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## Xylocaine advertisement.

[s.l.]: [s.n.], 1970

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# What would you give for a relaxed mother, a pain-free

Regional anesthesia with Xylocaine comes close to the ideal by providing fast and effective pain relief without the depressant effect of narcotics or barbiturates. Xylocaine brings predictability to obstetric local anesthesia by combining a high frequency of successful anesthesia with

the depth and duration needed for complete relief of pain. It produces excellent muscle relaxation, yet does not interfere with uterine contractions. Although Xylocaine is relatively free from allergenic or sensitizing properties, one should be alert to these possibilities and take appropriate precautions.

## Brief Summary:

**Contraindications:** In peridural, regional and infiltration anesthesia absolute contraindications are sepsis in the region of the proposed injection, severe shock and heart block. Relative contraindications to peridural administration are existing neurological disease, spinal deformities, septicemia, severe hypertension and extreme youth. The topical application of local anesthetics to severely traumatized mucosa is contraindicated since serious toxic effects may result if large amounts of the drug are absorbed by the circulatory system. It is contraindicated in patients known to be hypersensitive to local anesthetics of the amide type. **Precautions:** Use only the minimum amount of local anesthetic agent necessary to produce adequate anesthesia and avoid toxic reactions. Appropriate precautions should be observed when employing drugs for preanesthetic medication that may exert a potentiating effect with local anesthetics, and when using central nervous system and cardiovascular depressing drugs whose effects may be enhanced when used simultaneously with local anesthetics, even in the recommended dosage.

Reactions and complications are best averted by employing the minimal effective dosage and lowest concentration of the anesthetic. Injections should always be made slowly and with frequent aspirations. Although lidocaine is relatively free from allergenic or sensitizing properties, these possibilities should not be overlooked and appropriate precautions should be observed.

Peridural anesthesia should be attempted only by skilled individuals. Close familiarity with and readiness to make use of precautionary measures are mandatory. Subarachnoid and intravascular injection are two of the most serious complications that may occur with this technique. If either blood or spinal fluid become manifest upon frequent aspiration during injection of the anesthetic, the needle must be withdrawn and relocated.

The peridural space should be located according to accepted procedure, and a test dose of 2 cc to 3 cc of anesthetic agent administered at least 5 minutes before injecting the total required volume. If a

subarachnoid injection has been made, motor paralysis and extensive sensory anesthesia can be detected.

The test dose cannot be regarded as a completely effective safety measure. Other precautions include positioning of the patient to avoid marked fall in blood pressure with respiratory involvement, and selection of needles of the proper length and bevel. In the sacral (caudal) approach, the sacral canal is to be penetrated for a distance of only 1½ to 2 inches. An excessively long needle may puncture the dura.

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

**Side Effects:** Xylocaine is well tolerated; nevertheless, untoward effects may occur due to unusual sensitivity, allergy, idiosyncrasy, faulty technique, overdose and inadvertent intravascular or subarachnoid injection. The type of toxic reaction is unpredictable and depends on dosage, rate of absorption and status of the patient. Reactions due to systemic absorption are primarily of two types and are referable to stimulation or depression of the cerebral cortex and medulla. Those with slow onset include drowsiness, nervousness, dizziness, blurred vision, nausea, tremors, convulsions and respiratory arrest. Symptoms of unconsciousness, respiratory arrest, cardiovascular collapse and cardiac arrest occur rapidly and with little warning, and call for extreme preparedness.

A fall in blood pressure or intercostal paralysis should be regarded as a potential hazard in thoracic peridural anesthesia, and may also occur in lumbar and sacral peridural anesthesia if excessive dosages have been employed, or if the anesthetic has been accidentally deposited within the subarachnoid space.

**Management of Reactions:** For all symptoms, maintain a patent airway and resuscitate with oxygen. Maintain blood pressure with vasopressors when indicated and cardiac massage if necessary. Administer small doses of a short acting barbiturate such as thiopental IV 30 mg to 50 mg per minute, or a muscle relaxant

to control severe convulsions. Barbiturates may be used prophylactically but offer only a small degree of protection against a lethal dose. If inadvertent subarachnoid injection occurs, aspirate spinal fluid until 50 cc is removed, resuscitate with oxygen and control blood pressure with vasopressor agents.

**Administration and Dosage:** The lowest concentration and smallest volume necessary to produce the desired effect should be used. The total dose of Xylocaine HCl should not exceed 500 mg when used in combination with epinephrine.

Wherever possible, it should be used in combination with epinephrine to prolong the duration of anesthesia and to reduce systemic absorption of the drug except in those patients in whom vasopressor drugs may be contraindicated such as those with thyrotoxicosis, diabetes, obstetrical patients in whom the maternal blood pressure is in excess of 130/80, and those with hypertension and other cardiovascular disorders. When used without epinephrine the amount should not exceed 300 mg. Vasopressors should not be used in such areas as the digits, nose, ears or penis.

For children and for elderly and debilitated patients, dosages should be reduced by employing minimal volumes and lowest concentrations that will produce effective anesthesia. For children who have a normal lean body mass and normal body development, the maximum dose may be determined by the use of Clark's rule or Young's rule.

For peridural anesthesia, use only single dose containers.

Please consult package insert for full details of administration and dosage.

**Composition:** Sterile aqueous solutions of diethylaminoacet-2,6-hydrochloride.

Formula					
Xylocaine (lidocaine hydrochloride)	epinephrine (adrenalin)	sodium chloride	metol-paraben	sodium sulfite	Water
mg/cc	mg/cc	mg/cc	mg/cc	mg/cc	cc
0.5%	none	8.0	1.0	none	50 cc: multiple dose vial
0.5%	1:200,000	8.0	1.0	0.5	50 cc: multiple dose vial
1.0%	none	7.0	1.0	none	20 cc and 50 cc: multiple dose vial
1.0%	none	7.0	none	none	2 cc and 50 cc: ampule
1.0%	none	7.0	none	none	5 cc: ampule
1.0%	none	7.0	none	none	100 cc: T ampule dose vial
1.0%	1:200,000	7.0	none	0.5	30 cc: ampule
1.0%	1:100,000	7.0	1.0	0.5	20 cc and 50 cc: multiple dose vial
1.5%	none	6.5	none	none	20 cc: ampule
1.5%	1:200,000	6.5	none	0.5	30 cc: ampule
2.0%	none*	6.0	1.0	none	20 cc and 50 cc: multiple dose vial
2.0%	none	6.0	none	none	2 cc and 50 cc: ampule
2.0%	1:200,000	6.0	none	0.5	20 cc: ampule
2.0%	1:100,000	6.0	1.0	0.5	20 cc and 50 cc: multiple dose vial
2.0%	1:100,000	6.0	none	0.5	2 cc: ampule

Note: pH of all solutions adjusted to U.S.P. limits with sodium hydroxide. \*Single dose container for peridural anesthesia.

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delivery and a lively baby? Xylocaine® (lidocaine) HCl.

