Xylocaine advertisement.

[s.l.]: [s.n.], 1972

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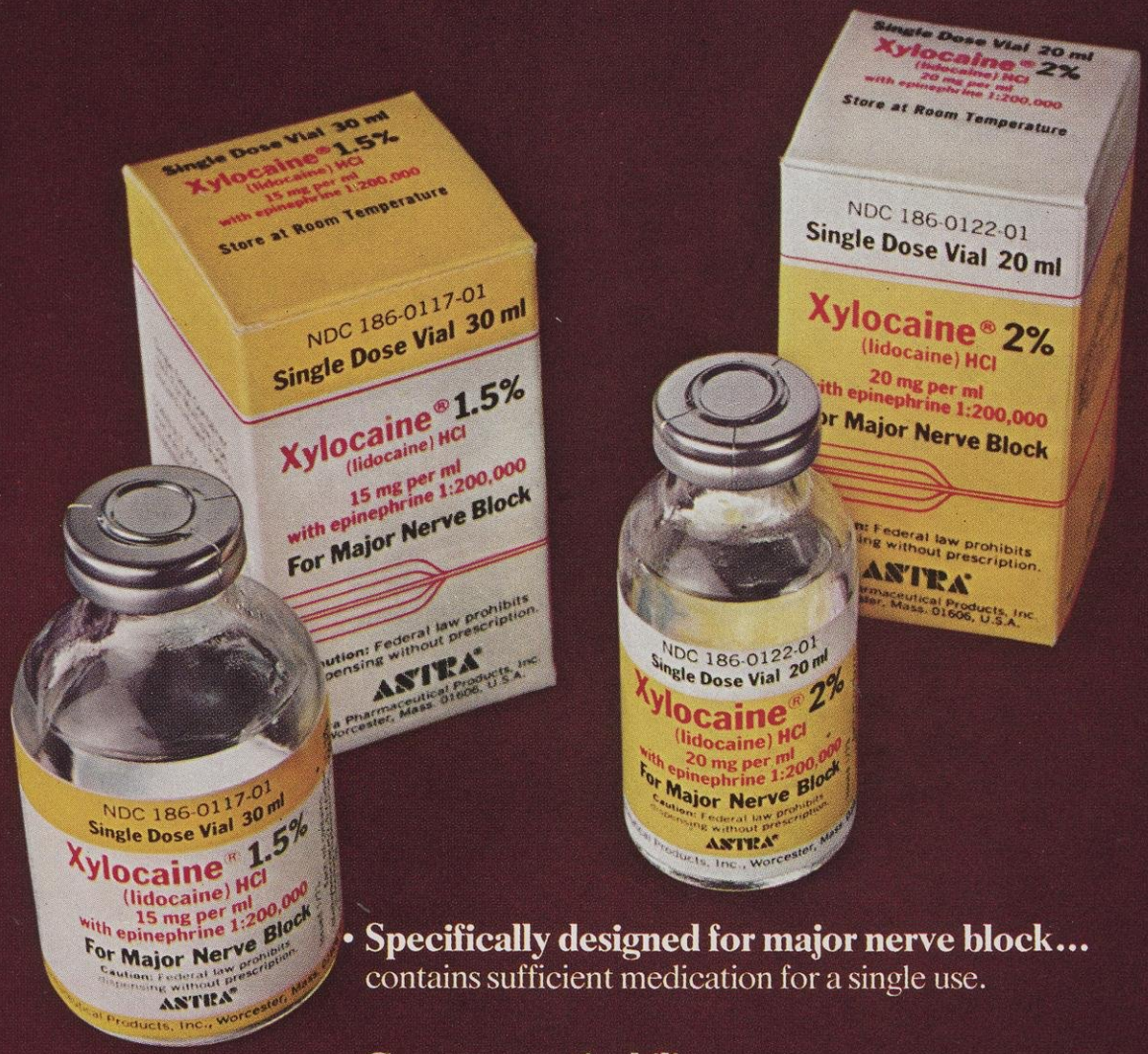
...and now,
to make major nerve block even more convenient
New Xylocaine® (lidocaine) HCl Single-Dose Vials



- **Specifically designed for major nerve block...** contains sufficient medication for a single use.
- **Greater practicability...** no need to break open ampules...rubber-stoppered vials reduce possibility of tipping or spilling.

Please read with care the Brief Summary on the following page.

Xylocaine® (lidocaine) HCl

BRIEF SUMMARY: Please read package literature for complete details of dosage and administration and other information relative to the proper use of Xylocaine HCl.

Aqueous solutions of Xylocaine hydrochloride (without epinephrine) may be autoclaved repeatedly, if necessary.

Please refer to Table I for the exact composition of available Xylocaine hydrochloride solutions.

TABLE I COMPOSITION OF AVAILABLE SOLUTIONS

PRODUCT IDENTIFICATION		FORMULA				
		MULTIPLE DOSE VIALS			AMPULES AND SINGLE DOSE VIALS	
Xylocaine (lidocaine) Hydrochloride (percent)	Epinephrine (dilution)	Sodium chloride (mg per ml)	Methyl-paraben (mg per ml)	Sodium metabisulfite (mg per ml)	Sodium chloride (mg per ml)	Sodium metabisulfite (mg per ml)
0.5	None	8.0	1.0	None	N.S.	N.S.
0.5	1:200,000	8.0	1.0	0.5	N.S.	N.S.
1.0	None	7.0	1.0	None	7.0	None
1.0	1:200,000	N.S.	N.S.	N.S.	7.0	0.5
1.0	1:100,000	7.0	1.0	0.5	N.S.	N.S.
1.5	None	N.S.	N.S.	N.S.	6.5	None
1.5	1:200,000	N.S.	N.S.	N.S.	6.5	0.5
2.0	None	6.0	1.0	None	6.0	None
2.0	1:200,000	N.S.	N.S.	N.S.	6.0	0.5
2.0	1:100,000	6.0	1.0	0.5	6.0	0.5

N.S. Not supplied.
NOTE: pH of all solutions adjusted to U.S.P. limits with sodium hydroxide.

ACTIONS: Xylocaine (lidocaine) stabilizes the neuronal membrane and prevents the initiation and transmission of nerve impulses, thereby effecting local anesthetic action.

Xylocaine is metabolized mainly in the liver and excreted via the kidneys. Approximately 90% of Xylocaine administered is excreted in the form of various metabolites, while less than 10% is excreted unchanged.

INDICATIONS: Xylocaine (lidocaine) hydrochloride is indicated for production of local anesthesia by infiltration injection, nerve block, caudal, or other epidural block.

CONTRAINDICATIONS: Xylocaine hydrochloride is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type.

Local anesthetic agents should not be used in patients with severe shock or heart block. Local anesthetic procedures should not be used when there is inflammation and/or sepsis in the region of the proposed injection.

WARNINGS: 1. RESUSCITATIVE EQUIPMENT AND DRUGS SHOULD BE IMMEDIATELY AVAILABLE WHEN ANY LOCAL ANESTHETIC IS USED.

2. Usage in Pregnancy: The safe use of Xylocaine (lidocaine) has not been established with respect to adverse effects upon fetal development. Careful consideration should be given to this fact before administering this drug to women of childbearing potential, particularly during early pregnancy.

This does not exclude the use of the drug at term for obstetrical analgesia. Xylocaine has been used effectively for obstetrical analgesia. Adverse effects on the fetus, course of labor, or delivery have rarely been observed when proper dosage and proper technique have been employed.

3. Solutions which contain a vasoconstrictor should be used with extreme caution in patients receiving drugs known to produce blood pressure alterations (i.e. MAO inhibitors, tricyclic antidepressants, phenothiazines, etc.) as either severe and sustained hypotension or hypertension may occur.

4. Vasopressor agents (administered for the treatment of hypotension related to caudal or other epidural blocks) should not be used in the presence of oxytocic drugs, as a severe persistent hypertension and even rupture of cerebral blood vessels may occur.

PRECAUTIONS: The safety and effectiveness of Xylocaine (lidocaine) hydrochloride depends on proper dosage, correct technique, adequate precautions, and readiness for emergencies.

The lowest dosage that results in effective anesthesia should be used to avoid high plasma levels and serious adverse effects. Injection of repeated doses of Xylocaine (lidocaine) may cause significant increases in blood levels with each repeated dose due to slow accumulation of the drug or its metabolites. Tolerance varies with the status of the patient. Debilitated, elderly patients, acutely ill patients, and children should be given reduced doses commensurate with their age and physical status.

INJECTIONS SHOULD ALWAYS BE MADE SLOWLY AND WITH FREQUENT ASPIRATIONS. Aspiration is advisable since it reduces the possibility of intravascular injection, thereby keeping the incidence of side effects and anesthetic failures to a minimum.

Consult standard textbooks for specific techniques and precautions for various local anesthetic procedures.

Epidural anesthesia and caudal anesthesia should be used with extreme caution in persons with the following conditions: existing neurological disease, spinal deformities, septicemia, severe hypertension, and extreme youth.

Fetal bradycardia frequently follows paracervical block and may be associated with fetal acidosis. Fetal heart rate should always be monitored during paracervical anesthesia. Added risk appears to be present in prematurity, toxemia of pregnancy, and fetal distress. The physician should weigh the possible advantages against dangers when considering paracervical block in these conditions. When the recommended dose is exceeded the incidence of fetal bradycardia increases.

Solutions which contain a vasoconstrictor should be used with caution in the presence of diseases which may adversely affect the patient's cardiovascular system. Serious cardiac arrhythmias may occur if preparations containing a vasoconstrictor are employed in patients during or following the administration of chloroform, halothane, cyclopropane, trichlorethylene, or other related agents. Vasoconstrictor drugs are not recommended for direct injection into the following areas: digits, penis, or external areas of nose or ear.

Xylocaine should be used with caution in persons with known drug sensitivities. Patients allergic to para-aminobenzoic acid derivatives (procaine, tetracaine, benzocaine, etc.) have not shown cross sensitivity to Xylocaine.

Local anesthetics react with certain metals and cause the release of their respective ions which, if injected, may cause severe local irritation. Adequate precaution should be taken to avoid this type of interaction.

ADVERSE REACTIONS: Adverse reactions may result from high plasma levels due to excessive dosage, rapid absorption or inadvertent intravascular injection, or may result from a hypersensitivity, idiosyncrasy or diminished tolerance on the part of the patient. Such reactions are systemic in nature and involve the central nervous system and/or the cardiovascular system.

CNS reactions are excitatory and/or depressant, and may be characterized by nervousness, dizziness, blurred vision and tremors, followed by drowsiness, convulsions, unconsciousness and possibly respiratory arrest. The excitatory reactions may be very brief or may not occur at all, in which case the first manifestations of toxicity may be drowsiness, merging into unconsciousness and respiratory arrest.

Cardiovascular reactions are depressant, and may be characterized by hypotension, myocardial depression, bradycardia and possibly cardiac arrest.

Treatment of a patient with toxic manifestations consists of assuring and maintaining a patent airway and supporting ventilation using oxygen and assisted or controlled respiration as required. This usually will be sufficient in the management of most reactions. Should circulatory depression occur, vasopressors, such as ephedrine or metaraminol, and intravenous fluids may be used. Should a convulsion persist despite oxygen therapy, small increments of an ultra-short acting barbiturate (thiopental or thiamylal) or a short acting barbiturate (pentobarbital or secobarbital) may be given intravenously.

Allergic reactions are characterized by cutaneous lesions, urticaria, edema or anaphylactoid reactions. The detection of sensitivity by skin testing is of doubtful value.

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Astra Pharmaceutical Products, Inc., Worcester, Massachusetts 01606