

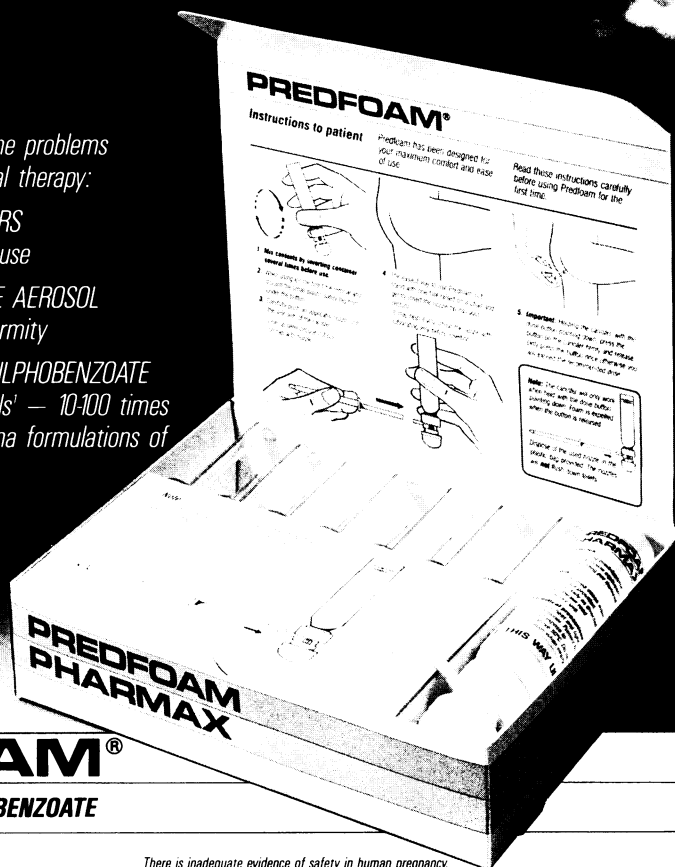
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— High local tissue levels¹ — 10-100 times those produced by enema formulations of prednisolone²



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Prescribing Information

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

Uses: Treatment of proctitis and ulcerative colitis.

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

Contra-indications, warnings, etc:

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

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

There is inadequate evidence of safety in human pregnancy.

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

Legal Category: POM

PL 0108/0101

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

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References: (1) McIntyre, P.B. et al. (1985) GUT 26 822-824

(2) Rodrigues, C. et al. (1987) Lancet, June 27th, 1497.

Full information is available on request

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'Pepcid' PM, the first H₂-receptor antagonist indicated solely for once-nightly use.

'Pepcid' PM, when administered at night, effectively controls nocturnal acidity in most duodenal-ulcer patients, providing rapid healing and swift relief of pain.

'Pepcid' PM has been shown to achieve up to 91% (124 of 136 patients) healing of duodenal ulcers within six weeks⁴ and up to 81% (62 of 77 patients) of gastric ulcers within eight weeks.⁵

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

ABRIDGED PRODUCT INFORMATION ▼

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

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

DOSAGE In duodenal and benign gastric ulcer, 40 mg at night for four to eight weeks.

For prevention of duodenal ulcer recurrence, 20 mg at night.

Initiate antisecretory therapy of Zollinger-Ellison syndrome with 20 mg every six hours and adjust to individual response. The maximum dosage used for up to one year was 480 mg daily.

CONTRA-INDICATION Hypersensitivity.

PRECAUTIONS Exclude any likelihood of gastric carcinoma before using 'Pepcid' PM.

Consider reducing the daily dose if creatinine clearance falls to or below 30 ml/min.

'Pepcid' PM is not recommended in pregnancy, nursing mothers or children.

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

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

40 mg tablets, £26.60 for 28-day calendar pack and £47.50 for bottles of 50.

Product Licence Numbers: 20 mg tablets, 0025/0215; 40 mg tablets, 0025/0216.

▼ Special reporting to the CSM required.

Issued January 1988.

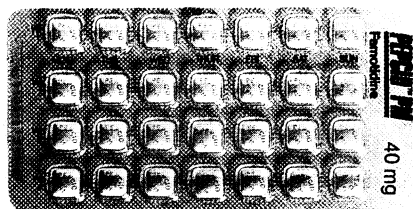
References

1. Gledhill, T., *et al.*, *Gut*, 1983, 24, 904.
2. Ireland, A., *et al.*, *Lancet*, 1984, ii, 274.
3. Santana, I. A., *et al.*, *Postgrad. med. J.*, 1986, 62 (Suppl. 2), 39.
4. Mann, S. G., Cottrell, J., *Ital. J. Gastroenterol.*, 1987, 19 (Suppl. 3), 68.
5. Data on file, Merck Sharp & Dohme Research Laboratories.



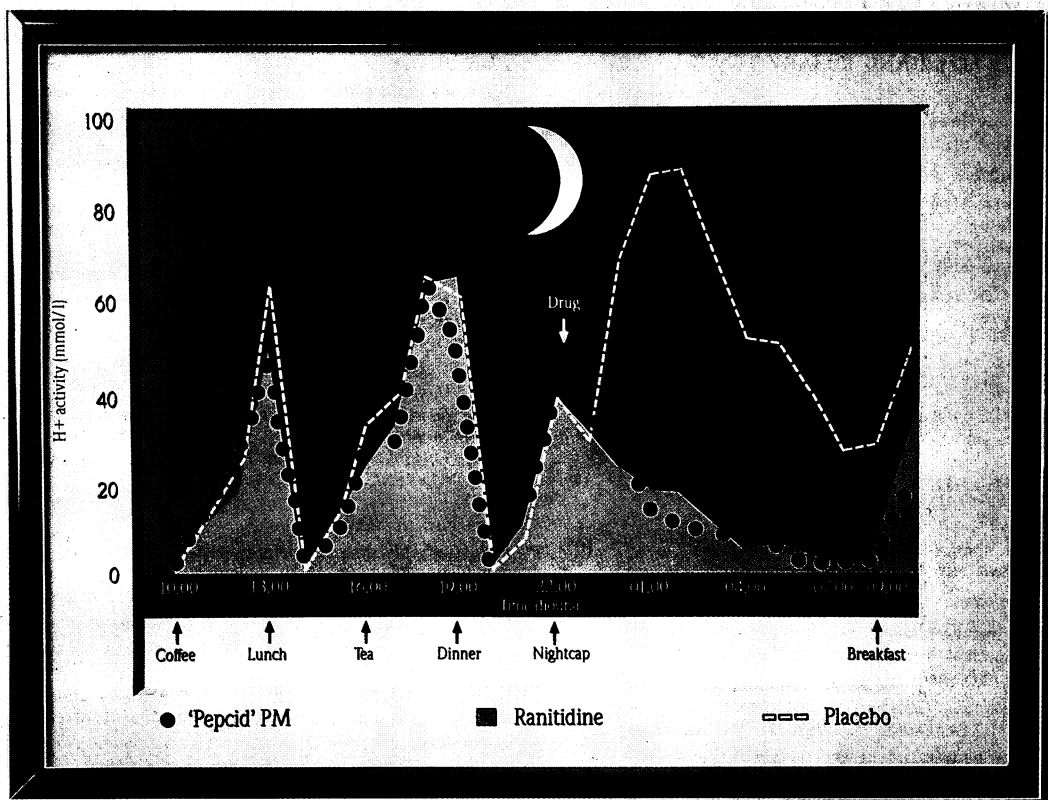
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40 mg (famotidine)

One at night can make their day

GASTROENTÉROLOGIE CLINIQUE ET BIOLOGIQUE

Gastroenterol Clin Biol, t. 12.

N° 2

February 1988

CONTENTS

LIVER AND BILIARY TRACT

Editorial:

- When fibrosis becomes a disease** 87
J. A. GRIMAUD, M. DRUGUET and D. HARTMANN

Original articles:

- Morphometric study of the gastric mucosa in portal hypertension** 89
S. SALLEBERT, H. MANCHERON, H. SEVESTRE, J. L. DUPAS and J. P. CAPRON

- Results of liver resection for hepatocellular carcinoma in cirrhosis** 93
C. SMADIA, L. BERTHOUX, F. KAHWAI, F. KEMENY, D. GRANGE and D. FRANCO

Current trend:

- Liver fibrosis: collagen alterations and serum markers** 99
I. MYARA and C. COSSON

DIGESTIVE TRACT AND PANCREAS

Editorial:

- Angina-like chest pain of esophageal origin** 107
M. LEMANN and R. JIAN

Original articles:

- Prolonged intraesophageal pH and pressure measurements in patients with angina-type chest pain and normal coronary angiograms** 111
P. THÉVENET, A. GOSSELIN, C. BOURDONNEC, M. GOSSELIN, J. F. BRETAGNE, J. GASTARD, R. LEBARS

- Influence of pancreatic surgery on gastric ulcers and somatostatin-like immunoreactivity in portal and aortic blood, and in the gastrointestinal tissues of the rat (in English)** 118
J. SCHMIDTLER and P. O. SCHWILLE

- The role of short-term multilumen duodenojejunal manometry in patients with intestinal motor dysfunction (in English)** 123
E. E. SOFFER, R. BRUCK and S. BAR-MEIR

- Epidemiology of esophageal carcinoma in Calvados (France)** 126
L. CHÉRIÉ-CHALLINE, D. POTTIER and M. GIGNOUX

General review:

- Dietary fibers: facts and fiction** 133
D. RIGAUD and I. ROYER

Current trend:

- Mechanism of action of hormones in regulation of adeny-**

- late cyclase** 149
F. J. REYL-DESMARS

Clinical cases:

- Limy bile in the gallbladder and in the common bile duct** 156
G. SAVA, P. MILLOT, F. BECMEUR, F. VAXMAN and J. F. GRENIER

- Long-term Delta antigenemia without seroconversion in two immunodeficient patients** 160
P. GRIPPON, O. RIBIÈRE, J. F. CADRANEL, S. PELLETTIER, B. KARKOUCHE, B. PILLOT, J. ÉMERIT and P. OPOLON

- Multiple primitive endoluminal tumors of the main pancreatic duct. A case with evidence for a link between benign and malignant lesions** 163
M. HALPHEN, C. HOANG, P. HAUTEFEUILLE, Ph. MARTEAU, A. BITOUN, P. JACQUENOD, A. CARUANA, B. COCHAND-PRIOLETT and A. GALIAN

- Hypergastrinemia and hyperprolactinemia in a patient with ovarian tumor** 169
M. GARRET, J. BARGE, M. F. LEBODIC, J. F. DEVARIS DU MAYNE, G. MOLAS and M. CERF

Letters to the editors:

- Colostomy bleeding in portal hypertension. Efficacy of propranolol** 173
R. J. SALMON, J. UZZAN, J. GIRODET and J. GISLON

- Prolonged hepatitis induced by diphetarsone** 173
D. VETTER, M. P. ARPIN, M. DOFFOËL, A. CHARRAULT, M. BIOUR, R. BOCKEL

- Results of a survey on prophylaxis of infections due to viruses B and non A non B in the families of infected patients** 175
J. P. ÉTIENNE, C. BUFFET and H. HAGEGE

- Severe dyschesia with anorectal static disturbance: preliminary results in 22 patients treated surgically** 176
G. COSTALAT, J. M. GARRIGUES, C. BONNEMAIRE, M. VEYRAC, G. PARELON, J. VERNHET

- How long does gastric cytoprotection last? Late measurement of gastric potential difference after treatment with boehmite** 177
J. F. BERGMANN, G. SIMONEAU, G. DORF, C. CAULIN and J. M. SEGRESTAA

- Prolonged esophageal pH monitoring during continuous enteral nutrition** 178
D. CARRIÈRE, X. HÉBUTERNE, M. L. MONTOYA and P. RAMPAL

- Campylobacter pylori and gastric acidity** 179
P. VINCENT, J. F. COLOMBEL, C. SAVAGE, M. HOUCKE-LECOMTE, A. CORTOT, J. C. PARIS and H. LECLERC

- Edrophonium administration is dangerous in patients with vagal hypertony** 180
P. ATIENZA, S. CHAUSSADE, M. HILTGEN, D. COUTURIER and J. GUERRE

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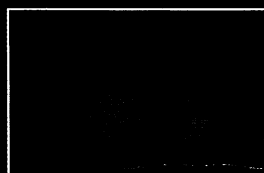
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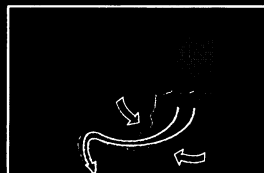
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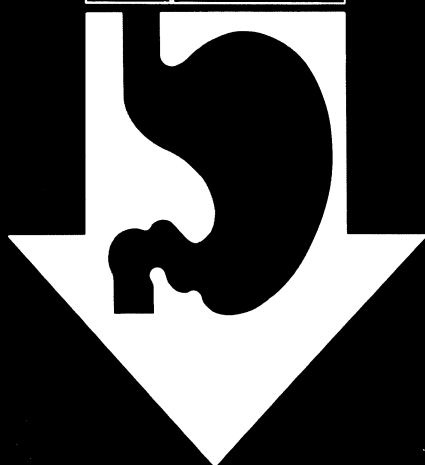
↓ mediated outside the blood-brain barrier via the chemoreceptor trigger zone and the G.I. tract.



↓ resolves gastric stasis, accelerates emptying.



↓ relieves dyspeptic nausea more effectively than metoclopramide.^{1,2}



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▼ **Adults:** symptomatic relief of acute nausea and vomiting from any cause (Not for chronic use). Also in Parkinson's Disease for up to 12 weeks' treatment of nausea and vomiting caused by L-dopa and bromocriptine. **Evoxin Tablets:** (domperidone 10mg). Cartons of 30 in blister strips of 10. Basic NHS cost 30 Tablets: £3.26. PL 0071/0287. **Adult dosage:** 10-20mg at 4-8 hour intervals. **Elderly:** normal adult dosage. **Children:** Not recommended. **Evoxin Suppositories** (domperidone 30mg). Cartons of 10 in blister strips of 5. Basic NHS cost 10 suppositories: £2.64. PL 0071/0290. **Adult dosage:** 1 or 2 suppositories at 4-8 hour intervals. **Children:** Age 2-12 years 1-4 suppositories daily, according to body weight.

Contra-indications/warnings etc: No specific contra-indications. In common with other dopamine blocking agents Evoxin produces a rise in serum prolactin which may be associated with galactorrhoea, and less commonly gynaecomastia. Safety of Evoxin in pregnancy has not yet been established. Evoxin is a trade mark. Further information available from Sterling Research Laboratories, Onslow Street, Guildford, Surrey, GU1 4YS.
1. Roy. Soc. Med. Int. Cong. Symp. Series 1981, No. 36: 77-79.
2. Pharmatherapeutica 1979; 2(3): 140-146.





HELP THE ULCERATIVE COLITIS PATIENT TO GET ON WITH LIFE WITHOUT INTERRUPTIONS

'Asacol' maintains remission in ulcerative colitis patients intolerant of sulphasalazine without side effects associated with sulphapyridine (the sulphonamide component of sulphasalazine).^{1,2}

*Mesalazine is the British approved name of 5-aminosalicylic acid.

Prescribing information: **Presentation:** Red tablets containing 400 mg of mesalazine (5-aminosalicylic acid) coated for release in the terminal ileum and colon. **Uses:** For the maintenance of remission of ulcerative colitis in patients who cannot tolerate sulphasalazine. **Dosage and administration:** Adults: 3 to 6 tablets daily in divided doses. There is no dose recommendation for children. **Contra-indications, warnings, etc:** **Contra-indications:** A history of sensitivity to salicylates. Children under 2 years of age. **Precautions:** Renal disorder. Mesalazine is excreted rapidly by the kidney, mainly as its metabolite N-acetyl 5-aminosalicylic acid. In rats large doses of mesalazine injected intravenously produce tubular and glomerular toxicity. Although no renal toxicity has been reported in patients taking 'Asacol', it is not recommended in patients with renal impairment and caution should be exercised in patients with a raised blood urea or proteinuria. 'Asacol' should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine. **Use during pregnancy:** Use of 'Asacol' during pregnancy should be with caution, and only if, in the opinion of the physician, the potential benefits of treatment are

ASACOL

Mesalazine* (5-aminosalicylic acid)

generally greater than the possible hazards. **Adverse reactions:** Adverse reactions occur in a small proportion of patients who previously could not tolerate sulphasalazine. The side effects are predominantly gastrointestinal (nausea, diarrhoea and abdominal pain) and headache. 'Asacol' may be associated with the exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine. Other side effects observed with sulphasalazine, such as depression of bone marrow and of sperm count and function, have not been reported with 'Asacol'. **Legal category:** POM. **PL:** 0002/0173. **Daily treatment cost:** esp-£1.31/74.87. **References:** 1. Riley SA *et al.* *Gastroenterology*. In press (1988). 2. Peppercorn MA. *J Clin Pharmacol* 1987;27:260-5.

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Protect your patients ag



REFERENCES: 1. Lee, F. et al, *The Lancet*, (8 June 1985); 1299-1302. 2. Ward, M. et al, *Digestion* (1986); 34: 173-177. 3. Martin, D. et al, *The Lancet*, (3 January 1981); 7-10. 4. Hamilton, I. et al, *Gut*, (1986); 27: 106-110. 5. Bianchi Porro, G. et al, *The Lancet*, (22 September 1984); 698. 6. Konturek, S. et al, *Gut*, (1987); 28: 201-205. 7. Marshall, B. et al, *The Lancet*, (16 June 1984); 1311-1315. 8. Coghlan, J. et al, *The Lancet*, (14 November 1987); 1109-1111.

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

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▼ **ABBREVIATED PRESCRIBING INFORMATION.** Presentation: Capsules containing 150mg or 300mg nizatidine INN. Uses: For the treatment of duodenal and benign gastric ulcer, and prevention of duodenal ulcer recurrence. Dosage and Administration: (For full information, see data sheet). Axid is administered orally. Adults: For duodenal and benign gastric ulcer, the recommended daily dose is 300mg in the evening for 4 or, if necessary, 8 weeks. For prevention of duodenal ulcer recurrence, the recommended daily dose is 150mg in the evening. The elderly: Normally dosage modification is not required except in patients who have moderate to severe renal impairment. Children: Not recommended. Patients with impaired renal function: Moderate renal impairment (creatinine clearance less than 50ml/min), the dose should be reduced by 50% to 150mg in the evening. Severe renal impairment (creatinine clearance less than 20ml/min), the dose should be reduced by 75%, to 150mg on alternate days. Prevention of duodenal ulcer recurrence in moderate renal impairment (creatinine clearance less than 50ml/min), the dose may be reduced to 150mg on alternate days. Severe renal impairment (creatinine clearance less than 20ml/min), the dose may be reduced to 150mg every third day. Contra-indication: Known hypersensitivity to H₂-receptor antagonists. Warnings: Usage in pregnancy: The safety of nizatidine for use during pregnancy has not been established. Usage in lactation: Administer to nursing mothers only if considered absolutely necessary. Drug interactions:

No interaction has been observed between nizatidine and aminophylline, theophylline, chlordiazepoxide, diazepam, metoprolol, warfarin or lorazepam. Nizatidine does not inhibit the hepatic cytochrome P450-linked drug metabolising enzyme system. Precautions: Patients with impaired liver or kidney function should be treated with caution (see data sheet). Side-effects: Possible side-effects include headache, asthenia, chest pain, myalgia, abnormal dreams, somnolence, rhinitis, pharyngitis, cough, pruritus, sweating and reversible, asymptomatic elevations of transaminases. Overdose: There is no experience of overdose in humans. Tested at very high doses in animals, nizatidine has been shown to be relatively non-toxic. Treatment: Symptomatic and supportive therapy is recommended. Activated charcoal may reduce nizatidine absorption and haemodialysis may remove absorbed nizatidine. Legal Category: POM. Product Licence Numbers: Capsules 150mg 0006/0230. Capsules 300mg 0006/0231. Basic NHS Cost: Per 28 day calendar pack – 150mg capsules £13.44; 300mg capsules £25.76. Date of Preparation: August

1987. Full prescribing information is available from: Eli Lilly & Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire RG21 2SY. Telephone: (0256) 473241. References: 1. Dammann HG *et al*, Scand J Gastroenterol 1987; 22: 56. 2. Simon B *et al*, Ibid 61. 3. Naccaratto R *et al*, Ibid 71. 4. Cerulli MA *et al*, Ibid 79. 'AXID' is a Lilly trademark.



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Ispaghula husk B.P.



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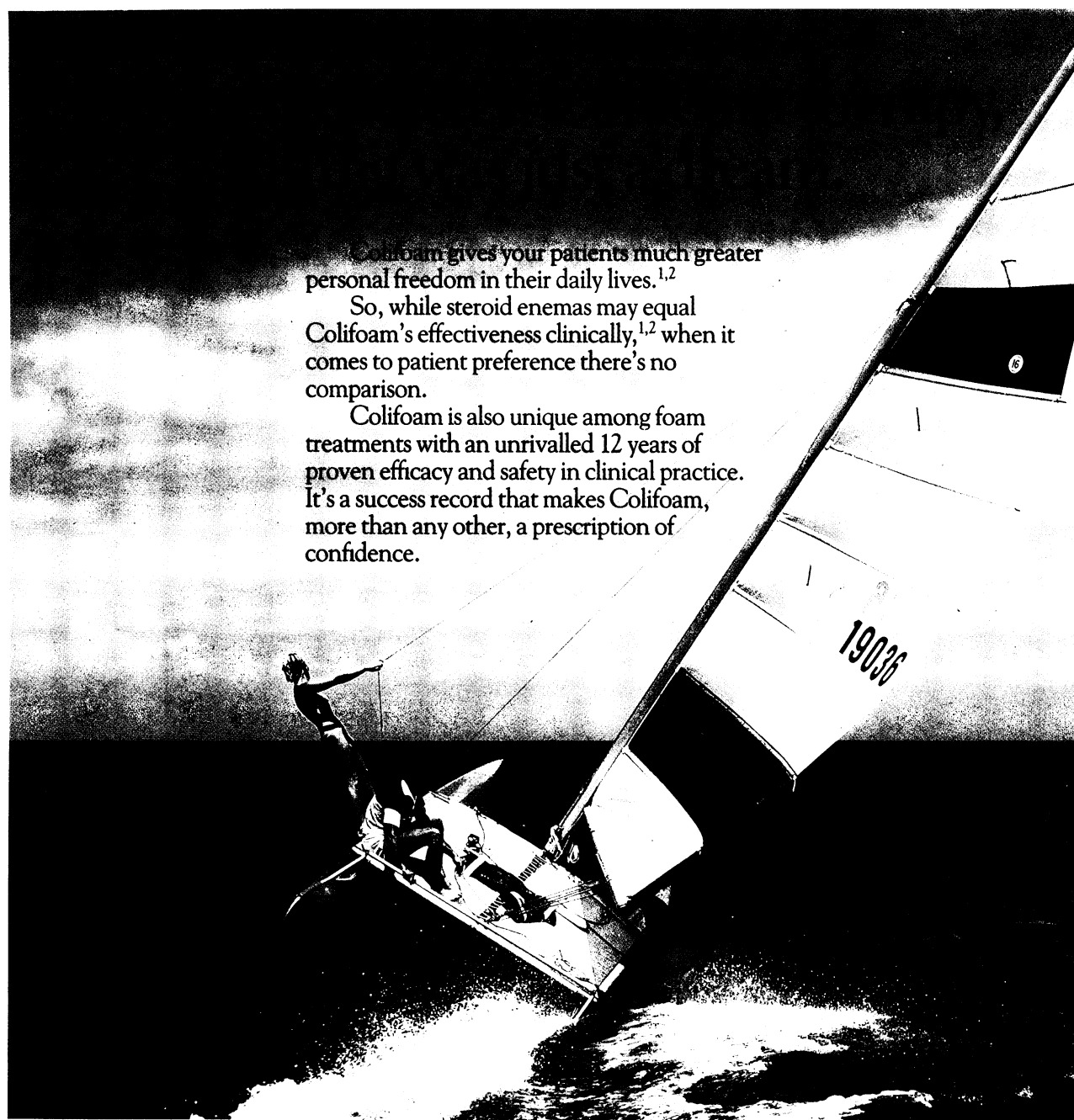


Active ingredients: Each sachet contains 3.5g Ispaghula husk BP. **Indications:** Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken with water) Adults and children over 12: One sachet morning and evening. Children under 12: One half to one level 5ml spoonful depending on age and size, morning and evening. **Contra-indications, Warnings, etc.:** Fybogel is contra-indicated in cases of intestinal obstruction and colonic atony. **Basic NHS Price:** At Feb. '88 60 sachets £4.24, Eire: 60 sachets IR £4.92. **PL No.:** Fybogel Orange 44/0068, Fybogel 44/0041. **Irish P.A. No.:** Fybogel Orange 27/2/2, Fybogel 27/2/1. Fybogel is a registered trademark. Further information is available from: Reckitt & Colman Pharmaceutical Division, Hull HU8 7DS.

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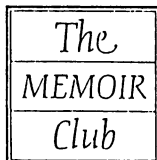


The proven choice in distal inflammatory bowel disease

1. Ruddell WSJ et al. Gut 1980; 21: 885-889

2. Somerville KW et al. British Medical Journal 1985; 291: 866

PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. **Uses:** Ulcerative colitis, proctosigmoiditis and granular proctitis. **Dosage and administration:** One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed with pack). **Contra-indications, warnings etc.:** Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulae. General precautions common to all corticosteroid therapy should be observed during treatment with Colifoam. Treatment should be administered with caution in patients with severe ulcerative disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. **Pharmaceutical precautions:** Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refrigerate. Keep out of reach of children. For external use only. **Legal category:** POM. **Package Quantity & Basic NHS cost:** 25g canister plus applicator, £7.25. **Further Information:** One applicatorful of Colifoam provides a dose of approximately 125mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis. **Product Licence No.:** 0036/0021. Further information is available on request. **Stafford-Miller Ltd.,** Professional Relations Division, Hatfield, Herts. AL10 0NZ.



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Adult dosage: One tablet to be chewed immediately after meals, three times a day, and two to be chewed at bedtime.

Elderly: Not recommended for patients over 75 years of age; otherwise as for adults, but see 'precautions'.

Children: Not recommended.

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Contra-indications: Hypokalaemia, cardiac, renal or hepatic failure.

Precautions: Pyrogastrone should not be given to patients on digitalis therapy unless serum electrolyte levels are monitored weekly and measures taken to prevent the development of hypokalaemia. Special care should be exercised with patients predisposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since the carbenoxolone content of Pyrogastrone can induce similar changes. Regular monitoring of weight, blood pressure and clinical state, which should indicate the development of such effects is advisable for all patients.

If hypokalaemia occurs Pyrogastrone should be withdrawn and potassium loss should be corrected by the administration of supplements. Although animal studies have shown no hazard, there is inadequate evidence of the safety of carbenoxolone in human pregnancy. Pyrogastrone should therefore be avoided in those who are pregnant. Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories Ltd., England. Brit. Pat. No. 1390683. Further information available from Winthrop Laboratories, Onslow Street, Guildford, Surrey GU1 4YS.

J. Curr. Med. Res. Opin. 1978; 5/8: 637-644

WINTHROP

(W2047)388

Routes to relief of reflux oesophagitis



Alginate protection

Designed to protect the oesophagus by impeding gastro-oesophageal reflux, the alginate component of Pyrogastrone is derived from the knotted wrack seaweed (*Ascophyllum nodosum*).

Buffering antacids are added for symptom relief.

Active healing

Added to an alginate antacid, low-dose carbenoxolone can enhance the rate of symptom relief and significantly increase healing of oesophagitis. This active healing component of Pyrogastrone is synthesised from glycyrrhizic acid, a constituent of liquorice root.

Pyrogastrone

carbenoxolone, aluminium hydroxide
and magnesium trisilicate in an alginate base

merging the routes to relief

Why more and more Surgeons are selecting Coated VICRYL*.



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TECHNICAL DATA

COATED VICRYL* (POLYGLACTIN 910) STERILISED BRAIDED SYNTHETIC ABSORBABLE SUTURE

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

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

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

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

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

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

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

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

Dosage and Administration

By implantation.

Contra-indications, Warnings, etc.

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

Sutures placed in skin and conjunctiva may cause localised irritation if left in place for longer than 7 days and should be removed as indicated.

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

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

Pharmaceutical Precautions

Do not re-sterilise.

Legal Category.

Not applicable.

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 sale is 12 packs contained in a film wrapped drawer style carton.

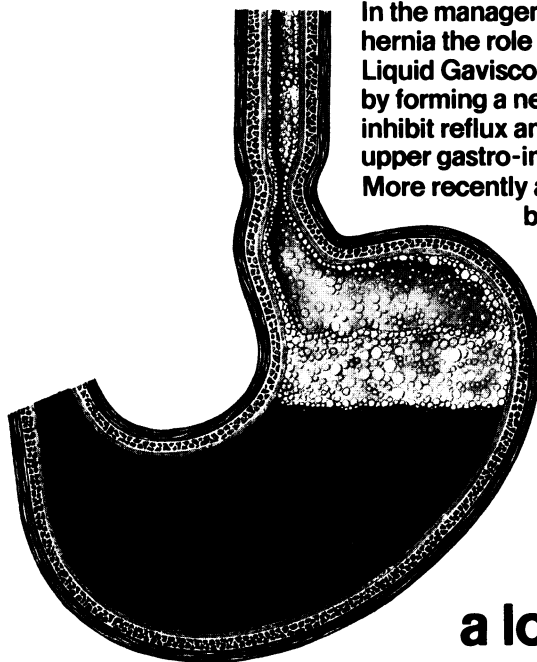
Further Information No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence No 0508/0009
Br. Pat. No. 1583390

Date of Preparation of Data Sheet April 1981.
Revised 11. 1987

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STRENGTH AGAINST REFLUX'



In the management of reflux oesophagitis and hiatus hernia the role of Liquid Gaviscon is well established. Liquid Gaviscon deals with reflux simply and physically by forming a neutral layer or 'raft' on gastric contents to inhibit reflux and so bring effective relief of reflux-related upper gastro-intestinal symptoms.

More recently an in-vitro comparison¹ using computer-based techniques, has shown that Liquid Gaviscon produces a 'raft' more resistant to upward pressures than any other alginate-containing compound tested.

Liquid Gaviscon[®]

Sodium Alginate BPC, Sodium Bicarbonate Ph.Eur.,
Calcium Carbonate Ph.Eur.

a logical choice in reflux

Prescribing Information

Active Ingredients: Sodium Alginate BPC 500mg, Sodium Bicarbonate Ph.Eur. 267mg per 10ml; Calcium Carbonate 160mg per 10ml dose. **Indications:** Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-Indications:** None known. **Dosage and Administration:** Adults, children over 12: 10-20ml liquid after meals and at bedtime. Infants: not recommended. Children under 12: 5-10ml liquid after meals and at bedtime.

Note: 10ml liquid contains 6.2mmol sodium. **Basic NHS Cost:** As at Jan. 1988: 500ml liquid £2.88, Irish Price IR £3.72.

PL: 44/0058. **Irish P.A. No.:** 27/12/1.

Reference

1. Washington, N. *et al.*, *Int. J. Pharmaceut.* (1986) **28**, 139-143
Further information is available on request.
Reckitt & Colman Pharmaceutical Division,
Hull HU8 7DS.

*Registered trade mark.



NEW

For the relief of symptoms of DUMPING SYNDROME

“The favourable effect of the addition of guar gum to the meals of patients suffering from the dumping syndrome is based on the normalization (i.e. slowing down) of the passage of food from the stomach to the duodenum and jejunum, and hence the slowing down of the absorption of nutrients, especially monosaccharides, and the prevention of a rapid postprandial increase in intraluminal osmolarity in the duodenum⁶.”

- ★ slows gastric emptying¹⁻³
- ★ binds bile acid⁸
- ★ reduces hyperglycaemia and hyperinsulinaemia⁴⁻⁵
- ★ helps improve patient comfort, food tolerance and nutritional status⁶⁻⁷

Guarem®

Guar 5g

References: 1. Jenkins et al *Br.Med.J.* 1978, 1, 1392. 2. Blackburn et al *Clin.Sc.* 1984, 66, 329. 3. Leeds et al *Lancet* 1981, 1, 1075. 4. Jenkins *Proc.Soc.Exp.Biol.* 1985, 180, 422. 5. Fuesli et al *Pract.Diab.* 1986, 3, 258. 6. Harju & Larmi *J.Parent.Ent.Nutr.* 1983, 7, 470. 7. Harju & Makela *Amer.J.Gastroent.* 1984, 79, 861. 8. Hanson et al *Hepato-Gastroent.* 1983, 30, 161.

Clinical Information

Action. Guar gum which is derived from natural sources is a high molecular weight polysaccharide, galactomannan. In solution it (i) increases gastric transit time and (ii) slows the rate of absorption of other carbohydrates leading to a reduction in post-prandial hyperglycaemia and insulin secretion. Guar gum is not absorbed and remains chemically unchanged until it reaches the colon where it is broken down before excretion. **Indication.** The relief of the symptoms of the 'dumping syndrome'. **Dosage & Administration.** Adults One 5g sachet to be taken with each main meal. The contents of a sachet are preferably sprinkled evenly over a meal on the plate or stirred into suitable foods (e.g. tomato juice, yoghurt, muesli, etc), in which case the food should be accompanied by a drink of 150ml (¾ tumbler). **Contra-indications, Warnings, etc.** To avoid any risk of oesophageal obstruction or rupture, this

product should not be given to patients with a history of oesophageal disease or difficulty in swallowing. While Guarem may be expected to reduce malabsorption, usual monitoring of nutritional status should be continued. Guarem should not be ingested as dry granules. **Side-Effects.** Gastro-intestinal symptoms (flatulence, diarrhoea) are quite common at the commencement of treatment. These can be reduced or avoided by initiating treatment gradually, in accordance with advice on the pack. **Presentation.** Sachets, each containing guar gum granules 5 grams. The fine pale cream granules are tasteless and readily water-miscible. Cartons of 100 sachets. **Product Licence Numbers.** PL02370023 & 0026. PA 3651. Further information available from Rybar Laboratories Ltd., Amersham, Bucks, UK.

Rybar

Review: Role of Epidermal Growth Factor in Gastro-protection and Ulcer Healing	S. J. Konturek	129
A Multicentre Comparison of Trimoprostil and Cimetidine in the Treatment of Duodenal Ulcer	U.K. Trimoprostil Study Collaborative Group	134
Ulcerative Colitis. Cancer Surveillance in an Unselected Population	J. Rutegård, L. Åhsgrén, R. Stenling & K. G. Janunger	139
Effect of Pirenzepine on Oesophageal, Gastric, and Enteric Motor Function in Man	E. E. Soffer, D. Kumar, K. Mridha, A. Das-Gupta, J. Britto & D. L. Wingate	146
Effect of Pentagastrin and Cimetidine on Gastric Blood Flow Measured by Laser Doppler Flowmetry	O. C. Lunde, K. Kvernebo & S. Larsen	151
Comparison of the Effect of Single and Repeated Administrations of a Protease Inhibitor (Camostatate) on Pancreatic Secretion in Man	G. Adler, A. Müllenhoff, T. Bozkurt, B. Göke, I. Koop & R. Arnold	158
Alternating Proliferative Capacity in the Rat Gastrointestinal Mucosa. Effects of E ₂ Prostaglandins and Indomethacin	A. Uribe, C. Rubio & C. Johansson	163
⁵¹ Cr-EDTA/ ¹⁴ C-Mannitol Intestinal Permeability Test. Clinical Use in Screening for Coeliac Disease	K. J. Fotherby, E. P. Wraight & G. Neale	171
Degradation of Amino Acids to Short-Chain Fatty Acids in Humans. An in Vitro Study	H. S. Rasmussen, K. Holtug & P. B. Mortensen	178
Maintenance Ranitidine Treatment after Haemorrhage from a Duodenal Ulcer. A 3-Year Study	W. R. Murray, G. Cooper, G. Laferla, P. Rogers & M. Archibald	183
Raised Plasma Thromboxane B ₂ Levels in Experimental Acute Necrotizing Pancreatitis in Rats. The Effects of Flunarizine, Dazoxiben, and Indomethacin	B. van Ooijen, R. J. T. Ouwendijk, W. J. Kort, F. J. Zijlstra, J. E. Vincent, J. H. P. Wilson & D. L. Westbroek	188
Prostanoid Imbalance in Experimental Acute Necrotizing Pancreatitis in Rats	B. van Ooijen, W. J. Kort, F. J. Zijlstra, J. E. Vincent, J. H. P. Wilson & D. L. Westbroek	193
Are Endoscopic and/or Histologic Findings in Gastroduodenal Mucosa a Predictor of Clinical Outcome in Peptic Ulcer Disease? A 1-Year Follow-up Study after Initial Healing with Either Cimetidine or Medium-Dose Antacid	K.-Å. Jönsson, G. Bodemar, K. Norrby, A. Walan, C. Tysk & Ten Other Investigators	199
A Microscopic and Immunodiagnostic Search for Giardiasis in Patients with Gastrointestinal Disorders	M. C. Allison, E. L. Green, D. N. Bhattacharya, A. Smith & R. E. Pounder	209
Peptic Ulcer Bleeding in Patients with and without Dyspepsia	R. Jorde, P. G. Burhol & J. A. Johnson	213
Abnormalities of the Migrating Motor Complex in Diabetics with Autonomic Neuropathy and Diarrhea	C. P. Dooley, H. M. El Newihi, A. Zeidler & J. E. Valenzuela	217
The Pentagastrin-Induced Gastric Acid Response in Humans	R. Leth, L. Olbe & U. Haglund	224
Microbial Flora and Bile Acid Metabolism in Patients with an Ileal Reservoir	P. M. N. Y. H. Go, M. P. Van Dieijen-Visser, B. I. Davies, J. Lens & P. J. Brombacher	229
Low-Dose Antacids and Pirenzepine in the Treatment of Patients with Non-Ulcer Dyspepsia and Erosive Prepyloric Changes. A Randomized, Double-Blind, Placebo-Controlled Trial	R. Weberg & A. Berstad	237
The Effects of Famotidine, 40 mg at Night, on 24-Hour Intra-gastric Acidity and Plasma Gastrin Concentration in Healthy Subjects	S. Lanzon-Miller, R. E. Pounder, S. G. Ball, D. J. Dalglish, J. Coward & A. O. Jackson	244
Intestinal Absorption of Phosphatidylcholine and Triglyceride after Ileal Resection	B. Åkesson & Å. Nilsson	251

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