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Xylocaine advertisement.

[s.l.]: [s.n.], 1964

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Brief Summary: Xylocaine® (lidocaine) Hydrochloride 5% with glucose 7.5% is indicated for low spinal or saddle block anesthesia in routine vaginal deliveries, and in gynecologic and urologic procedures.

The precautions required for administration of any spinal anesthetic should be observed, with special attention directed to proper positioning of the patient to avoid "high spinal", selection of appropriate needle, correct site of injection, extent of analgesia, and availability of measures for control of possible complications of hypotension.

Absolute contraindications to spinal anesthesia are sepsis in the region of the proposed injection, severe shock and heart block. Relative contraindications are existing neurologic disease, spinal deformities, septicemia, severe hypertension and extreme youth. In addition, spinal anesthesia is not indicated in the presence of extreme hypotension, persistent backache, severe anemia, or severe debility. It is also contraindicated in the presence of any disease of the subarachnoid region and may be contraindicated in the psychologically maladjusted or uncooperative patient.

Xylocaine (lidocaine) Hydrochloride 5% with glucose 7.5% is well tolerated, nevertheless untoward effects may occur due to unusual sensitivity, faulty technique, overdosage and inadvertent intravascular injection. Reactions due to excessive systemic absorption, such as nervousness, dizziness, blurred vision, nausea, tremors, convulsions, hypotension, cardiovascular depression, respiratory or cardiac arrest can usually be controlled when recognized and treated promptly. Maintain a patent airway and administer oxygen to assure adequate ventilation; control convulsions by administering a small amount of a short acting barbiturate or a muscle relaxant; support circulation with vasopressors as indicated. Cardiac massage if necessary.

The recommended dose is 0.8 cc. to 2 cc. depending on the duration required. Consult the package insert for complete dosage details and directions for use.

**The decision
is spinal anesthesia.
She has
Xylocaine® (lidocaine) 'spinal'
behind her.**

With good reason. Xylocaine (lidocaine) "spinal" brings your patient in labor almost immediate relief from pain with its fast onset of profound anesthesia. On the average, it gives 100 minutes of deep perineal anesthesia plus an additional 40 minutes of analgesia, which is adequate for most routine vaginal deliveries and episiotomy repair.

Supplementary anesthesia is seldom required. Add to that its high degree of reliability in producing completely effective anesthesia without spottiness and you can see why hyperbaric Xylocaine (lidocaine) "spinal" is preferred on many obstetrical services for low or saddle block anesthesia.

The sterile aqueous solution contains 0.05 Gm. diethylaminoacet-2, 6-xylidide hydrochloride and 0.075 Gm. dextrose (d-glucose) per cc. and is adjusted to a pH of 6.3-6.7 with sodium hydroxide. Specify gravity, 1.030-1.035. Available in 2 cc. ampules.

References: 1. Phillips, O.C., and others: Spinal anesthetic agents for vaginal delivery, *Obstet Gynec (NY)* 11:680 (Jun) 1958. 2. Phillips, O.C., and others: Spinal anesthesia for vaginal delivery. A review of 2016 cases using Xylocaine, *Obstet Gynec (NY)* 13:437 (Apr) 1959. 3. Hartridge, V.B.: Anesthesia for obstetrics, *Surg Clin N Amer* 45:961 (Aug) 1965. 4. Peterson, W.F.: Lidocaine or dibucaine for saddle block anesthesia—an analysis, *Amer J Obstet Gynec* 81:1249 (Jun) 1961.

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