

Debrisan beads are
magnified x3000.

Debrisan beads

Debrisan beads are small spherical beads of diameter 0.1-0.3mm. They are packed in plastic castors or single use sachets.

Uses:

A dressing for moist, small area burns, wounds and indolent ulcers, whether clean or infected.

Application and Administration

A layer of Debrisan should be applied onto the wound. The beads will absorb the exudate. Debrisan is hygroscopic and the tissue exudate is drawn up into the layer. The Debrisan should be renewed before saturation occurs. Depending on the rate of exudation this may be necessary from one to five times a day. Twice daily is usually adequate. When Debrisan is changed the old material is readily rinsed off with water or saline and new material can then be sprinkled onto the wound.

Instructions for use are enclosed with each dressing. It should be treated in this manner. The beads will remain clean and pliable throughout use.

Contra-indications, Warnings, etc.

- 1) Do not leave Debrisan for more than 24 hours on wounds with a very low exudation rate as it may dry and form a crust which may be difficult to wash off.
- 2) Occlusive dressings may lead to maceration of skin round the wound under treatment.
- 3) When deep infected wounds are treated, care must be taken to wash Debrisan from the depths of the wound.
- 4) No side effects have been reported.

Warning:

Debrisan spillage can render surfaces very slippery. Clear spillages promptly.

Precautions:

- 1) Not to be used on dry wounds.
- 2) When exudate has been markedly removed by Debrisan alternative treatment should be substituted.
- 3) In order to avoid cross-infection it is recommended that the contents of a castor be confined to the treatment of a single patient for one day.

Pharmaceutical Precautions:

Keep in a dry place in well-closed containers.

Packs and Price:

4g sachets in packs of 7 - Basic NHS price £9.75.
Also available in 60g castors.

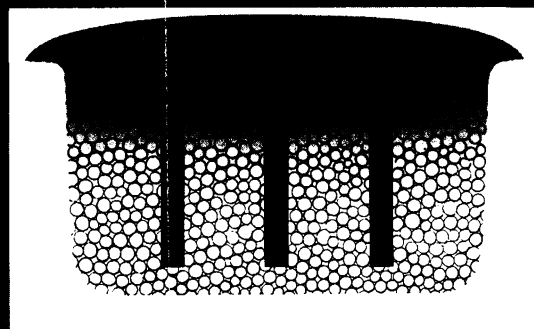
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Pharmacia

Debrisan (regd) dextranomer is a product of Pharmacia (Great Britain) Ltd, Prince Regent Road, Hounslow, Middlesex TW3 1NE. Telephone: 01-572 7321. Further information is available on request to the Company.



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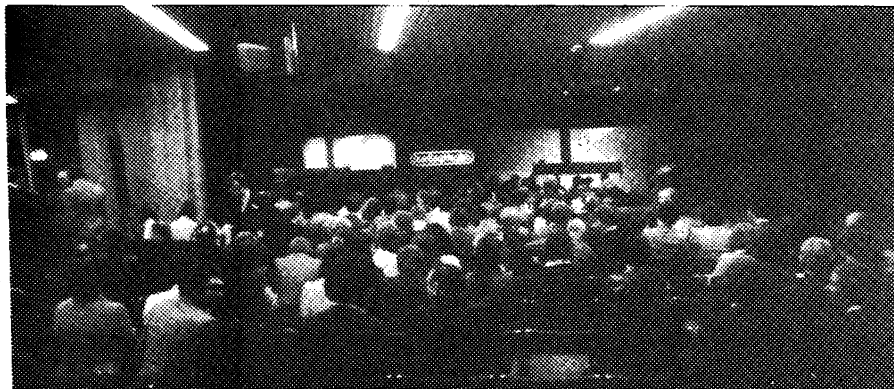
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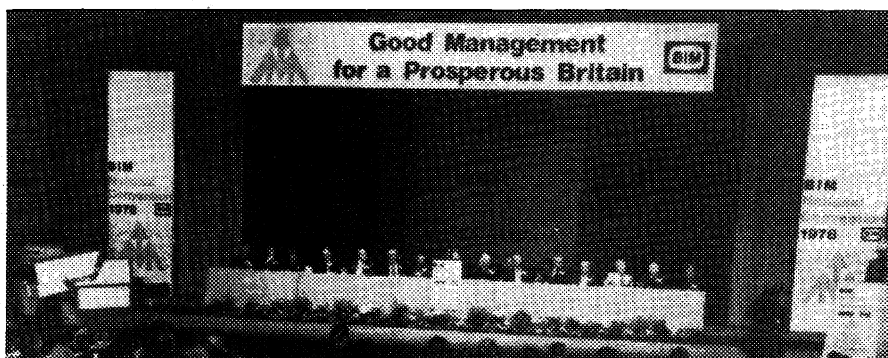
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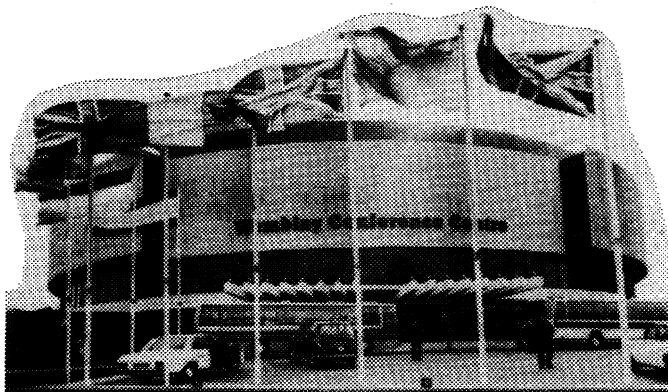
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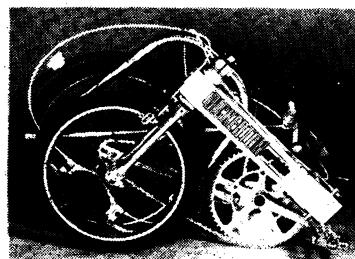
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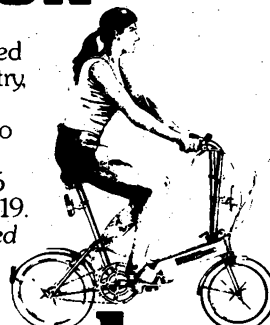
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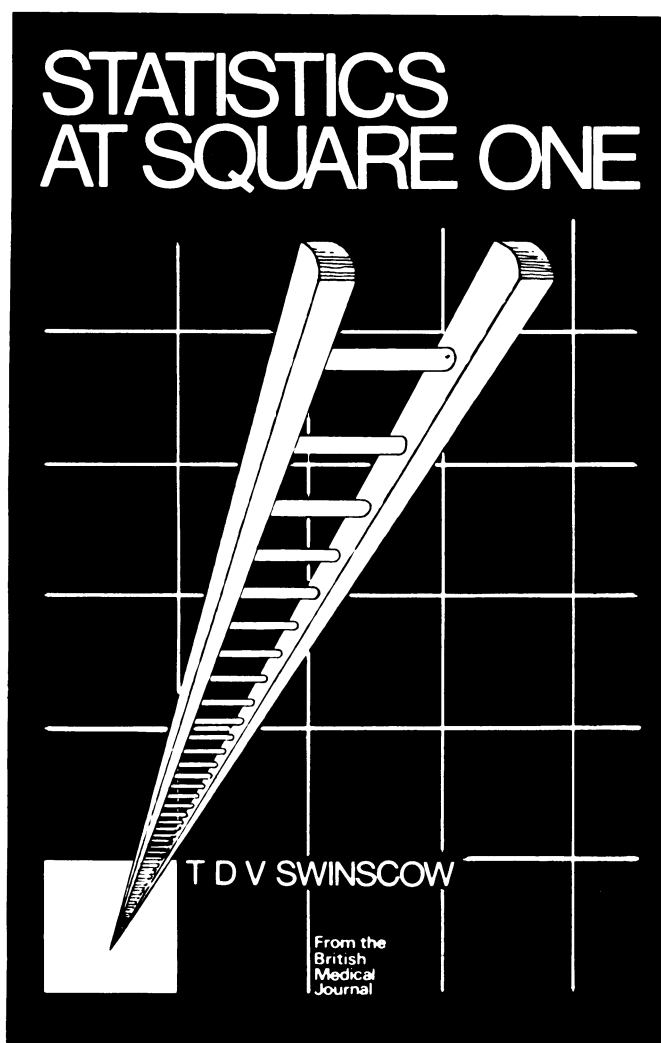
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de Jong, Rudolph H., *J.A.M.A.*, 1977, 237, 1874



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tolerance should be carefully established.

Phobic and obsessional disorders: The dosage of Anafranil is generally higher than that used in depression. It is recommended that the dose be built up to 100–150mg Anafranil daily, according to the severity of the condition. This should be attained gradually over a period of 2 weeks, starting with 1 x 25mg Anafranil daily. In sensitive and elderly patients a starting dose of 1 x 20mg Anafranil daily is recommended. After the relief of symptoms has been obtained, maintenance therapy will be required. This will be determined individually but may need to be prolonged. Discontinuation of therapy should be achieved by a gradual reduction in dose.

Side-effects

The most common side-effects are dry mouth, sweating, difficulty with accommodation, constipation, disturbance of micturition and tachycardia. Tremor and ataxia,

hypotension (particularly orthostatic hypotension with associated vertigo) have also been noted. Other effects which have occasionally occurred during Anafranil therapy are disturbances of appetite, abdominal pain and nausea.

Anxiety, agitation, fatigue, drowsiness, confusion, insomnia and headache have rarely been reported. Epileptiform convulsions have been experienced in a small number of patients. Symptomatic hypothermia may occur and allergic skin reactions, although extremely rare, have been encountered. Interference with sexual function, particularly ejaculation, may be encountered.

Contraindications and precautions

Anafranil is contraindicated in conjunction with or within 14 days of treatment with monoamine oxidase inhibitors, in patients with existing liver damage, in patients with cardiac or circulatory failure or recent myocardial infarction

and should be used with caution in patients with known ischaemic heart disease. Caution is necessary in conditions where an atropine-like drug is contraindicated e.g. glaucoma and retention of urine. Since convulsions have been reported in patients taking Anafranil, great caution should be exercised in treating epileptic patients. Patients with a known suicidal intent should, if possible, be treated in hospital. Otherwise they should be placed under the care of a responsible person who should also take charge of the keeping and administration of drugs. Care should be taken in administering Anafranil to patients already receiving treatment with desbrisoquine, bethanidine, guanethidine, and methyl dopa since the anti-hypertensive effect of these agents may be antagonised. The administration of Anafranil during the first trimester of pregnancy, as with all other drugs, is advised only if there are compelling reasons. Anafranil

given concurrently with noradrenaline or adrenaline may potentiate the cardiovascular effect of these substances.

Availability

Anafranil, (clomipramine)

hydrochloride is available as

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