gastroenterology (1975) **68** (5): 1114-1118, **5.** Gastroenterology (1976) **70** (4): 484-487, **6.** Anaesth Intens Care (1978) **6** (1): 26-29, **7.** Gastroenterology (1980) **78** (5) pt 2: 1292, **8.** Tijdschr Gastro-Enterol (1977) **20** (3): 155-162, **9.** Dt Z Verdau-u-Stoffwechselkr (1981) **41**: 13-17, **10.** Postgrad Med J (July Suppl. 1973) 104-106, **11.** Z Gesund Inn Med. (1981): 122-124.

BRL 4033

HEALING OF PEPTIC ULCER

"by restoring gastric physiology to normal"[1]

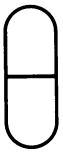
"Carbenoxolone . . . acts by restoring gastric physiology to normal in strengthening the mucosal barrier, rather than by creating a non-physiological situation of hypochlorhydria, such as antacids and H_2 receptor antagonists produce."[1]

1. XI Int. Cong. Gastroenterology, Hamburg, June 1980.

- Increased mucus production
- Reduced epithelial cell loss
- Reduced peptic secretion and activity

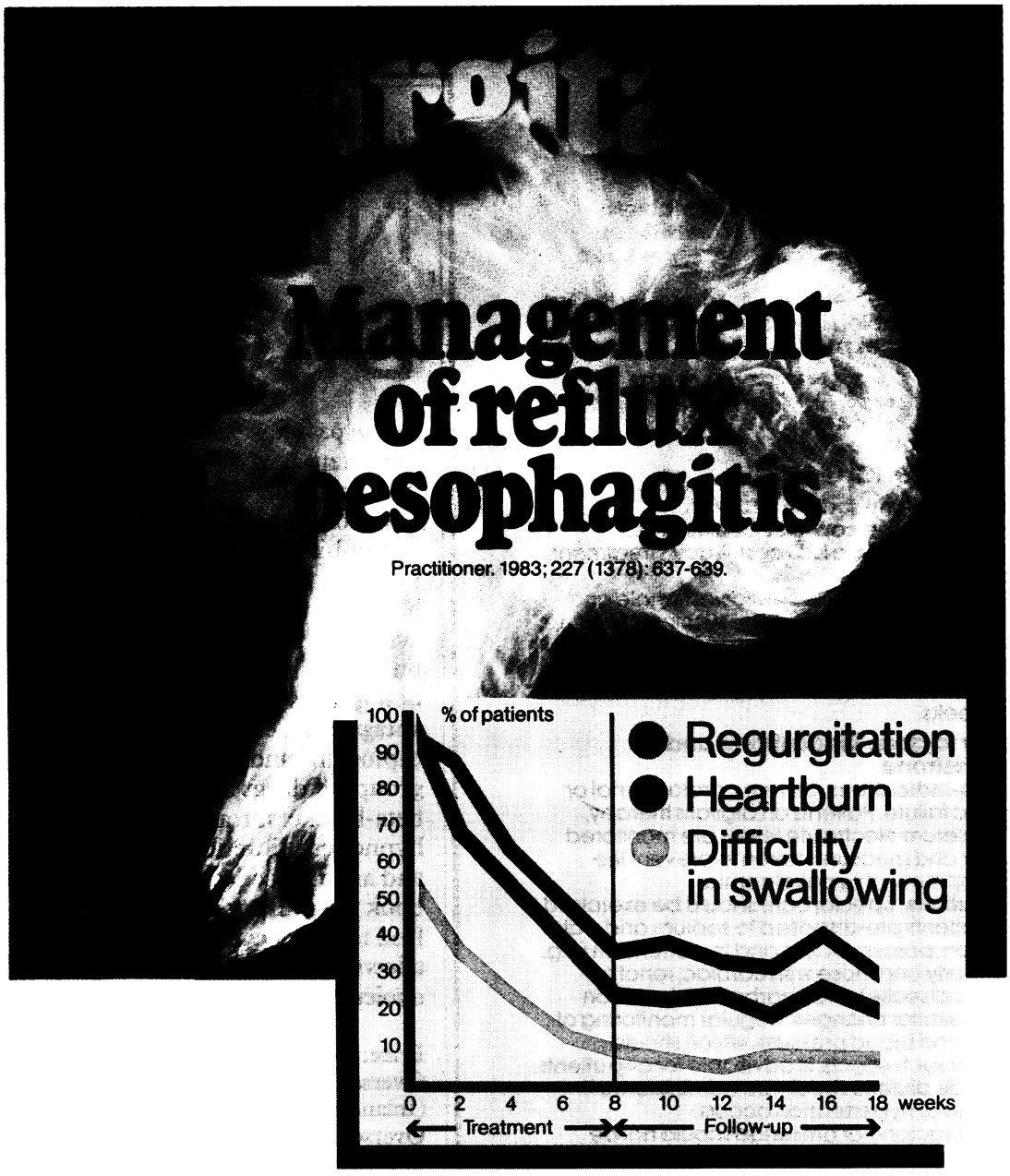
BIOGASTRONE
carbenoxolone
for gastric ulcer

DUOGASTRONE
carbenoxolone
for duodenal ulcer



Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH. See prescribing data overleaf.

WINTHROP



PYROGASTRONE

carbenoxolone sodium, magnesium trisilicate, dried aluminium hydroxide gel

positive healing prolongs post-treatment benefit

Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories, Brit. Pat. No. 1390683.
Further information available from:- Winthrop Laboratories Surbiton-upon-Thames Surrey KT6 4PH

(W5834H) 7·83

WINTHROP

For those who can't make a meal of it

3 SACHETS DAILY

EASY MIX

Ispaghula Husk B.P.

for the bulk of dietary constipation

Prescribing Information. Presentation Premeasured, single-dose sachet containing 6.4 g of beige rough ground powder. Active ingredient — 56% (3.6 g) Ispaghula Husk B.P. **Uses** For the treatment of constipation and patients requiring a high fibre regimen. **Dosage and Administration** 1. Pour measured dosage into a glass. 2. Slowly add 150 ml (¼ pt) COOL water. 3. Drink entire contents immediately. An additional glass of liquid may be taken if needed. *Adults and children over 12 years.* The usual dosage is the entire contents of one sachet taken one to three times daily. *Children* A reduced dosage based upon the age and size of the child should be given. 6-12 years ½-1 level 5 ml teaspoonful one to three times daily. **Contraindications:** Intestinal obstruction, faecal impaction, hypersensitivity to ispaghula. **Warnings and Precautions:** Intestinal atony or stenosis, diabetes. Should be taken as a liquid suspension and drunk immediately after mixing. **Adverse effects:** Allergy and gastrointestinal obstruction or impaction have been reported with hydrophilic mucilloid preparations. **Product Licence Holder and Number** G.D. Searle & Co. Ltd. 0020/0087 **Basic N.H.S. cost** Box of 30 sachets £2.63. Full prescribing information is available on request. Regulan and Gold Cross are trademarks.

RE: JA13 January 1983

GOLD CROSS *Gold Cross Pharmaceuticals Division of G. D. Searle and Co. Ltd. P.O. Box 53, Lane End Road, High Wycombe, Bucks HP12 4HL Telephone: High Wycombe 21124*

Gastrozepin is a selective antimuscarinic agent which provides balanced control of gastric secretion without markedly affecting other peripheral receptor sites. This gastro-selective action means that, in practice, Gastrozepin is a well-tolerated drug which heals peptic ulcers.

Gastrozepin DOES NOT . . .
- **rely on acid reduction alone**
- **rely on pepsin reduction alone**
- **rely on mucosal protection alone**
- **profoundly affect intragastric pH**

Gastrozepin DOES . . .
- **relieve daytime pain**
- **relieve night-time pain**
- **reduce antacid intake**
- **heal peptic ulcers with one 50 mg tablet b.d.**

For the treatment of peptic ulcer

Twice daily

GASTRO SELECTIVE

Gastrozepin®

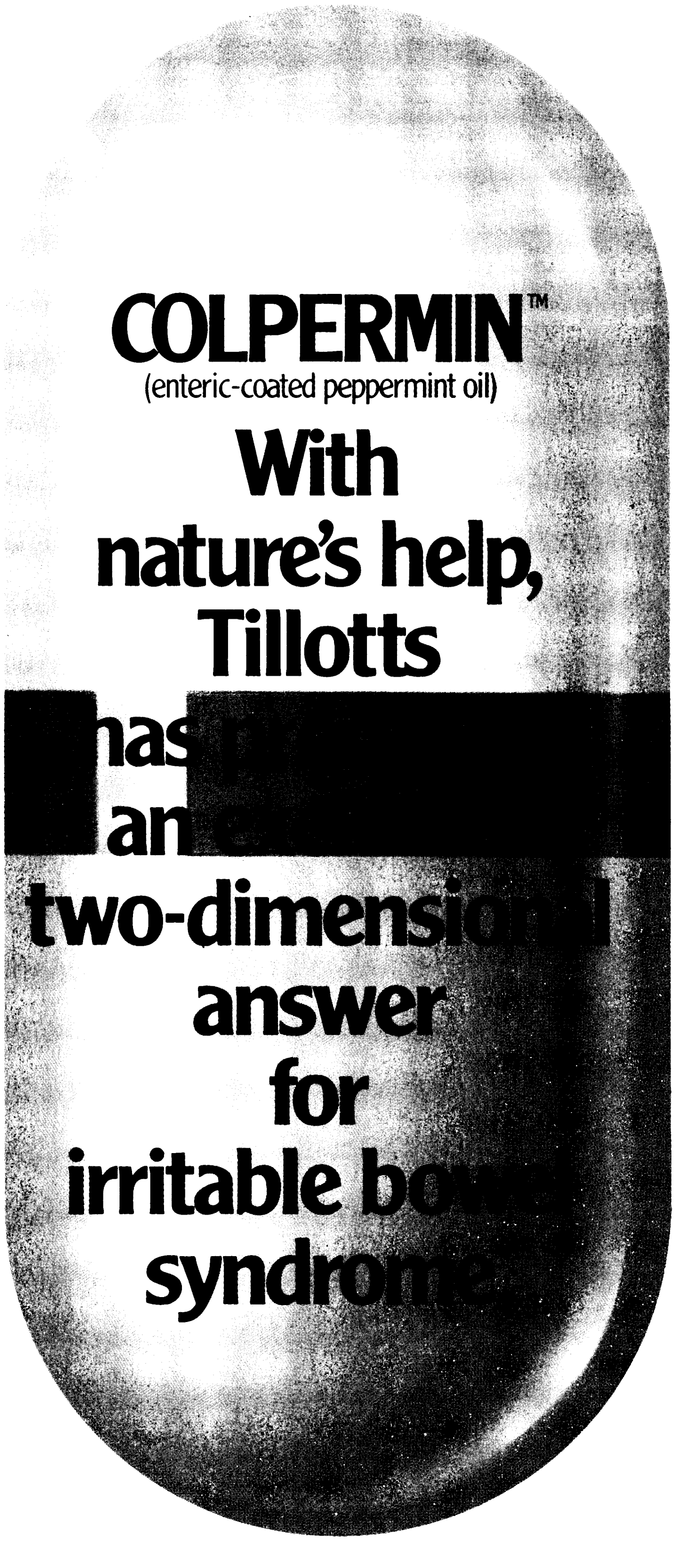
pirenzepine

The gastro-selective anti-secretory

Prescribing Information; Presentation: White tablets each containing 50 mg of pirenzepine dihydrochloride scored on one face with "G" on one side of the score, and "50" on the other. The obverse is impressed with the symbol. **Uses:** Gastrozepin is indicated in the treatment of gastric and duodenal ulcers. **Dosage:** 50 mg at bedtime and in the morning before meals. In severe cases the total daily dose may be increased to 150 mg in divided doses. Continuous therapy may be recommended for up to three months. **Contra-indications, Warnings etc:** Interaction with sympathomimetics and monoamine oxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. *Side effects*: occasionally transitory dry mouth and accommodation difficulty may occur. Treatment of overdosage: entirely symptomatic. There is no specific antidote. **Basic NHS price:** 50 mg tablets, 60 £20.50. **Product Licence No.:** 50 mg tablets, PL0014/0260.

Further information is available on request
The Boots Company PLC Nottingham

Gastrozepin® Trade Mark



COLPERMIN™

(enteric-coated peppermint oil)

An exclusive two-dimensional remedy for irritable bowel syndrome

Prescribing Information

Presentation: A light blue/dark blue enteric-coated hard gelatin capsule size 1, with a green band between cap and body. Each capsule 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. The enteric-coating of the capsule delays release of the peppermint oil until it reaches the distal small bowel. The oil exerts a local effect of colonic relaxation and a fall of intracolonic pressure.

Dosage and Administration: For oral administration.
Adult dose: 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 capsules should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth and oesophagus. 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. Treatment of overdosage: If capsules have been recently ingested, the stomach should be emptied by gastric lavage. Observation should be carried out with symptomatic treatment if necessary.

Pharmaceutical Precautions: Store in a cool place. Avoid direct sunlight.

Legal category: P

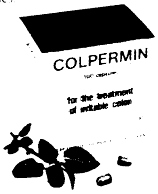
Package quantity: Containers of 100 capsules.

Further information: Nil.

Product Licence: PL 0424/0009.

Basic NHS cost: £10.00 per 100

European Patent No [illegible]
U.K. Patent No [illegible]
Colpermin is a trade mark of Tillotts Laboratories



REFERENCE:

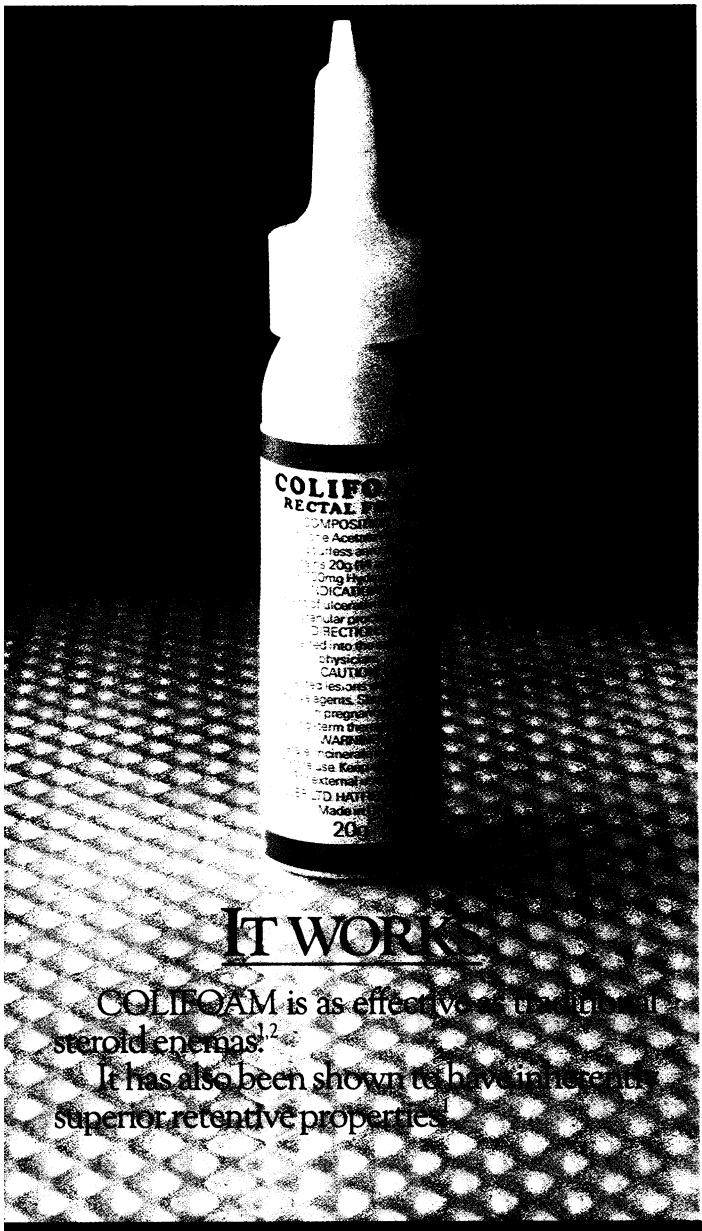
1. Rees WDW, Evans BK, Rhodes J. Treating irritable bowel syndrome with peppermint oil. Br Med J 2 835-836, 1979

11/82 Tillotts LABORATORIES 2 7126

Henlow Trading Estate Henlow Bedfordshire SG16 6DS
Telephone 0462 813933 Telex 82313 Tillab G

Presentation White odourless aerosol foam containing hydrocortisone acetate PhEur 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. Satisfactory response usually occurs within five to seven days. **Contra-indications, 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 disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. **Pharmaceutical 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. **Basic NHS cost** 20g (14 applications) plus applicator, £7.58. **Product licence no.** 0036/0021. **References** 1. Ruddell WSJ et al. Gut 1980; 21: 885–889. 2. O'Donoghue D. Modern Medicine. December 1981; 45. 3. Source: MIMS Nov. 1982. Further information is available on request.

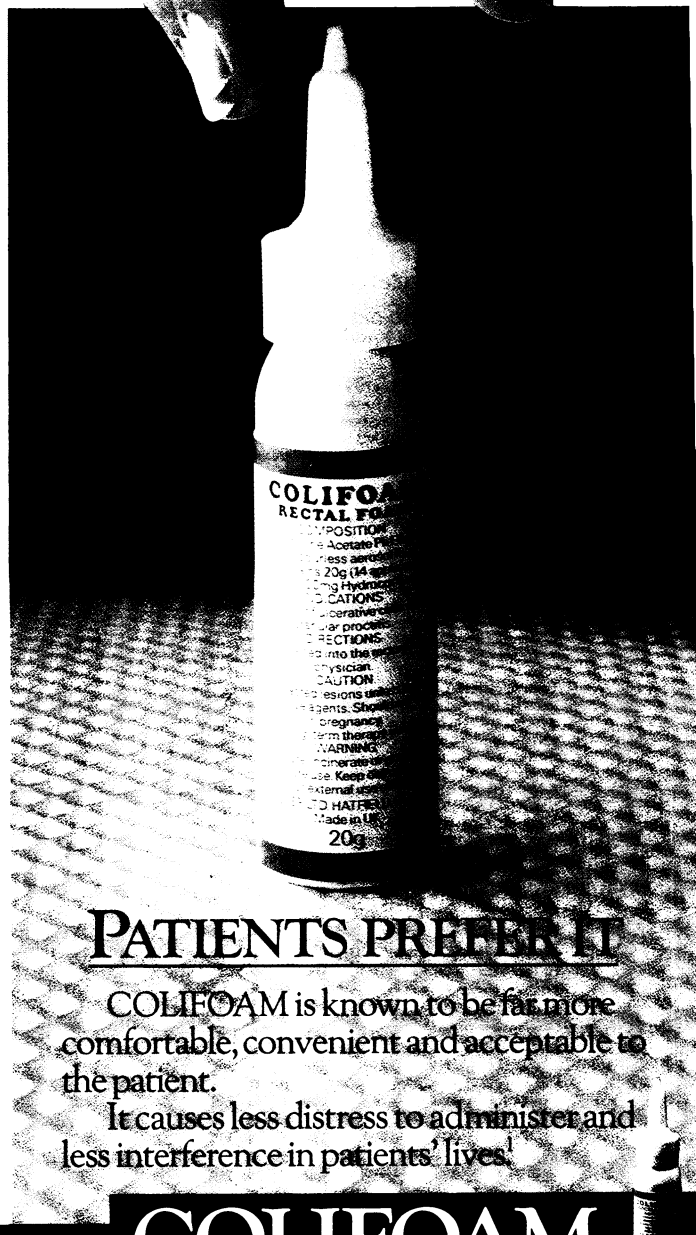
Stafford-Miller Ltd, Professional Relations Division, Hatfield, Hertfordshire AL10 0NZ.



IT WORKS

COLIFOAM is as effective as traditional steroid enemas.[1,2]

It has also been shown to have increased superior retentive properties.



PATIENTS PREFER IT

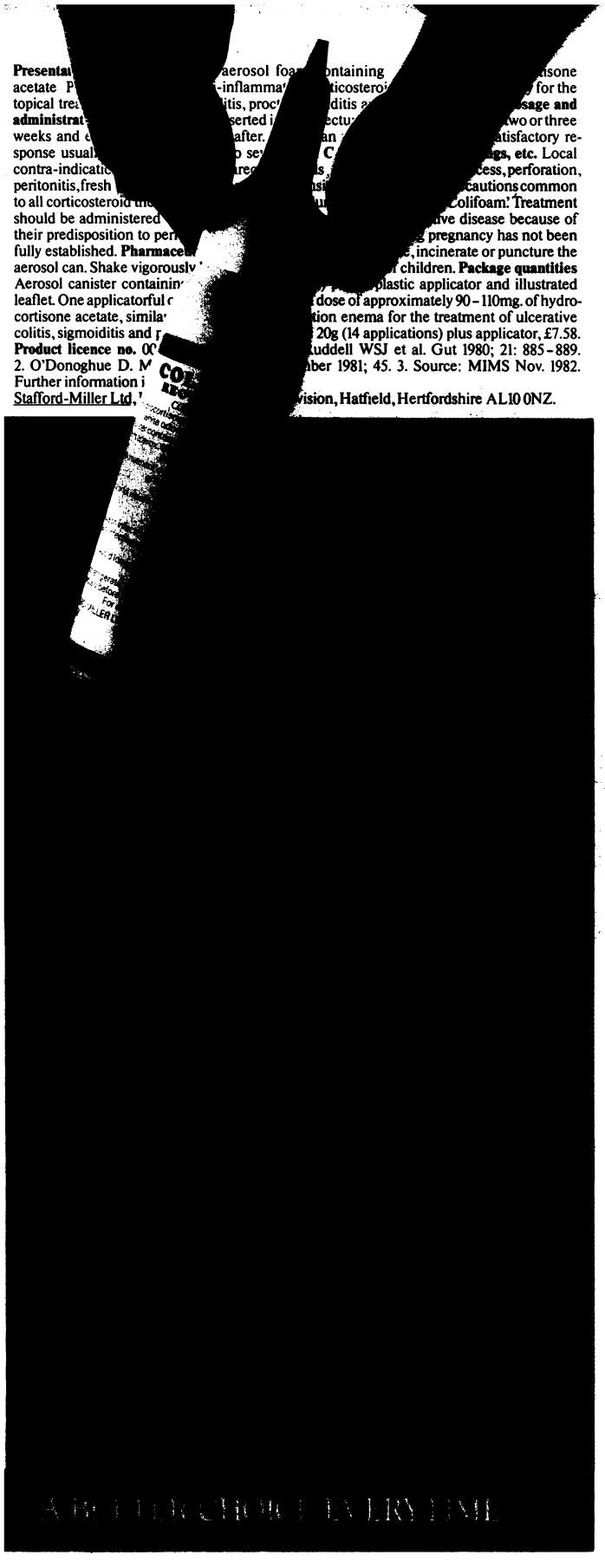
COLIFOAM is known to be far more comfortable, convenient and acceptable to the patient.

It causes less distress to administer and less interference in patients' lives.[1]

IN DISTAL INFLAMMATORY BOWEL DISEASE

COLIFOAM

hydrocortisone acetate foam



STATISTICS IN PRACTICE

No doctor can afford to ignore statistics: most modern medical research uses statistics. This important and authoritative book, which is a collection of articles that have appeared in the BMJ, provides clear information on designing studies, applying statistical techniques, and interpreting studies that use statistics. It can be easily understood by those with no statistical training and should be read by all those who want to keep abreast of new developments.

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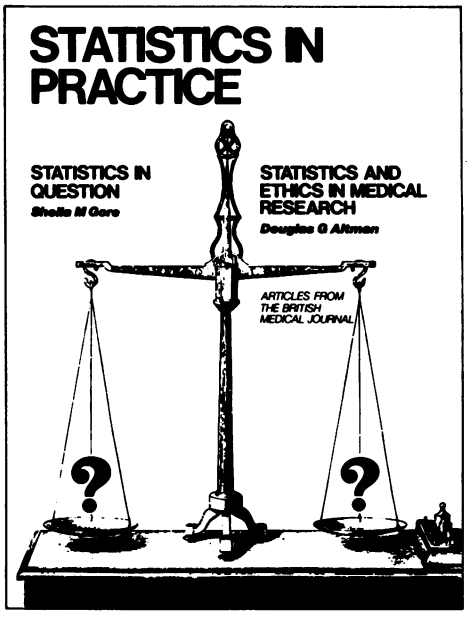

COLPERMIN™

(enteric-coated peppermint oil)

An exclusive two-dimensional remedy for irritable bowel syndrome

Prescribing Information

Presentation: A light blue/dark blue enteric-coated hard gelatin capsule size 1, with a green band between cap and body. Each capsule contains 0.2 ml standardised peppermint oil B.P., Ph. Eur.

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Dosage and Administration: For oral administration.
Adult dose: 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 capsules should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth and oesophagus. 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. Treatment of overdosage: If capsules have been recently ingested, the stomach should be emptied by gastric lavage. Observation should be carried out with symptomatic treatment if necessary.

Pharmaceutical Precautions: Store in a cool place. Avoid direct sunlight.

Legal category: P.

Package quantity: Containers of 100 capsules.

Further information: Nil.

Product Licence: PL 0424/0009.

Basic NHS cost: £10.00 per 100.

European Patent No. 0015514
U.K. Patent No. 2 008 011
Colpermin is a trade mark of Tillotts Laboratories

REFERENCE:
1. Rees WDW, Evans BK, Rhodes J. Treating irritable bowel syndrome with peppermint oil. Br Med J 2 835-836, 1979.

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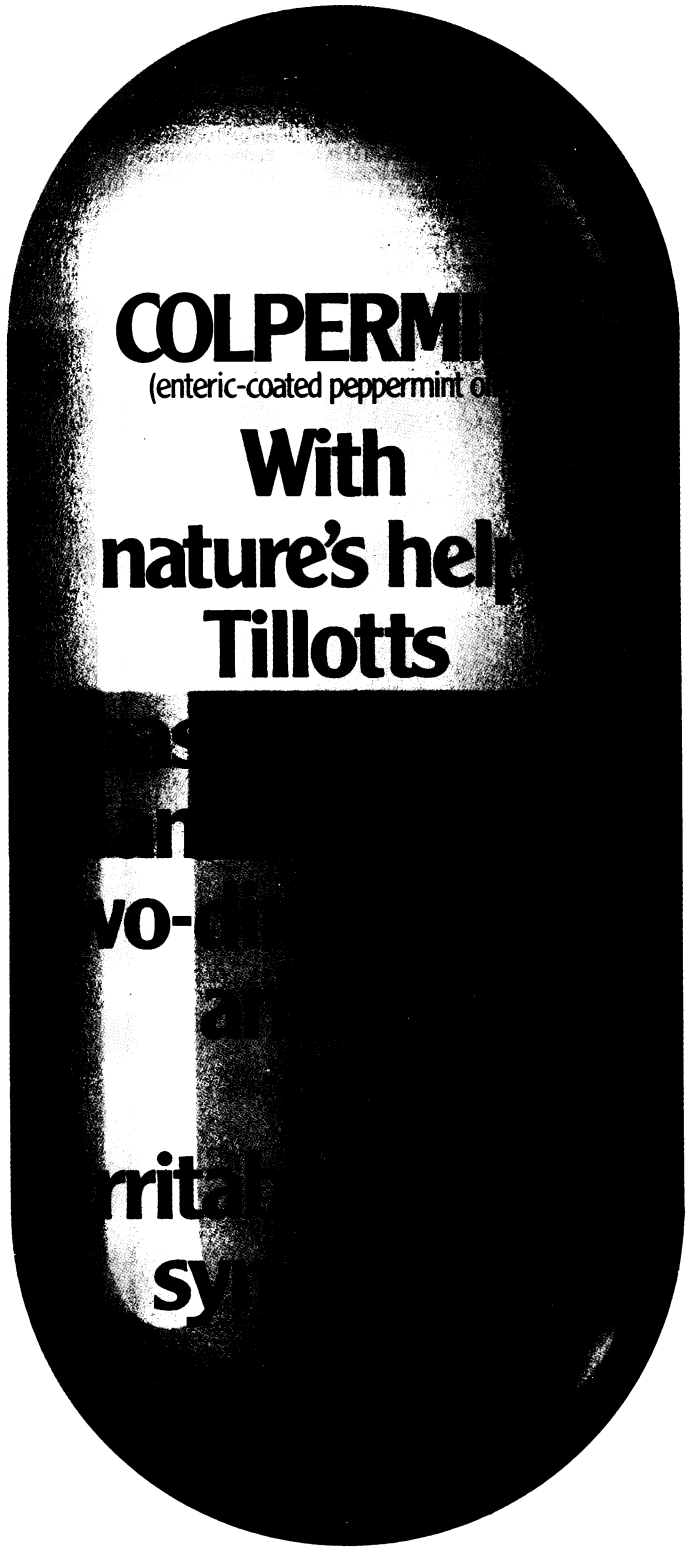
Tillotts LABORATORIES

2-7126

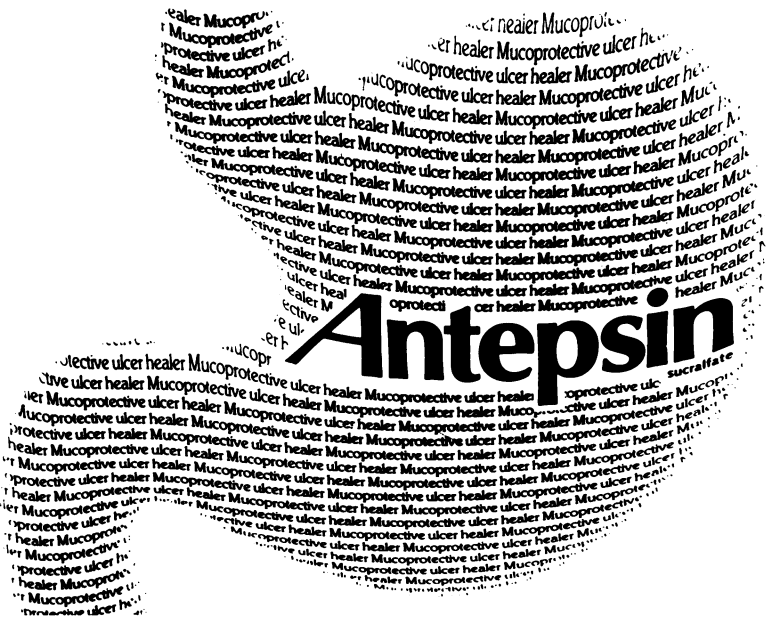
Harrow Trading Estate, Harrow, Bedfordshire. BG16 6DS
Telephone 0482 212633 Telex 62313 Tillo G



Antepsin®

Sucralfate

Mucoprotective ulcer healer



Non-systemic action

Fast pain relief
Excellent healing rates

Prolonged remission
Low incidence of side effects

Prescribing Information

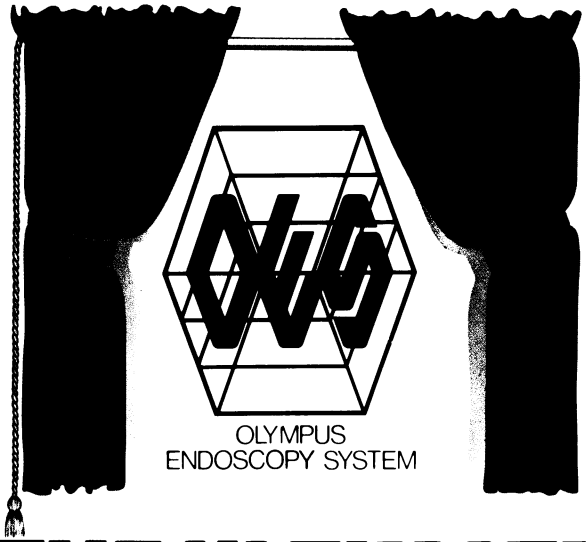
Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. **Uses** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration** For 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.

Further information is available on request to the Company.

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.

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.

The wraps came off a completely new range of upper and lower GI fiberscopes at York.



THE ULTIMATE FIBERSCOPES

Not merely an update but a dramatic advance in fiberoptic instrumentation

* Sharper, larger and brighter optics – strikingly obvious at first sight!
* Complete access to all channels for total cleanability – an absolute first!
* Fully immersible and easily irrigated for thorough disinfection – another first!
* Rugged ergonomic design with increased durability – reduced downtime!
* Standardisation of control sections, pistons and valves – complete interchangeability!
* Many other improvements that can only be seen to be fully appreciated.

OES – ALL THAT YOU'VE ASKED FOR!

OLYMPUS

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Medical Customer Liaison
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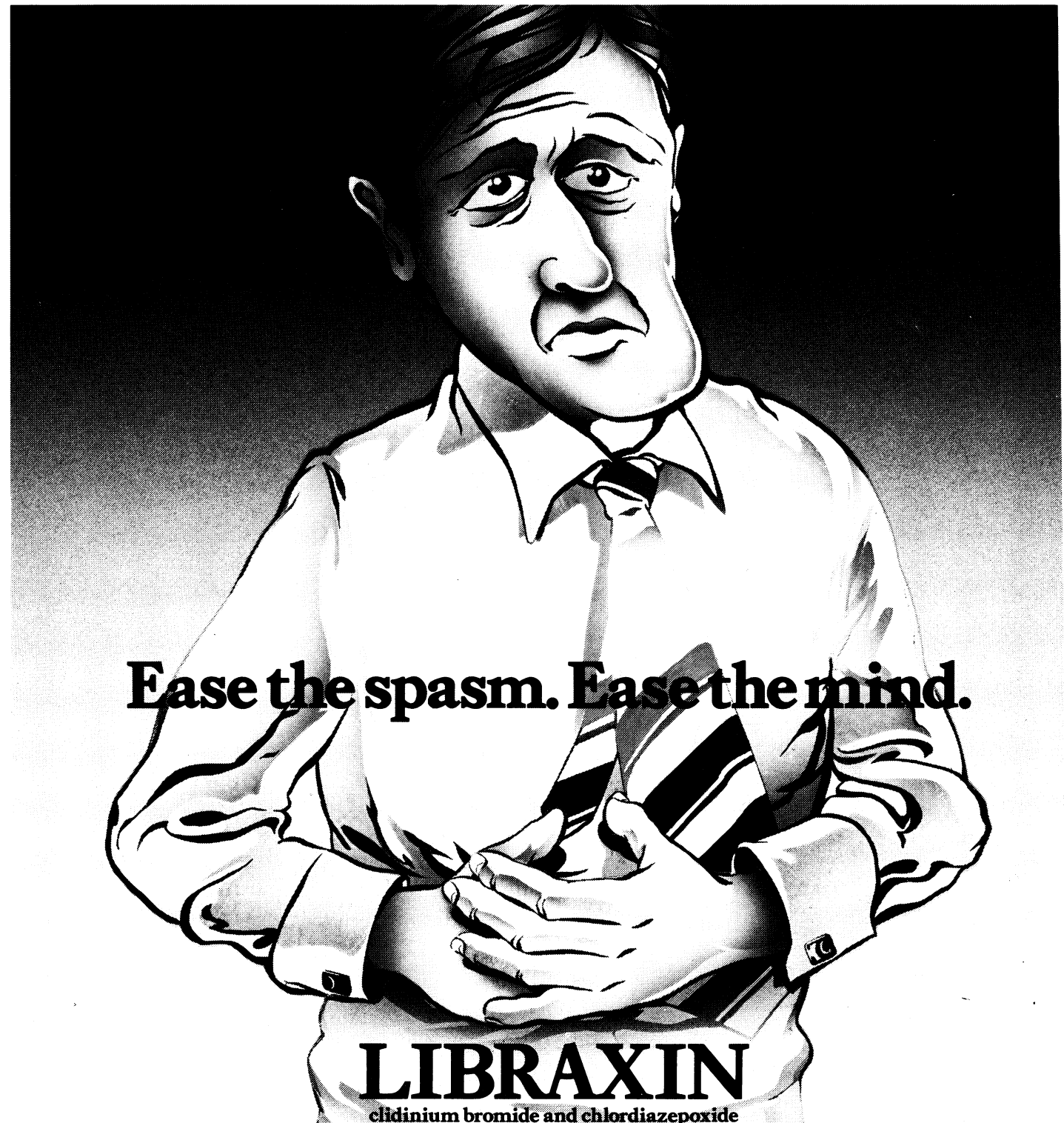
Telephone: (0702) 616333 Telex: 995283



Ease the spasm. Ease the mind.

LIBRAXIN

clidinium bromide and chlordiazepoxide

Clidinium bromide to calm the gut. Chlordiazepoxide to calm the mind.

Indications For the control of hypersecretion, hypermotility and emotional factors associated with gastro-intestinal disorders, such as nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

Dosage 1 or 2 tablets three or four times daily. In elderly patients, it is recommended that the initial dose be 1 tablet twice daily.

Contra-indications Because of its anticholinergic effects, Libraxin should not be given to patients suffering from glaucoma or prostatic enlargement.

Precautions Patients should avoid alcohol while under treatment with Libraxin, since the individual response cannot be foreseen. Patients' reactions (driving ability, operation of machinery, etc.) may be modified to a varying extent, depending on dosage and individual susceptibility. The established medical principle of prescribing medicaments in early pregnancy only when absolutely indicated should be observed.

Side-effects Side-effects are infrequent and are controlled by reduction of dosage. They include drowsiness, muscle weakness, dryness of the mouth, blurring of vision, constipation and hesitancy of micturition.

Presentation Libraxin tablets containing 5mg chlordiazepoxide and 2.5mg clidinium bromide in packings of 100 and 500.

Basic NHS Cost 1 tablet 3 times daily 10.2p/day ex 500 pack.

Licence Number 0031/5024

Licence Holder Sauter Laboratories Division of Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY

Libraxin is a trade mark

J486062/283

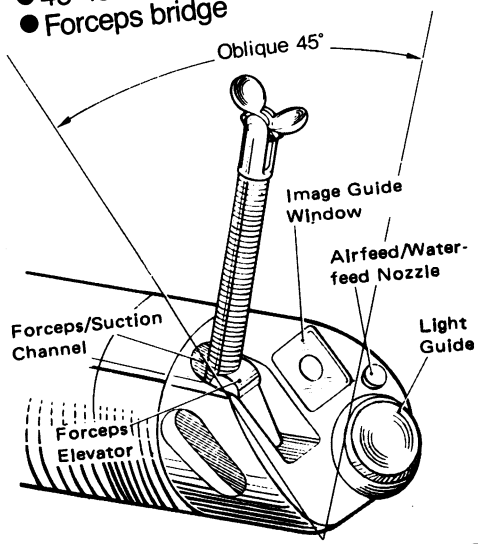
Sauter

NEW from Fujinon

Advanced endoscope technology featured in these three instruments

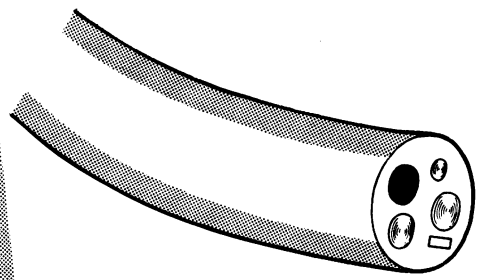
FUJI UGI G

- Panoramic 125° field of view
- 45° fore-oblique lens
- Forceps bridge



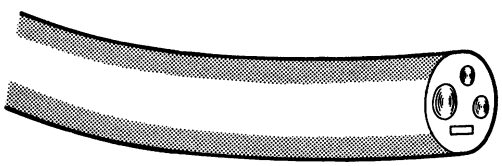
FUJI UGI RB

- 7.9mm outer diameter
- 2.7mm biopsy channel is exceptionally large



FUJI UGI RU

- Adult screening scope 6.3mm diameter permits use in unusual situations.



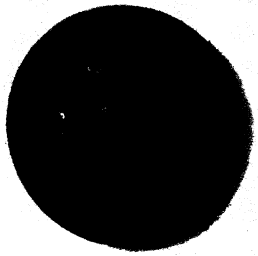
KEEP AHEAD WITH PYSER AFTER-SALES SERVICE

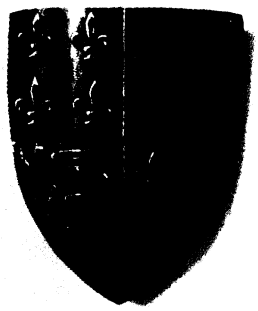
FUJINON **Pyser–**

clearly the better team

Renaissance

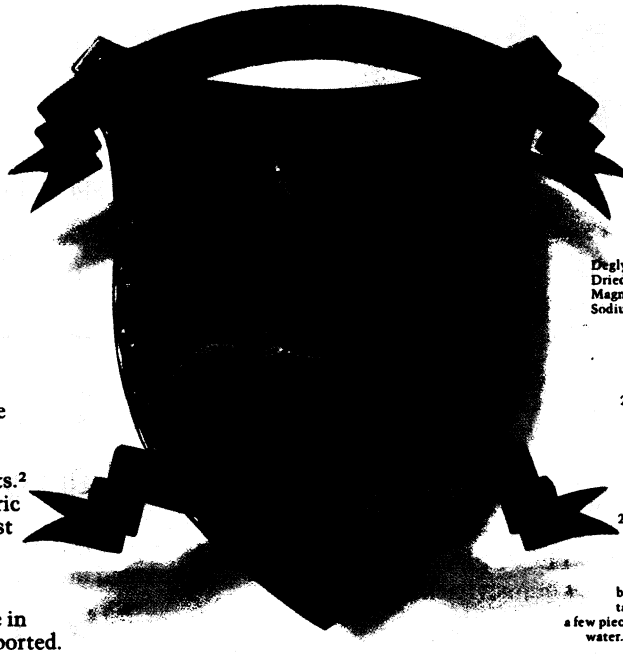
Mediaeval Crusades





Era of Richard III

Bodily defence still relies on shields



NOW! A natural mucosal shield helps heal peptic ulcers!

CAVED-S® does what no other ulcer therapy can do: it increases the number of mucus-secreting cells[1] with virtually no side effects.[2] This protects the gastric mucosal barrier against damaging agents[3,4,5] and reduces ulcer recurrence.[6]

An 88% healing rate in 12 weeks[7] has been reported. Studies also confirm that CAVED-S offers comparable efficacy to cimetidine in healing gastric ulcers[7] and comparable efficacy to ranitidine in healing duodenal ulcers.[6]

CAVED-S®

(deglycyrrhizinated liquorice, alum hydrox gel, mag carb, sod bic)

"The Mucosal Shield" for peptic ulcers

PRESCRIBING INFORMATION

Presentation:
Brown tablets embossed 'CAVED-S', each containing:

Deglycyrrhizinated Liquorice	380 mg
Dried Aluminum hydroxide gel	100 mg
Magnesium carbonate	200 mg
Sodium bicarbonate	100 mg

Indications:
For the treatment of peptic ulcer and other allied conditions.

Dosage and Administration:
Adult dose for gastric ulcer:
2 tablets 3 times a day between meals.
Adult dose for duodenal ulcer:
Increase to 2 tablets 6 times a day between meals when necessary.
Prophylactic dose:
Gastric ulcer:
1 tablet 3 times a day, between meals.
Duodenal ulcer:
2 tablets 3 times a day, between meals.
Children's dosage 10-14 years: half adult dose.
The tablets should be lightly chewed and swallowed with a drink of water, but in exceptional cases of objection to taste, the tablets should be broken into a few pieces and then swallowed with a drink of water. No additional antacids are necessary.

Contra-indications, warnings, etc:
Rare cases of mild diarrhoea can occur. No other side-effects have been reported.
Caved-S should be used with caution in pregnancy.

Basic NHS Price:
60's—£2.83
240's—£10.12
600's—£22.76
PL0424/5000.

Tillotts LABORATORIES

Henlow Trading Estate, Henlow, Bedfordshire. SG16 6DS.
Telephone 0462 813933 Telex: 82313 Tillab G.

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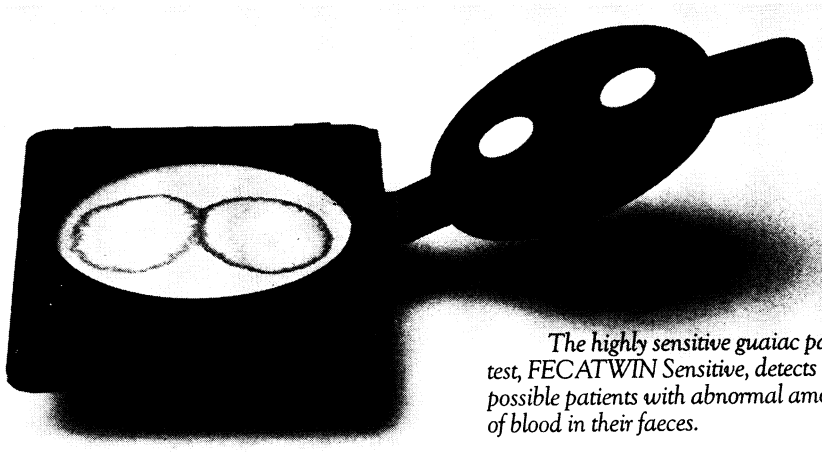
1. Van Marle J, Aarsen PN, Lind A, et al: Deglycyrrhizinised liquorice (DGL) and the renewal of rat stomach epithelium. *Eur J Pharmacol* 72:219-225, 1981. 2. Cooke WM, Baron JH: Metabolic studies of deglycyrrhizinated liquorice in two patients with gastric ulcer. *Digestion* 4:264-268, 1971. 3. Rees WDW, Rhodes J, Wright JE, et al: Effect of deglycyrrhizinated liquorice on gastric mucosal damage by aspirin. *Scand J Gastroenterol* 14:605-607, 1979. 4. Morgan RJ, Nelson LM, Russell RI, et al: The effect of deglycyrrhinized liquorice on the occurrence of aspirin and aspirin plus bile acid-induced gastric lesions, and aspirin absorption in rats, abstracted. *Gastroenterology* 82:1134, 1982. 5. Morris TJ, Calcraft BJ, Rhodes J, et al: Effect of a deglycyrrhizinised liquorice compound in the gastric mucosal barrier of the dog. *Digestion* 11:355-363, 1974. 6. McAdam WAF, Morgan AC, Pacsoo C, et al: A comparison between ranitidine and Caved-S in duodenal ulcer treatment, abstracted. Proceedings, World Congress of Gastroenterology, Stockholm, June 1982. 7. Morgan AG, McAdam WAF, Pacsoo C: Comparison between cimetidine and Caved-S in the treatment of gastric ulceration, and subsequent maintenance therapy. *Gut* 23:545-551, 1982.



The highly sensitive guaiac paper test, FECATWIN Sensitive, detects all possible patients with abnormal amounts of blood in their faeces.

New Improved Early Diagnosis. Human Specific Faecal Occult Blood Test.

FECA-EIA, a unique immunological test specific for human haemoglobin eliminates false positive results, and only bleeding patients are referred for clinical examinations.

Labsystems has developed a new method for detecting faecal occult blood. The method is based on FECATWIN Sensitive, Labsystems' guaiac test and the new FECA-EIA, the unique immunological test for human haemoglobin.

Find All Possible Positive Results

Start by performing the FECATWIN Sensitive test. This gives positive results in all patients with pathological amounts of blood in faeces.

So even early stages of colorectal cancer may be detected and patient identification increases.

FECATWIN Sensitive finds a large proportion of patients bleeding from the upper gastrointestinal tract. Although easy to perform, sensitive guaiac tests can lead to false positive results because of foodstuffs containing dietary blood or peroxidase. A human specific test eliminates this problem.

Minimize Expensive Clinical Examinations

FECA-EIA separates the "false" positive results of the guaiac test from the true bleeding patients with an economic lab test specific for human haemoglobin. FECA-EIA increases the productivity of diagnostic work since unnecessary intensive clinical tests are eliminated.

Only patients with pathological amounts of human faecal occult blood need be referred for clinical examinations.

Find out for Yourself

Labsystems' FECA-EIA is the first human specific immunological test to detect faecal occult blood. With FECATWIN Sensitive clinical reliability is increased and unnecessary expensive clinical examinations avoided.

Try the Labsystems method in your own department. Take advantage of our special offer. Telephone or send in the coupon. FECA-EIA and FECATWIN Sensitive are manufactured by

Labsystems

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NORDIC

Nordic Pharmaceuticals Ltd., 11 Mount Road, Feltham, Middlesex TW13 6JG. Tel: 01-8988 665, Telex: 935729 Helix G.

I am interested in Labsystems' faecal occult blood testing method. Please send me

☐ A trial kit for £75 containing FECATWIN Sensitive 50 tests, FECA-EIA 50 tests.

☐ The FECA-EIA brochure and price list, additional scientific information.

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DATA SHEET

PDS* (Polydioxanone) Sterilised Absorbable Synthetic 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 D & C violet No 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

Contraindications, 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 mucosal sutures could cause localised irritation if left in place for longer than 10 days and should be removed as indicated.

The safety and effectiveness of PDS (Polydioxanone) sutures in neural and cardiovascular tissue have not yet been established. The use of this material in the renal tract is currently under investigation.

Pharmaceutical Precautions
Do not resterilise.

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

Package Quantities
The gauge range initially available will be 0.7 metric (6/0) to 4 metric (1). 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 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 PL 0508/0011 (dyed)
PL 0508/0012 (clear)

Br Pat No 1 540 053

ETHICON LTD,
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EDINBURGH EH11 4HE

*Trademark

(Date of preparation of Data Sheet — September 1982)

Ursofalk®

ursodeoxycholic acid

The simple approach to gallstone dissolution

* effective[1,2,3]
* lack of side effects[1,4,5]
* cost-effective
* simple regimen

References:

1. Roda, E et al, Hepatology 1982, Vol. 2, No. 6: 804-810.
2. Bachrach, WH, and Hofmann, AF Digestive Diseases and Sciences 1982. Vol. 27, No. 8: 737-761.
3. Leuschner, U: Bilanz der medikamentosen Gallestein Auflosung. Med Klin 1981: 76: 232-234.
4. Volpi, C et al, Current Therapeutic Research 1979; 26: 225-229.
5. Dowling, RH, Hospital Update 1979, December: 1081-1103.

Prescribing information

Presentation Olive green hard gelatin capsules containing 250 mg ursodeoxycholic acid (UDCA). **Uses** Dissolution of radiolucent gallstones measuring up to 15 mm diameter, as assessed on plain films, in patients whose gall bladders opacify on oral cholecystography. Ursofalk lowers biliary cholesterol secretion, reduces cholesterol saturation in bile, and facilitates transfer of cholesterol from gallstones to bile. **Dosage and Administration** The following dosage regime is recommended to provide a daily dosage of 8–12 mg UDCA/kg:

Body Weight (kg)	Dose of Ursofalk: Capsules daily (in 2 doses)	mg/kg/day
50–62	2	8.1–10
63–85	3	8.8–11.9
86–120	4	8.3–11.6

If doses are unequal the larger dose should be taken in late evening to counteract the rise in biliary cholesterol saturation which occurs in the early hours of the morning. The late evening dose may usefully be taken with food to help maintain bile flow overnight. The time required for dissolution of gallstones is likely to range from 6 to 24 months depending on stone size and composition. Follow up cholecystograms or ultrasound investigations may be useful at 6 month intervals until the gallstones have disappeared. Treatment should be continued until 2 successive cholecystograms and/or ultrasound investigations 4–12 weeks apart have failed to demonstrate gallstones. This is because these techniques do not permit reliable visualisation of stones less than 2 mm diameter. The likelihood of recurrence of gallstones after dissolution by bile acid treatment has been estimated as up to 50% at 5 years. The efficacy of Ursofalk in treating radio-opaque or partially radio-opaque gallstones has not yet been tested but these are generally thought to be less soluble than radiolucent stones. Non-cholesterol stones may not be dissolved by bile acids. These account for 10–15% of radiolucent stones. Obese patients may require a higher dose of Ursofalk for gallstone dissolution, for example up to 15 mg/kg daily. **Contra-indications, Warnings etc.** Like other bile acids, Ursofalk is absorbed from the intestine, passed to the liver, conjugated and excreted into the bile. Little information is available on the effects and tolerance of Ursofalk in the presence of hepatic damage or inflammatory bowel disease. The following drugs bind bile acids in vitro and may therefore interfere with absorption of Ursofalk – cholestyramine, charcoal, colestipol and certain antacids e.g. aluminium hydroxide. As with all but essential drugs the use of Ursofalk in early pregnancy is contra-indicated. (In the rabbit, but not in the rat, embryotoxicity has been observed). A product of this class has been found to be carcinogenic in animals. The relevance of these findings to the clinical use of UDCA has not been established. **Overdosage** Doses of up to 4 g UDCA/day have been used therapeutically. The compound is almost entirely excreted in the stool as UDCA or bacterial metabolites. Serious toxicity from a gross overdose is not to be expected although some looseness of the bowels may occur. **Pharmaceutical Precautions** Store in a cool dry place. **Legal Category** POM. **Package Quantity** Ursofalk 250 mg capsules in packs of 60. **Further Information** Many patients report a reduction in severity and frequency of biliary colic during bile acid treatment. The following methods of post-dissolution treatment have been used: (a) continued treatment with a reduced dose; or (b) intermittent treatment with the standard recommended dose. Another approach is to give no continuing therapy, but to maintain regular monitoring of the patient for the recurrence of gallstones by means of cholecystograms. **Product Licence Number** 4408/0001 **Product Licence Holder** Thames Laboratories Limited, Thames Building, 206 Upper Richmond Rd West, London SW14 8AH

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