

ANESTANE®

(Halothane)

COMPOSITION

Halothane stabilised with thymol 0.01% w/w.

ACTION

Anestane (halothane) is a general anaesthetic used by inhalation. Anestane by inhalation is absorbed through the alveoli into the blood stream. Anestane circulates through the body to the site of action, the brain. There, Anestane causes a progressive depression of the central nervous system, beginning with the higher centers (cerebral cortex) and spreading to the vital centers in the medulla. This depression is reversible. Like all anaesthetic agents the exact mode of action of Anestane is unknown.

INDICATIONS

Anestane is a general volatile anaesthetic used by inhalation for induction and maintenance of general anaesthesia for all types of surgery, and in patients of all ages. Also, Anestane is used in low concentrations to supplement other anaesthetics for caesarean section.

DOSAGE AND ADMINISTRATION

Anestane may be administered by non-breathing technique, partial rebreathing, or closed technique .

Adults

The induction dose varies from patient to patient but usually is within the range of 2-4%. The maintenance dose is usually 0.5-2%. Anestane may be administered with either oxygen or a mixture of oxygen/nitrous oxide. The lower concentrations are usually more suitable for elderly patients.

Children

Induction - 1.5 -2% concentration of Anestane in oxygen or oxygen/ nitrous oxide is used. Maintenance: 0.5-2% concentration.

CONTRAINDICATIONS

Anestane is contraindicated in:

- Patients with malignant hyperpyrexia.
- Patients with unexplained jaundice after exposure to Halothane.

WARNINGS

- During the induction of anaesthesia with Anestane, a moderate fall in blood pressure commonly occurs (dose-dependent). A rise in blood pressure occurs when the vapour concentration is reduced to the maintenance level. To counteract the fall in blood pressure, an intravenous dose of methoxamine 5 mg is advisable.
- Hepatotoxicity has been reported following administration of halothane. The risk of hepatotoxicity may be increased by repeated or sequential use of halothane or after certain inhalation anaesthetics. Exposure within a three months' period should be avoided in all patients. Other risk factors are intra-or postoperative hypoxia, history of hepatotoxicity, obesity, middle age and female gender.
- Anestane is a potent cerebral vasodilator. This might increase intracranial pressure. Therefore during neurosurgery, hyperventilation is recommended.
- Like all anaesthetic agents, malignant hyperpyrexia may be reported with some patients; more often when Anestane is given with suxamethonium. Patients may respond to intravenous dantrolene sodium.
- Cardiac arrhythmias have been reported during anaesthesia. Patients with phaeochromocytoma therefore require caution when being administered Anestane.
- Anestane causes relaxation of skeletal muscle so it should be used with caution in patients with myasthenia gravis, or when co-administered with aminoglycoside antibiotics.

DRUG INTERACTIONS

- Anestane may potentiate the hypotension caused by the ganglionic-blocking effect of tubocurarine.
- Anestane must be used with caution during the administration of adrenaline to patients because of possible arrhythmias.
- Co-administration of aminophylline, theophylline, or tricyclic antidepressants with Anestane may cause arrhythmias.

Pregnancy and lactation

Pregnancy: It would be prudent to avoid general anaesthesia during early pregnancy, except when the use is essential.

Lactation: Traces of Halothane have been detected in breast milk, so breast feeding should be withheld for 24 hours after Halothane anaesthesia.

SIDE EFFECTS

- Post-operative nausea and vomiting may occur after Anestane anaesthesia.
- During the recovery from anaesthesia shivering may be observed, especially in cool recovery rooms.
- Hypotension and bradycardia may occur during induction of anaesthesia.
- Unexplained jaundice; which is a contraindication for the future use of Anestane.

OVERDOSE

- No specific antidote exists.
- Respiratory and cardiovascular functions should be maintained.
- Cases of internal ingestion must be treated symptomatically.

PHARMACOKINETIC PROPERTIES

- Halothane has a low solubility in blood. Therefore, it will be concentrated in the brain, heart, and liver.
- 80% of the dose is eliminated unchanged by the lungs; 20% is metabolised in the liver by oxidation. Main metabolites are trifluoroacetic acid, bromide and chloride salts which are eliminated by renal excretion.

STORAGE

Bottles of Anestane must be stored below 25°C, protected from light and securely closed.

INSTRUCTION FOR USE

- During the liquid phase: do not dilute Anestane.
- During the gaseous phase: can be used with oxygen or with a mixture of nitrous oxide/ oxygen.
- Use under ventilated conditions.

PRESENTATION

Bottles

ANESTANE 250 ml: Halothane BP 100%, stabilised with thymol 0.01% w/w.

THIS IS A MEDICAMENT

- A medicament is a product which affects your health, and its consumption contrary to instructions is dangerous.
- Follow the doctor's prescription strictly, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicine, its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.

