Fiber-hungry Americans are your patients

New FIBERMED High-Fiber Supplements

- “The average American diet is relatively low in fiber. Eating more food high in fiber tends to reduce the symptoms of chronic constipation, diverticulosis, and some types of ‘irritable bowel.’”

- New FIBERMED supplies 10 grams of natural dietary fiber with just two supplements—can be taken alone or with beverages or food—helps reduce the desire for highly caloric snacks and desserts—no taste fatigue—only 60 calories per supplement.


High fiber intake you can control with precision

PURDUE FREDERICK
© Copyright 1981. The Purdue Frederick Company Norwalk, CT 06856
A563 PFQ-648/81
Intra-Abdominal Procedures...

Before prescribing, see complete prescribing information in SK&F literature or PDR. The following is a brief summary.

INDICATIONS
Ancef® (sterile cefazolin sodium, SK&F) is indicated in the treatment of the following serious infections due to susceptible organisms:

Respiratory tract infections due to Streptococcus pneumoniae (formerly D. pneumoniae), Klebsiella species, Hemophilus influenzae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), and group A beta-hemolytic streptococci.

Injectable benzathine penicillin is considered to be the drug of choice in treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. Ancef is effective in the eradication of streptococci from the nasopharynx; however, data establishing the efficacy of Ancef in the subsequent prevention of rheumatic fever are not available at present.

Urinary tract infections due to Escherichia coli, Proteus mirabilis, Klebsiella species, and some strains of enterobacter and enterococci.

Skin and skin structure infections due to Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci and other strains of streptococci.

Biliary tract infections due to Escherichia coli, various strains of streptococci, Proteus mirabilis, Klebsiella species and Staphylococcus aureus.

Bone and joint infections due to Staphylococcus aureus.

Genital infections (e.g., prostatitis, epididymitis) due to Escherichia coli, Proteus mirabilis, Klebsiella species and some strains of enterococci.

Septicemia due to Streptococcus pneumoniae (formerly D. pneumoniae), Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), Proteus mirabilis, Escherichia coli and Klebsiella species.

Endocarditis due to Staphylococcus aureus (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci.

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ancef.

Perioperative Prophylaxis: The prophylactic administration of Ancef is indicated in contaminated or potentially contaminated surgical procedures (e.g., vaginal hysterectomy, and cholecystectomy in high-risk patients such as those over 70 years of age, with acute cholecystitis, obstructive jaundice, or common duct bile stones); and in surgical patients in whom infection at the operative site would present a serious risk (e.g., open-heart surgery and prosthetic arthroplasty).

The prophylactic administration of Ancef should usually be discontinued within a 24-hour period after surgery. However, in surgery where the occurrence of infection may be particularly devastating (e.g., open-heart surgery and prosthetic arthroplasty), administration may be continued for 3 to 5 days postoperatively. If infection develops, culture to determine appropriate therapy.

CONTRAINDICATIONS
Ancef is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

WARNINGS
Before Cefazolin Therapy Is Instituted, Careful Inquiry Should Be Made Concerning Previous Hypersensitivity Reactions to Cephalosporins and Penicillin. Cephalosporin C Derivatives Should Be Given Cautionally in Penicillin-Sensitive Patients.

Serious Acute Hypersensitivity Reactions May Require Epinephrine and Other Emergency Measures.

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Any patient who has demonstrated some form of allergy, particularly to drugs, should receive antibiotics cautiously. No exception should be made with regard to Ancef.

Pseudomembranous colitis has been reported with the use of cephalosporins (and other broad-spectrum antibiotics); therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with antibiotic use. Treatment with broad-spectrum antibiotics alters normal flora of the colon and may permit overgrowth of clostridia. Studies indicate a toxin produced by Clostridium difficile is one primary cause of antibiotic-associated colitis. Cholestyramine and colestipol resins have been shown to bind the toxin in vitro.
Why our "pinch" of fat may mean days less in the Hospital.
"...tamoxifen is to be preferred as for postmenopausal women with
Bifurcated GORE-TEX® Vascular Graft
in vivo two years post-op.

The distal end of the story:
CLOCIN PHOSPHATE® Sterile Solution
CLOCIN HCl® Capsules (clindamycin)

WARNING
Clindamycin therapy has been associated with severe colitis which may end fatally. Therefore, it should be reserved for serious infections where less toxic antimicrobial agents are inappropriate, as described in the Indications Section. It should not be used in patients with nonbacterial infections, such as most upper respiratory tract infections. Studies indicate a toxin(s) produced by Clostridia is one primary cause of antibiotic associated colitis. Cholestyramine and colestipol resins have been shown to bind the toxin in vitro. See WARNINGS section. The colitis is usually characterized by severe, persistent diarrhea and severe abdominal cramps and may be associated with the passage of blood and mucus. Endoscopic examination may reveal pseudomembranous colitis.

When significant diarrhea occurs, the drug should be discontinued or, if necessary, continued only with close observation of the patient. Large bowel endoscopy should be recommended.

Antispasmodic agents such as opiates and diphenoxylate with atropine (Lomotil) may prolong and/or worsen the condition. Vancomycin has been found to be effective in the treatment of antibiotic associated pseudomembranous colitis produced by Clostridium difficile. The usual adult dose is 500 milligrams to 2 grams of vancomycin orally per day in three to four divided doses administered for 7 to 10 days. Cholestyramine or colestipol resins bind vancomycin in vitro. If both a resin and vancomycin are to be administered concurrently, it may be advisable to separate the time of administration of each drug.

Diarrhea, colitis, and pseudomembranous colitis have been observed to begin up to several weeks following cessation of therapy with clindamycin.

INDICATIONS
Serious infections caused by susceptible anaerobic bacteria. Patients with serious infections due to susceptible strains of streptococci, pneumococci, and staphylococci in whom its use should be reserved for penicillin-allergic patients or other patients for whom, in the judgment of the physician, a penicillin is inappropriate.

Consider the nature of the infection and the suitability of less toxic alternatives (e.g., erythromycin). Bacteriologic studies should be performed to determine the causative organisms and their susceptibility to clindamycin.

CONTRAINDICATIONS
History of hypersensitivity to clindamycin or lincomycin.

WARNINGS
See WARNING box. A toxin produced by Clostridia is one primary cause of antibiotic associated colitis. Cholestyramine and colestipol resins have been shown to bind the toxin in vitro. Mild cases of colitis may respond to drug discontinuance alone. Moderate to severe cases should be managed promptly with fluid, electrolyte, and protein supplementation as indicated. Vancomycin has been found to be effective in the treatment of antibiotic associated pseudomembranous colitis produced by Clostridium difficile. The usual adult dosage is 500 mg to 2 grams of vancomycin orally per day in 3 or 4 divided doses for 7 to 10 days. Systemic corticoids and corticoid retention enemas may help relieve the colitis. Other causes of colitis should also be considered.

A careful inquiry should be made concerning previous sensitivities to drugs and other allergens. Because antagonism has been demonstrated between clindamycin and erythromycin in vitro, these drugs should not be administered concurrently. Usage in Pregnancy: Safety has not been established. Usage in Newborns and Infants: Appropriate monitoring of organ system functions is desirable. Nursing Mothers: Clindamycin has been reported to appear in breast milk in ranges of 0.7 to 3.8 mcg/ml. Usage in Meningitis: Since clindamycin does not diffuse adequately into the cerebrospinal fluid, it should not be used to treat meningitis.

SERIOUS ANAPHYLACTOID REACTIONS REQUIRE IMMEDIATE EMERGENCY TREATMENT WITH EPINEPHRINE, OXYGEN AND INTRAVENOUS CORTICO-Steroids SHOULD ALSO BE ADMINISTERED AS INDICATED.

PRECAUTIONS
Older patients with associated severe illness may tolerate diarrhea less well. When clindamycin is indicated in these patients, they should be carefully monitored for change in bowel frequency. Proceed with caution in individuals with a history of gastrointestinal disease, particularly colitis and also in atopic individuals. Indicated surgical procedures should be performed in conjunction with therapy. Patients with severe renal disease and/or very severe hepatic disease accompanied by severe metabolic aberrations should be dosed with caution and serum clindamycin levels monitored during high dose therapy.

During prolonged therapy, periodic liver and kidney function tests and blood counts should be performed. Use may result in overgrowth of non-susceptible organisms, particularly yeasts. Clindamycin has neuromuscular blocking properties and may enhance other neuromuscular blocking agents. Use with caution in patients receiving such agents. Do not inject clindamycin IV undiluted as a bolus. Dilute prior to IV administration to 300 mg per 50 ml or more of diluent. Infuse over at least 10-60 minutes.

CLOCIN HCl Capsules contain FD&C & Yellow No. 5 (tartrazine) which may cause allergic-type reactions (including bronchial asthma) in certain susceptible individuals, especially in patients who also have aspirin hypersensitivity.

ADVERSE REACTIONS
Gastrointestinal: Abdominal pain, nausea, vomiting and diarrhea. (See WARNING box).

Hypersensitivity Reactions: Maculopapular rash and urticaria. Generalized mild to moderate morbilliform-like skin rashes are the most frequent adverse reactions. Rare instances of erythema multiforme, some resembling Stevens-Johnson syndrome, have been reported. A few cases of anaphylactoid reactions have been reported. If a hypersensitivity reaction occurs, the drug should be discontinued. The usual agents should be available for emergency treatment. Liver: Jaundice and abnormalities in liver function tests have been observed. Hematopoietic: Neutropenia, eosinophilia, agranulocytosis and thrombocytopenia have been reported; no direct etologic relationship to concurrent clindamycin therapy has been made. Local Reactions: Pain, induration and sterile abscesses have been reported after intramuscular injection and thrombophlebitis after intravenous infusion. Reactions may be minimized or avoided by giving deep intramuscular injections and avoiding prolonged use of indwelling intravenous catheters. Musculoskeletal: Rare instances of polynarthritis have been reported. Cardiovascular: Rare instances of cardiopulmonary arrest and hypotension have been reported following too rapid IV infusion.

HOW SUPPLIED
Available as sterile solution with each ml containing clindamycin phosphate equivalent to 150 mg clindamycin base. Ampoules of 2 and 4 ml.

CLOCIN HCl as 75 mg and 150 mg capsules. Caution: Federal law prohibits dispensing without prescription.

For additional product information see your Upjohn representative.

CLOCIN PHOSPHATE and CLOCIN HCl are trademarks of The Upjohn Manufacturing Company, Barceloneta, Puerto Rico.

J-3283 B-9 S June 1983

Upjohn
The Upjohn Company
Kalamazoo, MI 49001, U.S.A.