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Cortenema advertisement.

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

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for prompt adjunctive relief of ulcerative proctosigmoiditis proctitis/colitis

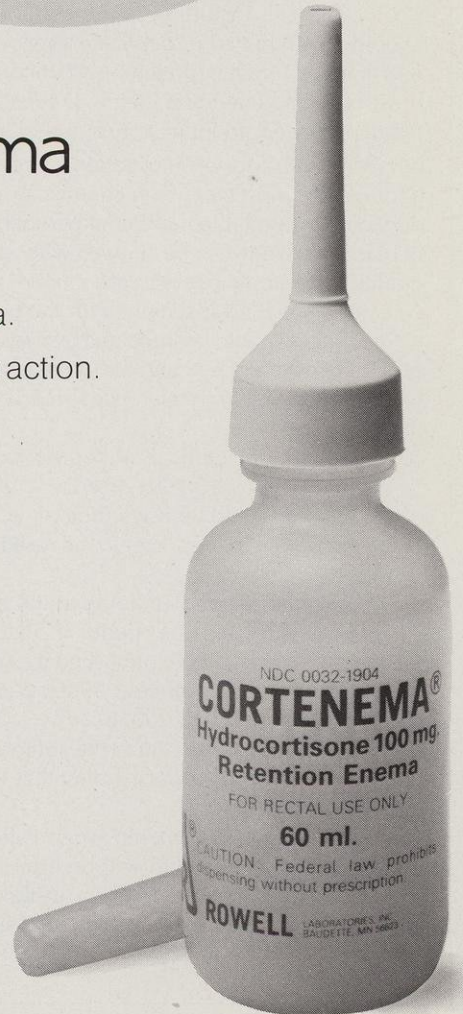


at first sight...

Cortenema[®]

disposable unit-dose hydrocortisone retention enema

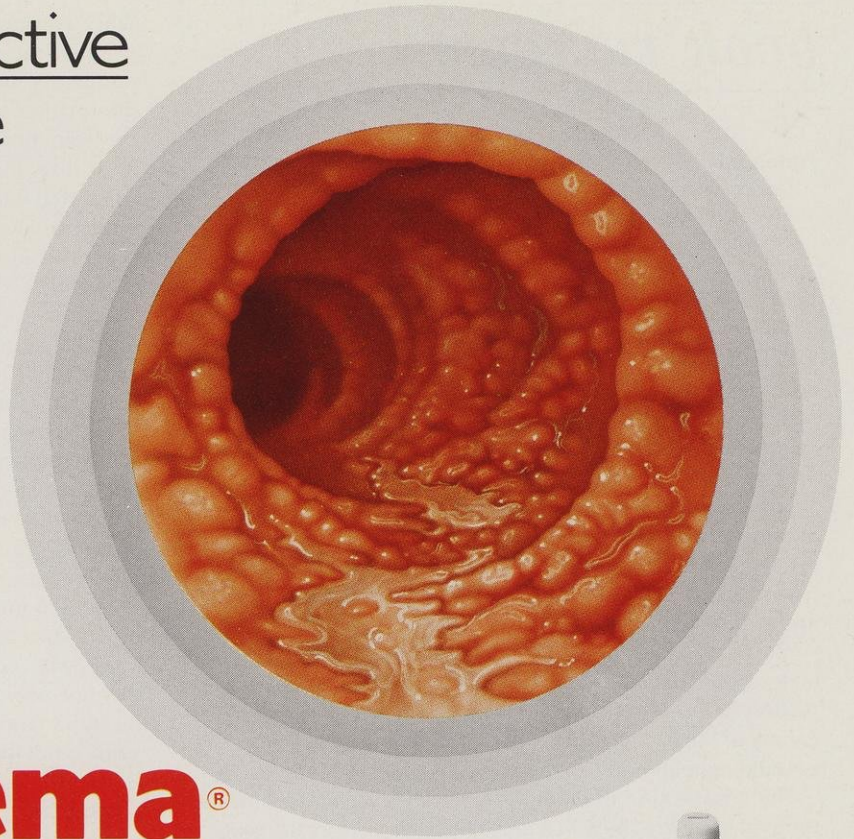
- **Acts faster** than oral agents in relieving diarrhea, bleeding and painful colorectal symptoms.
- **Spreads thoroughly** to assure coverage of left colon mucosa.
- **Speeds recovery** from acute inflammation with rapid on-site action.
- **Minimizes steroid side effects** and may avoid need for systemic steroids, by use of direct rectal route.
- **Adds extra confidence in patient benefits**
— comfort — convenience — accurate dosage
 - **Easy**, gentle insertion of flexible pre-lubricated tip
 - **Soothing** emollient aqueous base
 - **Unit-Dose** — pre-measured and uniform
 - **Disposable** — ready-to-use and with no messy cleanup
 - **Practical** supply — in boxes of 7 units for one-week regimens



 **ROWELL** LABORATORIES, INC.
BAUDETTE, MINN. 56623

See page opposite for brief summary.

for prompt adjunctive relief of ulcerative proctosigmoiditis proctitis/colitis

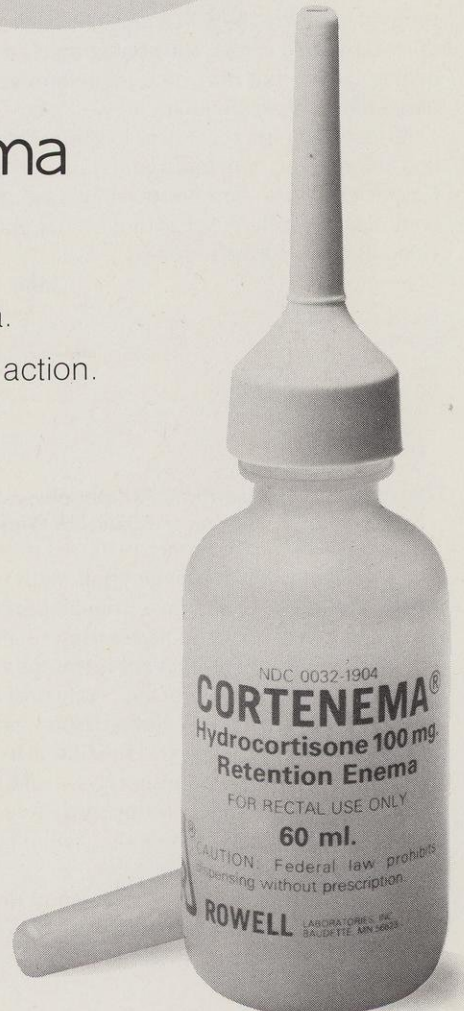



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Scriptformation®

Cortenema®

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hydrocortisone retention enema

INDICATIONS: Adjunctive therapy in ulcerative colitis; especially distal ulcerative proctitis, proctosigmoiditis, left-sided colitis; proved useful also in some cases involving transverse and ascending colons.

CONTRAINDICATIONS: Systemic fungal infections; recent ileocolostomy.

WARNINGS: In severe ulcerative colitis, avoid delay of needed surgery pending response to medical therapy. Careful insertion of enema tip is advisable to avoid rectal wall damage. Observe warnings of corticosteroid use: increase dosage of rapid-acting corticosteroids in unusual stress; corticosteroids may mask and decrease resistance to infection; prolonged use may predispose to cataracts, glaucoma, secondary ocular infections.

Usage in pregnancy: Pending adequate studies, corticosteroid use in pregnant, lactating or potentially childbearing women requires weighing possible drug benefits against potential hazards to mother and progeny. After large corticosteroid doses during pregnancy, observe neonates for hypoadrenalism.

Hydrocortisone or cortisone therapy may increase blood pressure, sodium and water retention, potassium excretion—effects less likely with synthetic derivatives, except in high doses. Salt restriction and potassium supplementation may be needed. All corticosteroids increase calcium excretion.

Avoid immunization procedures, including smallpox vaccination, during corticosteroid therapy, because of possible neurologic complications and lack of antibody response. Observe corticosteroid-treated patients with latent tuberculosis or tuberculin reactivity for signs of reactivated disease; provide chemoprophylaxis during prolonged corticosteroid dosage.

PRECAUTIONS: Use CORTENEMA cautiously in probability of bowel perforation, abscess or pyogenic infection, new anastomoses, obstruction, extensive fistulas or sinus tracts, and in peptic ulcer, diverticulitis, renal insufficiency, hypertension, osteoporosis and myasthenia gravis. Minimize hazard of adrenocortical insufficiency after prolonged treatment, by reducing dosage gradually and by adding mineralocorticoid and glucocorticoid support in post-treatment stress situations. In surgical infections during corticosteroid therapy, consider increasing antimicrobial dosage.

Use corticosteroids cautiously in hypothyroidism, cirrhosis and ocular herpes simplex; use aspirin cautiously with corticosteroids in hypoprothrombinemia. Psychic derangements may appear and emotional instability or psychotic tendencies may be aggravated with corticosteroid use. Carefully monitor growth of children on long-term corticosteroid therapy. Use the lowest effective corticosteroid dosage and reduce it gradually when possible.

ADVERSE REACTIONS: Local pain or burning, rectal bleeding and apparent exacerbations or hypersensitivity reactions are rarely attributed to CORTENEMA. Rectal corticosteroid administration requires considering *fluid and electrolyte disturbances* and adverse *musculoskeletal, gastrointestinal, dermatologic, neurologic, endocrine, ophthalmic and metabolic* reactions.

DOSAGE AND ADMINISTRATION: CORTENEMA should be used adjunctively with such supportive measures as dietary control, sedatives, antidiarrheal and antibacterial agents and blood replacement. The usual dosage, administered intrarectally in the evening before retiring, is 1 CORTENEMA per day for 2-3 weeks and every other evening thereafter until clinical and proctologic remission occur. CORTENEMA should be retained at least 1 hour or, preferably, all night and may be facilitated by prior sedative or antidiarrheal medication. Duration of treatment depends on both clinical and proctologic response. Clinical symptoms usually subside within 3-5 days; mucosal improvement may require longer, up to 2-3 months. Discontinue CORTENEMA if improvement fails to occur within 3 weeks.

HOW SUPPLIED: Single-dose 60-cc. bottles, in packages of 1 or 7, with instructions for patients.



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