

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

Maxolon and the BRL logo are trade marks

PL 0038/0095 0098 5040 5041.

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-Stoffwechselfkr (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 H₂ receptor antagonists produce."¹

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

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



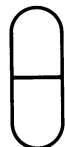
BIOGASTRONE

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

BIOGASTRONE

carbenoxolone
for gastric ulcer

Carbenoxolone sodium BP 50 mg tablets.
PL 0071/5902. Bottles of 100. Basic NHS cost:
1 week's treatment £2.63 (21 tablets) – £5.26
(42 tablets).

Adult dose: 2 tablets t.i.d. after meals for the first week then 1 tablet t.i.d. until ulcer is healed (usually 4-6 weeks).

DUOGASTRONE

carbenoxolone
for duodenal ulcer

Carbenoxolone sodium BP 50 mg
position-release capsules. Bottles of 28.
PL 0071/5903. Basic NHS cost: 1 day's treatment
(4 capsules) £1.01.

Adult dose: 1 capsule swallowed whole and unbroken with liquid q.i.d., 15-30 minutes before meals. Patients may continue to take antacids but anticholinergic drugs should be discontinued. Treatment should continue for 6-12 weeks.

Safety factors: Biogastrone and Duogastrone

Contra-indications. Severe cardiac, renal or hepatic failure. Patients on digitalis therapy, unless serum electrolyte levels are monitored weekly and measures taken to prevent the development of hypokalaemia.

Precautions. Special care should be exercised with patients pre-disposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since carbenoxolone can induce similar changes. Regular monitoring of weight and blood pressure, which should indicate such effects, is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs. (Spironolactone or amiloride should not be used because they hinder the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Biogastrone or Duogastrone for women who may become pregnant.

Biogastrone and Duogastrone are registered trade marks.

Made under licence from Biorex Laboratories. Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH.

Just published

NEW DRUGS

In the past few years the number of important new drugs and our understanding of pharmacology have continued to increase. Reliable and unbiased information on the therapeutic use of these agents is, however, not always readily available. Articles recently published in the *BMJ* on entirely new groups of drugs – H₂ receptor antagonists, calcium antagonists, captopril – and on new members of groups of drugs already available – beta-blockers, tranquillisers, hypnotics, diuretics – fill this gap and are now collected together in book form. Busy practitioners will find that this comprehensive review allows them to make a more rational choice of treatment.

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(Inland £5.50;

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to BMA members)

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Payment must be enclosed with order

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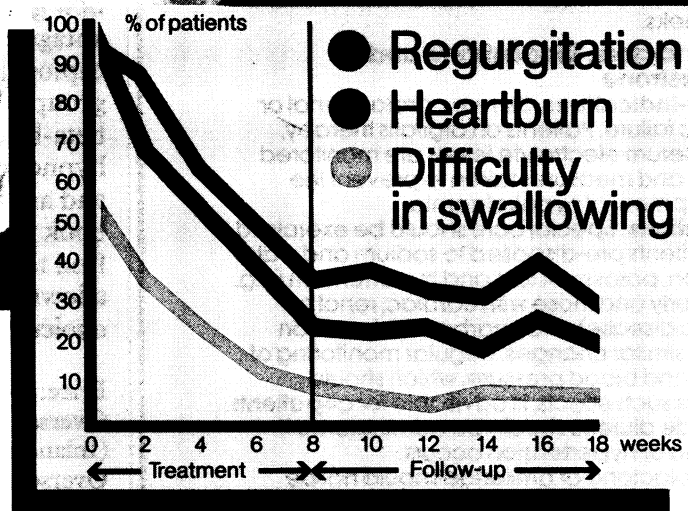
Tavistock Square

London WC1H 9JR

or any leading bookseller

Management of reflux oesophagitis

Practitioner. 1983; 227 (1378): 637-639.



PYROGASTRONE

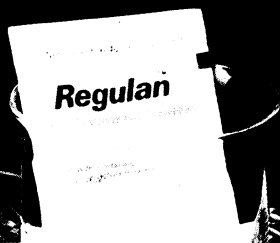
carbenoxolone sodium, magnesium trisilicate, dried aluminium hydroxide gel

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

WINTHROP

For those who can't make a meal of it



Reg
Regulan

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 (1/4 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 1/2-1 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 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

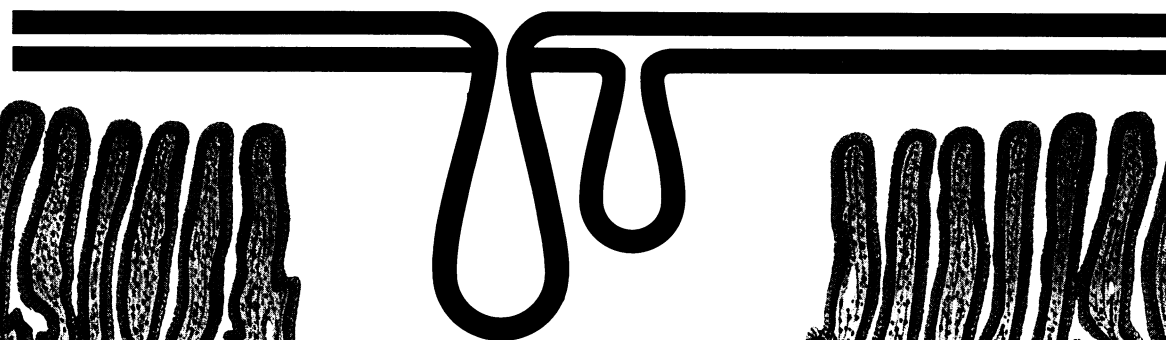
Gastrozepin DOES . . .

- 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, PLO014/0260

 Further information is available on request
The Boots Company PLC Nottingham

Gastrozepin[®] Trade Mark

COLPERMIN™

(enteric-coated peppermint oil)

With
nature's help,
Tillotts

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. 0411333

UK Patent No. 2188822

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, 1974.



has
an
two-dimensional
answer
for
irritable bow
syndrome

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. Ruddlel 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.

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 2. O'Donogh
 ne, December 1981; 45: 3.
Source: MIMS Nov. 1982.
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IT WORKS

COLIFOAM is as effective as traditional steroid enemas.^{1,2}

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



PATIENTS PREFER IT

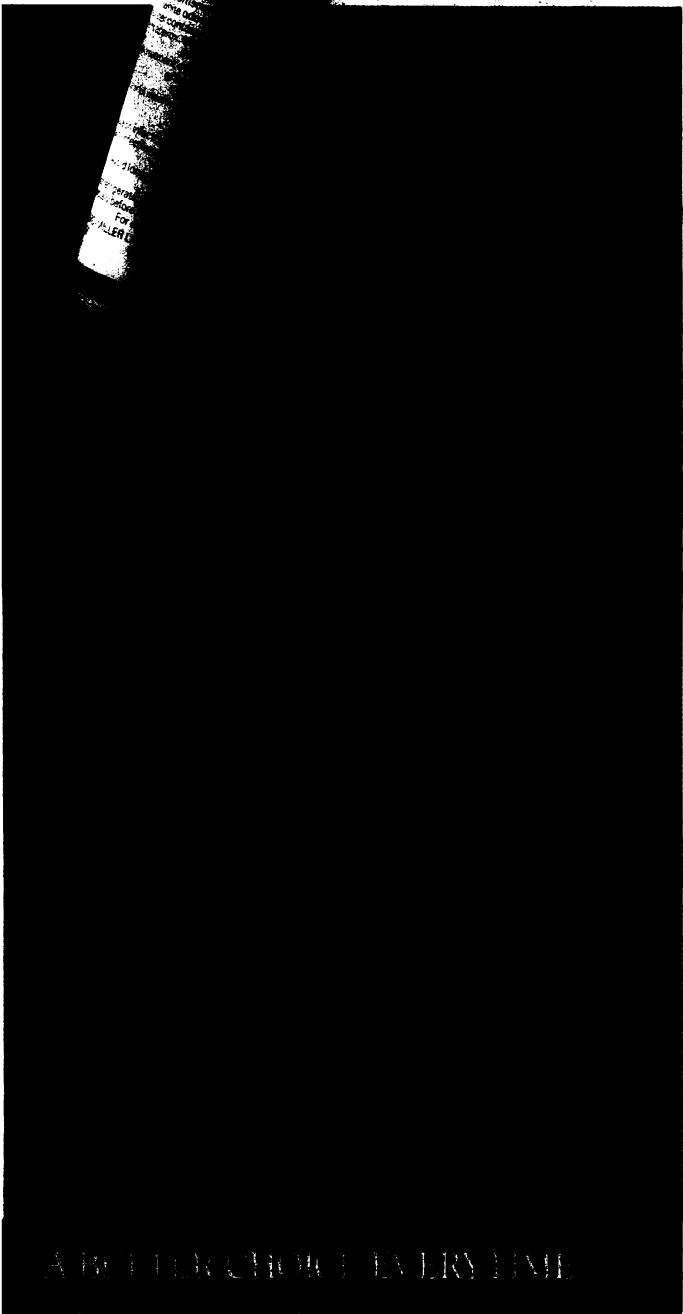
COLIFOAM is known to be far more comfortable, convenient and acceptable to the patient.

It causes less distress to administer and less interference in patients' lives!

IN DISTAL INFLAMMATORY BOWEL DISEASE

COLIFOAM
 hydrocortisone acetate foam

Presentat... aerosol foam... containing... someone
 acetate P... -inflamm... corticostero... for the
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 peritonitis, fresh... us... cautions common
 to all corticosteroid... Colifoam: Treatment
 should be administered... ive disease because of
 their predisposition to per... pregnancy has not been
 fully established. **Pharmace...** incinerate or puncture the
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 Aerosol canister containin... plastic applicator and illustrated
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 2. O'Donoghue D. M... umber 1981; 45. 3. Source: MIMS Nov. 1982.
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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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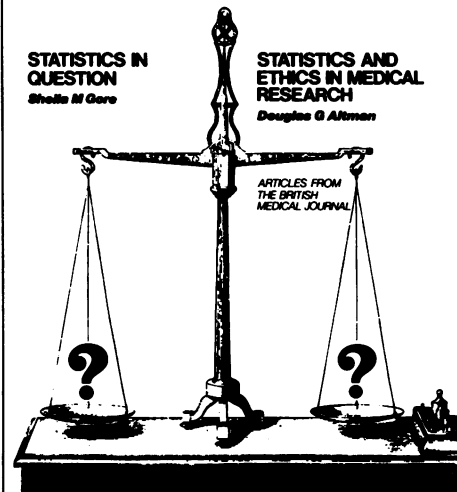
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 Douglas G Altman



A BETTER CHOICE EVERY TIME

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. 0015334
UK Patent No. 2,000,911
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



COLPERMIN

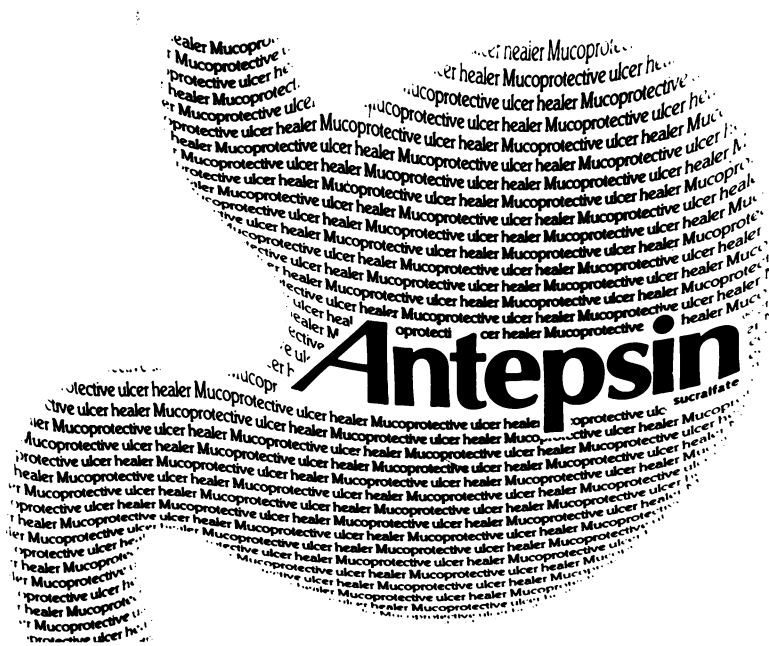
(enteric-coated peppermint oil)

With nature's help Tillotts

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.

Legal Category POM. **Package Quantities** Antepsin 1 gram - Secuntainers 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.

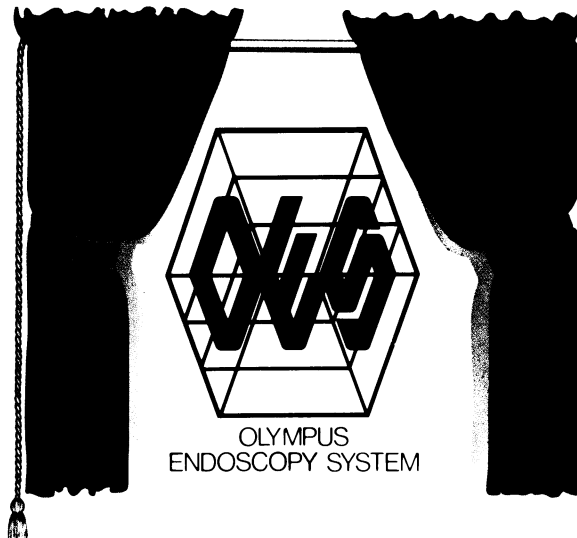


Ayerst Laboratories Ltd.,
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completely new range of
upper and lower GI
fiberscopes at York.**



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**Not merely an update but a dramatic
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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

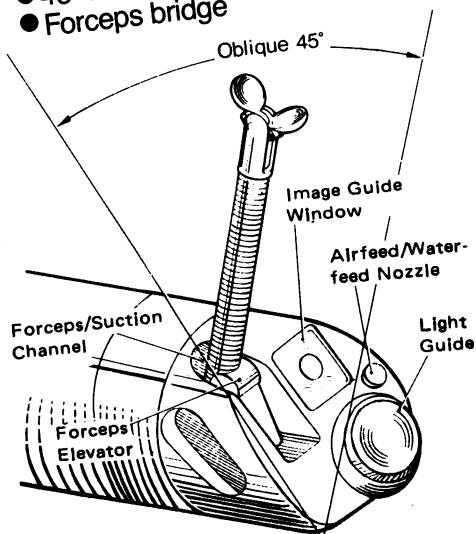
Sauter

NEW
from Fujinon

Advanced endoscope technology featured in these three instruments

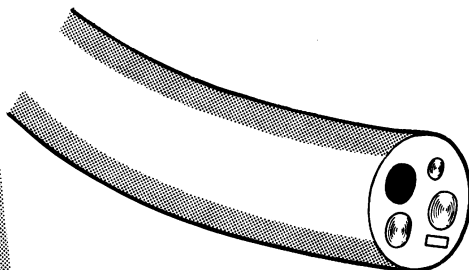
FUJI UGI G

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



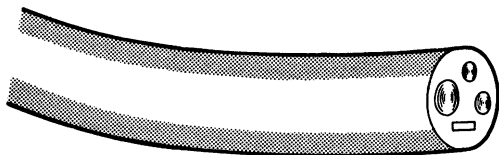
FUJI UGI RB

- 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**



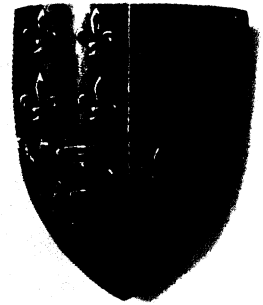
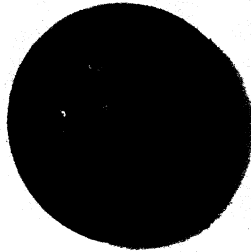
Pyser—

clearly the better team



Renaissance

Mediaeval Crusades



Era of Richard III

Bodily defence still relies on shields

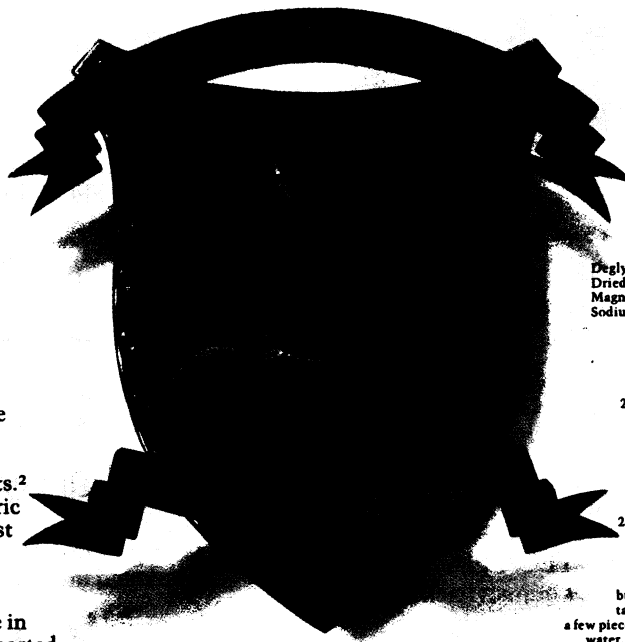
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An 88% healing rate in 12 weeks⁷ has been reported. Studies also confirm that CAVED-S offers comparable efficacy to cimetidine in healing gastric ulcers⁷ and comparable efficacy to ranitidine in healing duodenal ulcers.⁶

REFERENCES:

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PRESCRIBING INFORMATION

Presentation:

Brown tablets embossed 'CAVED-S', each containing:
Deglycyrrhizinized 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.

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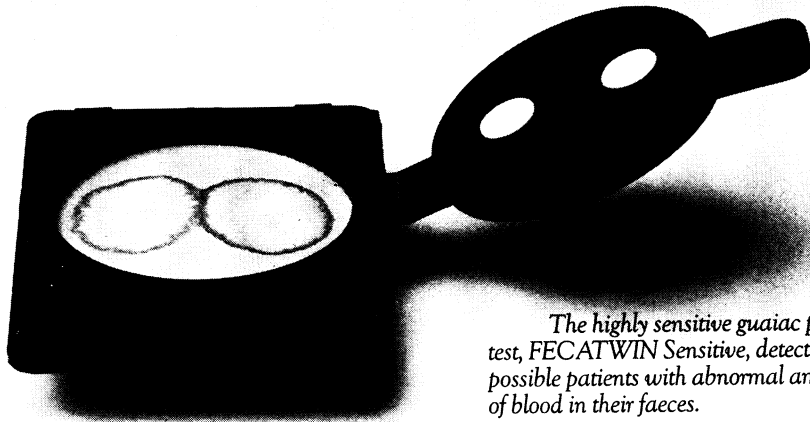
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PL0424/5000.



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NEW

PDS

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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)
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References:

1. Roda, E et al, Hepatology 1982, Vol. 2, No. 6: 804-810.
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5. Dowling, RH, Hospital Update 1979, December: 1081-1103.



Ursosol® (ursodeoxycholic acid) capsules containing 250 mg ursodeoxycholic acid (UDCA).
Dissolution of radiolucent gallstones measuring up to 19 mm diameter, as assessed on X-ray films, in patients whose gall bladder opacity on oral cholecystography. Ursosol 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 Ursosol 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 Ursosol 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 radiopaque stones. Obese patients may require a higher dose of Ursosol for gallstone dissolution, for example up to 15 mg/kg daily. **Contra-Indications, Warnings etc.** Like other bile acids, Ursosol 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 Ursosol 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 Ursosol - cholestyramine, charcoal, colestipol and certain antacids e.g. aluminium hydroxide. As with all but essential drugs the use of Ursosol in early pregnancy is contraindicated. (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** Ursosol 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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Reference: 1. Gazzard B. Do any drugs actually cure ulcers? *General Practitioner* 1983; January 28-44.

Prescribing Information

Presentations - Tagamet Tablets PL XXX/XXX, each containing 400 mg cimetidine; 16 x 61. Tagamet Tablets PL XXX/XXX, each containing 200 mg cimetidine; 100 x 4. Tagamet Syrup PL XXX/XXX containing 200 mg cimetidine per 5 ml; 200 ml; 18.17.

Indications - Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration, Mendelson's syndrome, malabsorption and fluid loss in short bowel syndrome, Zollinger-Ellison syndrome. **Dosage** - Usual dosage: Adults: Duodenal ulcer, 400 mg b.i.d. with breakfast and at bedtime, or 200 mg t.i.d.s. with meals; and 400 mg at bedtime; 3.0 g/day for at least 4 weeks. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months.

Benign gastric ulcer, 200 mg t.i.d.s. with meals and 400 mg at bedtime; 3.0 g/day for at least 6 weeks. Oesophageal reflux disease, 400 mg t.i.d.s. with meals and 400 mg at bedtime; 1.6 g/day for 4 to 8 weeks. Prophylaxis of stress-induced gastrointestinal haemorrhage, up to 2 g/day divided to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome, 400 mg 90-120 mins before induction of general anaesthesia; a 400 mg at start of labour then 200 mg 2-hourly as necessary, maximum 1.6 g. Do not use Tagamet syrup, Zollinger-Ellison syndrome, up to 400 mg b.i.d. rarely up to 2 g/day. Recurrent and stomal ulceration, and short bowel syndrome, 200 mg t.i.d.s. and

400 mg at bedtime; 1.6 g/day. N.B. For full dosage instructions see Data Sheet. **Cautions** - Compare renal function to usual dosage; see Data Sheet. Potential for strabismic diplopia; symptoms in an amblyopic eye; see Data Sheet. Do not use treatment; observe patients per 24 hrs. Exfoliative dermatitis, rash, cancer. Care in patients with compromised marrow; see Data Sheet. Avoid during pregnancy and lactation. **Adverse reactions** - Dizziness, drowsiness, rash, tiredness. Rarely, mild gynecomastia, reversible liver damage, conjunctivitis, usually in the elderly or very ill. Interstitial nephritis, acute pancreatitis. **Legal category** - POM 21/83.

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