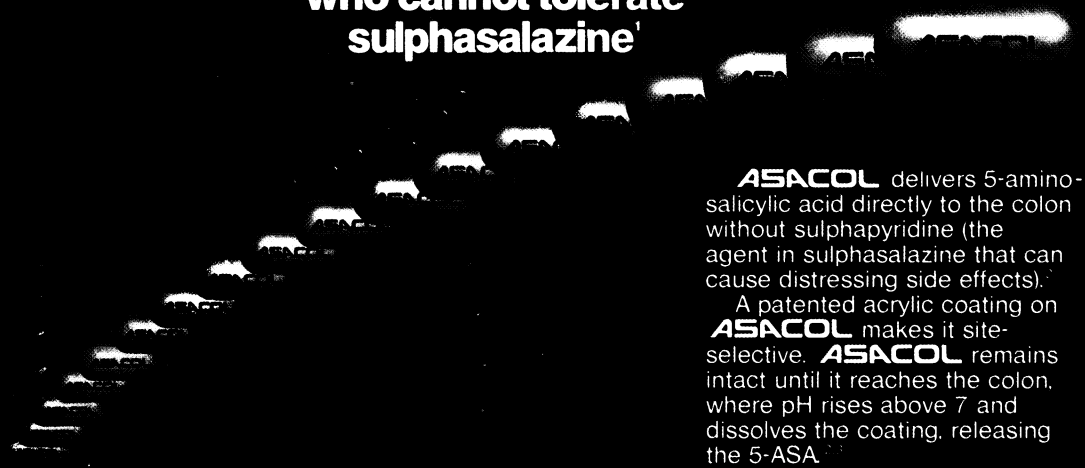
ASACOL™

MESALAZINE*(5-aminosalicylic acid)

Direct delivery to the colon

For ulcerative colitis patients who cannot tolerate sulphasalazine[1]



ASACOL delivers 5-aminosalicylic 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 colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.[3]

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

Clinical studies have shown that **ASACOL** offers efficacy comparable to that of sulphasalazine in maintaining the remission of ulcerative colitis.[4,5]

ASACOL™

Direct Delivery to the Colon

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: 1012-1014

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.**

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Red tablets containing 400mg 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.

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: 87 pence

U.K. Patent No. 8322387

Henlow Trading Estate
Henlow, Beds. SG16 6DS

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.**

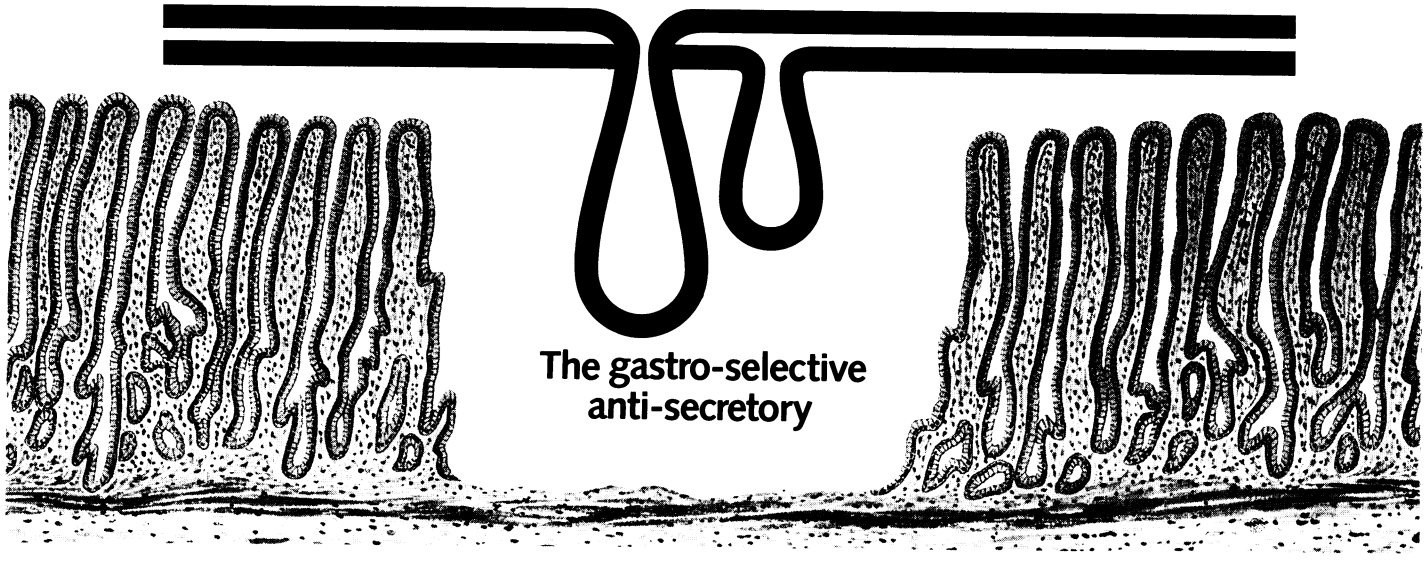
For the treatment of peptic ulcer

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 ℬ **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.

ℬ Further information is available on request
The Boots Company PLC Nottingham

Gastrozepin® Trade Mark

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 wound support for twice as long as any other absorbable material. PDS sutures pass smoothly through tissue, handle easily and knot well.

SYNTHETIC ABSORBABLES FROM ETHICON
The future of surgical sutures

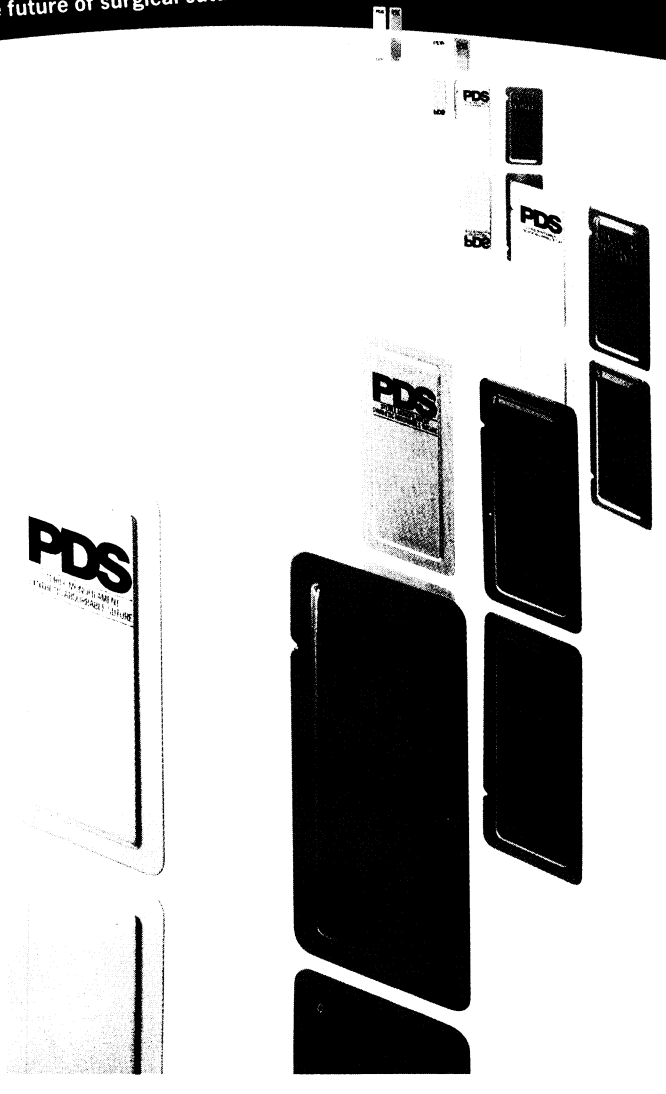
Coated VICRYL (Polyglactin 910)

PDS (Polydioxanone)

ETHICON*
a Johnson & Johnson company

ETHICON Ltd., P.O. Box 408, Bankhead Avenue, Edinburgh EH11 4HE, Scotland
*Trademark © ETHICON Ltd 1985.

TECHNICAL DATA ON FILE AT



TECHNICAL DATA

DATA SHEET

PDS* (Polydioxanone) Sterilised Absorbable Synthetic Monofilament Suture

Presentation
PDS (Polydioxanone) Monofilament Synthetic Absorbable Suture is prepared from the polyester poly (p-dioxanone). The empirical molecular formula of the polymer is $(C_4H_6O_2)n$. PDS (Polydioxanone) sutures are coloured by adding D & C blue No 6 (gauge 0.2 metric and 0.3 metric) D&C violet No 2 (gauge 0.4 metric to 5 metric) 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 mucosal sutures could cause localised irritation if left in place for longer than 10 days and should be removed as indicated. 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 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.

Packaging
The gauge range available will be 0.3 metric (9/0) to 5 metric (2). Various lengths of material attached to non traumatic stainless steel needles are packaged in sealed aluminium foil sachets.

The primary pack is sealed within a peel-apart secondary pouch and 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.

Date of preparation of Data Sheet—September 1982. Revised 1/1985.

DATA SHEET

Coated VICRYL* (Polyglactin 910) Sterilised Absorbable Synthetic Braided 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. Suture may also be manufactured in the undyed form.

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

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

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 tissue under stress is required.

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

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

Pharmaceutical Precautions
Do not re-sterilise.

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

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

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 PL 0508/0009
Br. Pat. No. 1583390

Date of preparation of Data Sheet - April 1981. Revised 1/1985.

ETHICON LTD, PO BOX 408, BANKHEAD AVE, EDINBURGH EH11 4HE

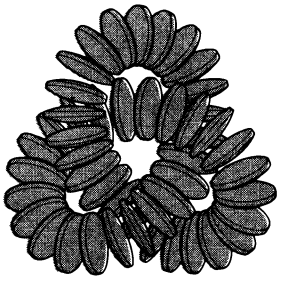
*Trademark

SALAZOPYRIN® EN

sulphasalazine

HAS TOLERABILITY ALL WRAPPED UP

"Patients in whom sulfasalazine induces dyspeptic symptoms alone can be given EN Salazopyrin (entero-soluble) instead, and no more than 5% of these patients will be so troubled by dyspepsia that the treatment has to be discontinued."
Nielsen, O.H., Scand. J. Gastroenterol., 1982, 17, 389



Get them into the SALAZOPYRIN habit

DAY AFTER DAY AFTER YEAR

500mg q.i.d. in ulcerative colitis

PRESCRIBING INFORMATION

Dosage and Administration Plain or EN Tabs. In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks give steroids also. Gradually reduce dose after 2-3 weeks to 3-4 tabs/day given indefinitely. Suppositories: Two morning and night reducing dose after 3 weeks with improvement. Enema: One to be given at bedtime. Preparation contains adult dose. Children: Reduce adult dose on basis of bodyweight.

Contra-Indications Sensitivity to salicylates and sulphonamides. Infants under 2 years. Enema: Sensitivity to parabens.

Adverse Reactions Side effects common to salicylates or sulphonamides may occur. Most commonly these are nausea, loss of appetite and raised temperature which may be relieved on reduction of dose. use of EN tablets, enema or suppositories. If serious reactions occur the drug should be discontinued. Rare Adverse Reactions: Haematological: haemolytic anaemia, agranulocytosis, aplastic anaemia. Hypersensitivity: eg rash, fever. Gastrointestinal: eg stomatitis, impaired folate uptake. C.N.S.: eg peripheral neuropathy. Fertility: eg reversible oligospermia. Renal: eg proteinuria, crystalluria. Also: Stevens-Johnson syndrome and lung complications, eg fibrosing alveolitis.

Precautions Care in porphyria, allergic, renal or hepatic disease. Glucose-6-PD deficiency. Blood checks initially and periodically.

Pregnancy and Lactation While the ingestion of drugs in these situations may be undesirable, the severe exacerbations of the disease which can occur commends the continuance of therapy. Long clinical usage and experimental studies have failed to reveal teratogenic or icteric hazards. The amounts of drug present in the milk should not present a risk to a healthy infant.

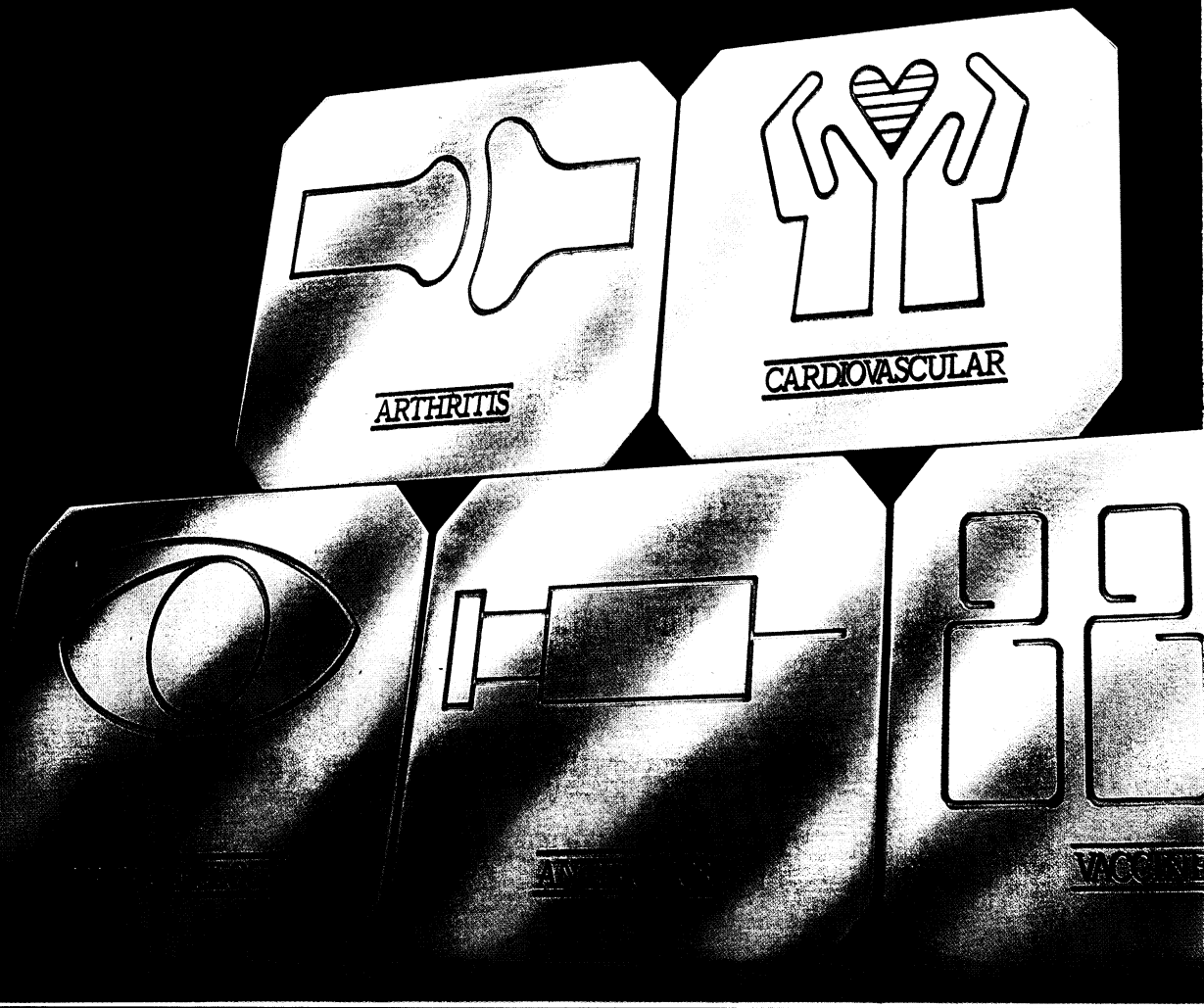
Packages and Prices Plain Tablets (0.5g) 100 & 500: £6.70 for 100. EN Tablets (0.5g): 100 & 500: £8.70 for 100. Suppositories (0.5g): 10 & 50: £2.80 for 10. Enemas (3.0g): 7: £12.10 for 7.
Product Licence Numbers Plain Tablets: 0009/5006. EN Tablets 0009/5007. Suppositories: 0009/5008. Enema 0009/5009.

Pharmacia

Further information is available on request
Pharmacia Limited, Pharmacia House
Midsummer Boulevard, Milton Keynes MK9 3HP
Telephone Milton Keynes (0908) 661101

THOMAS MORSON PHARMACEUTICALS

BUILDING FOR THE FUTURE



Building on strength
On the strength of our parent company, Merck Sharp & Dohme Limited, one of the largest manufacturers of prescribed medicines in the world.

Building on experience
On the foundations of the extensive history of Thomas Morson Pharmaceuticals, which spans over a century.

Building on research and commitment
On the benefits of sharing over £250 million invested annually by MSD on research, which has helped establish Thomas Morson Pharmaceuticals in a wide range of therapeutic areas, including arthritis and cardiovascular disease.

Building for the future
A future committed to improved patient care through medical advances in all therapeutic areas, notably gastroenterology, and the beneficial implications for the many thousands of sufferers of distressing digestive disorders.

Thomas Morson Pharmaceuticals–
new directions, new purposes

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

3-87 GEN.86.GB.1907.J

A BETTER CHOICE TO LIVE WITH THROUGH THE DAY

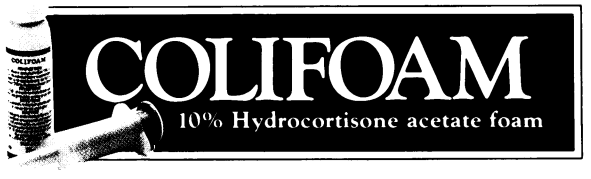
A new trial[1] has shown that COLIFOAM is equal in efficacy to prednisolone enemas, but causes significantly less interference in your patients' daily lives. Published evidence now conclusively demonstrates the clear superiority of COLIFOAM compared to liquid enemas:

Efficacy. COLIFOAM is equal in efficacy to prednisolone enemas[1] and hydrocortisone enemas[2]. Retrograde spread increases with the extent of the disease[3] and COLIFOAM can reach well into the descending colon[4].

Acceptability. COLIFOAM causes less interference with your patients' daily lives[1,2,5]. COLIFOAM is far easier for your patients to retain[1,2,5].

Safety. Bioavailability data proves COLIFOAM has extremely low levels of systemic absorption[6], lower than prednisolone enemas[7].

Economy. COLIFOAM costs less per dose than standard proprietary enemas[8].

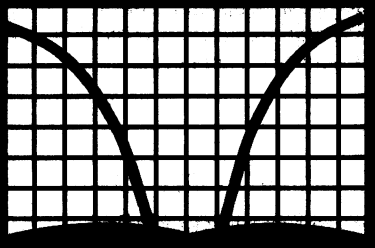


In distal inflammatory bowel disease. A better choice every time.

References (1) Somerville KW et al. British Medical Journal 1985;291:866. (2) Ruddell WSJ et al. Gut 1980;21:885-889. (3) Farthing MGJ et al. British Medical Journal 1979;2:822-824. (4) Rhodes JM. Journal of Clinical & Hospital Pharmacy 1983;8:219-232. (5) Gaucher P and Champignuelle B. Revue Française de Gastroenterologie 1983;193:35-39. (6) Barr WH et al. Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document. October 1981. (7) Lee DAH et al. Gut 1980;21:215-218. (8) MIMS October 1985.

Prescribing Information. 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, (illustrated instructions are enclosed with every pack). 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 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. Shake vigorously before use. Keep out of reach of children. For external use only. Legal category POM. Package quantities Aerosol canister containing 25g. (approx. 14 applications) plus a plastic applicator and illustrated leaflet. Basic NHS cost 25g 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.

DE-NOL REBALANCES THE ULCER EQUATION



The inescapable equation of ulcer aetiology Acid Attack v. Mucosal Defence remains the basis for our understanding of peptic ulcer. With an ulcer the acid side of the equation gains the upper hand, although it is now clear that this is more often a result of poor mucosal resistance than excessive acid secretion. An agent which enhances the mucosal defence mechanism should be the treatment of choice. The approach to ulcer therapy should thus be based on the truism:

NO MUCOSAL BREAKDOWN, NO ULCER.

De-Nol

Prescribing Information De-Noltab and De-Nol
Presentation: De-Noltab is presented as flat round pink tablets, each tablet containing 120mg tri-potassium di-citrato bismuthate (calculated as Bi_2O_3). De-Nol is presented as a clear red liquid in a 560ml bottle containing 120mg tri-potassium di-citrato bismuthate (calculated as Bi_2O_3) in each 5ml. **Uses:** Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **Dosage and administration:** By oral administration. Each tablet is to be crushed in the mouth and swallowed with a draught of water. Each dose of the liquid presentation is to be diluted with 15ml of water. ADULTS: One tablet or 5ml dose four times a day on an empty stomach, half an hour before each of the three main meals and two hours after the last meal of the day. The treatment course should be taken for the full 28 day period and it is important that a dose is not missed. If necessary, one further course of therapy may be given. Maintenance therapy with De-Noltab/De-Nol is not indicated. CHILDREN: As for adults. **Contra-indications, Warnings, etc:** De-Noltab and De-Nol should not be administered to patients with renal disorders, and on theoretical grounds the products are contra-indicated in pregnancy. SPECIAL PRECAUTIONS: De-Noltab and De-Nol may inhibit the efficacy of orally administered tetracyclines. SIDE EFFECTS: Blackening of the stool usually occurs. Darkening of the tongue, nausea and vomiting have been reported. OVERDOSAGE: No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **Pharmaceutical precautions:** Normal pharmaceutical storage and handling are indicated. **Legal category:** P. **Package quantities:** DE-NOLTAB: Foil treatment packs of 112 tablets. DE-NOL: Treatment packs of 560ml. **Basic N.H.S. Price:** De-Noltab £15.84. De-Nol £10.31. **GMS Price (Eire):** De-Noltab IR£20.99. De-Nol IR£13.66. **Further information:** Some patients with an associated gastritis may experience an initial discomfort whilst taking De-Nol liquid. Milk should not be drunk by itself during the course of treatment as this can prevent the medicine from working properly. Small quantities of milk on a breakfast cereal or in tea or coffee taken with meals are permissible. Antacids should not be taken for half an hour before or half an hour after taking a dose of De-Noltab/De- Nol as these can interfere with the action of the drug. **Product Licence Numbers:** De-Noltab: 0166/0102. De-Nol: 0166/5024. **Product Authorisation Numbers:** De-Noltab: 62/22/1. De-Nol: 62/23/1.

Created by Nature. Proven by Science.

For relief of irritable bowel and abdominal pain

- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind cross-over trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.[1]

- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.[2]

- Recent ultrasound studies show a consistent inhibitory effect of topical peppermint oil on colon motility and symptomatic improvement of irritable bowel patients given peppermint oil.[3]

The unique enteric-coated Colpermin capsule is a long-acting, slow-release product containing a thixotropic paste of peppermint oil. The enteric coating permits this naturally occurring medication to be delivered direct to the distal small bowel. Recent studies confirm that Colpermin offers direct relief to the patient by effectively relaxing intestinal smooth muscle to relieve colonic pain and gaseous distension.

References:

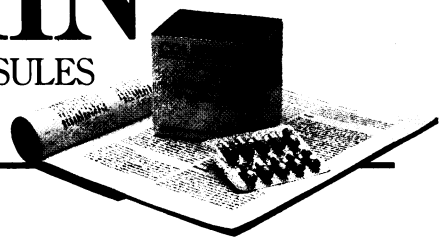
1. Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. *Br Med J* 2:835-836, 1979.

2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. *Br J Clin Pharmacol*, to be published.

3. Taylor BA, Duthie HL, Oliveira RB, et al: Ultrasound used to measure the response of colonic motility to essential oils. Proceedings of *The International Motility Symposium* Aix-en-Provence, France, September 1983, to be published.

COLPERMIN™

(enteric-coated peppermint oil) CAPSULES



PRESCRIBING INFORMATION

Presentation: Enteric-coated gelatin capsule. Each contains 0.2 ml standardised peppermint oil B.P., Ph. Eur. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should *not* be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe. The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years.

Tillotts LABORATORIES

Contraindications, Warnings, etc. Precautions: The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. **Adverse effects:** Heartburn, sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. **Product Licence:** PL 0424/0009. **Basic NHS Cost:** £10.58 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.**

Henlow Trading Estate, Henlow, Beds. SG16 6DS

ASK THE MAN WHO USES A FUJINON ENDOSCOPE

He'll tell you about Fujinon reliability – unsurpassed by any endoscope in current production. In fact Pyser have such great confidence in their Fujinon endoscopes that they offer what we believe to be the best guarantee in the world! 12 MONTHS UNCONDITIONAL GUARANTEE INCLUDING ACCIDENTAL DAMAGE. This means that the true cost of the instrument including revenue implications is precisely known from the outset. 18 MONTHS COVER FOR MATERIALS AND WORKMANSHIP which means that for a period of six months extended beyond the first twelve months any fault traceable to material or workmanship will be rectified at NO COST.

He'll tell you about the service for Fujinon endoscopes. We recommend that you pay a visit to Edenbridge Kent to see for yourself and will be happy to arrange this.

He'll tell you that should you need a loan instrument Pyser make one available to you ... no quibble.

He'll tell you about a UNIQUE Pyser Service... Endoscope Health Check ... which is operative to all Fujinon users as they take delivery. A senior Fujinon trained technician visits customers' units to carry out a full survey of the instruments. He submits a written report with recommendations. Pyser ensures that a visit is made AT LEAST ONCE EVERY THREE MONTHS. THIS SERVICE CARRIES NO CHARGE and is introduced to prevent minor problems becoming major disruptions to your endoscopy service.

He'll tell you how installation of instruments is carried out by a Pyser technician who ensures that the specification we have agreed and proposed is met in its entirety. This installation includes a full demonstration of cleaning and maintenance techniques.

Pyser, an efficient caring organisation, distributor of Fujinon high reliability endoscopes. Ask the man who uses one!

FUJINON

For further information on Fujinon endoscopes contact Felicity Findlay, Pyser Ltd., Fircroft Way, Edenbridge, Kent TN8 6HA. Tel: Edenbridge (0732) 864111.