# **For Rectal Use Only**

Monobasic Sodium Phosphate and Dibasic Sodium Phosphate

## COMPOSITION

**Anema™**:Each 118 ml (delivered dose) contains Monobasic Sodium Phosphate 19 gm and Dibasic Sodium Phosphate 7 gm.

#### **PHARMACOLOGY**

It acts as a saline laxative when administered by the rectal route. Fluid accumulation in the lower bowel produces distension and promotes peristalsis and bowel movement on the rectum, sigmoid and descending colon. These phenomena results in rapid evacuation.

## INDICATION

For the relief of occasional constipation. For use where bowel cleansing is required, such as before and after lower bowel surgery, delivery and post-partum, before proctoscopy, sigmoidoscopy or colonoscopy and before radiological examinations of the lower bowel.

## **DOSAGE & ADMINISTRATION**

Adults, Elderly and Children over 12 years old: 1 **Anema**<sup>™</sup> (118 ml delivered dose) not more than once daily or as directed by a physician.

## CONTRAINDICATION

Do not use in patients with, Congestive heart failure, impairment of renal function, gastrointestinal obstruction, Megacolon, Paralytic ileus, Perforation, Active inflammatory bowel disease, Imperforate anus, Dehydration, Children under 2 years of age, Hypersensitivity to active ingredients or to any of the excipients of the product.

## **PRECAUTION**

Use with caution in patients, with impaired renal function, with pre-existing electrolyte disturbances or who are taking diuretics which may affect electrolyte levels, Who are taking medications known to prolong the QT interval, Ascites, With a colostomy.

# **HYDRATION**

Additional liquids by mouth are recommended. Encourage patients to drink large amounts of clear liquids to prevent dehydration.

## SIDE EFFECT

Phosphate Enema is well tolerated when used as indicated. However, adverse events possibly associated with the use of phosphate enema have been infrequently reported. In some cases, adverse events may occur, especially if the enema is misused.

## **USE IN PREGNANCY AND LACTATION**

As there is no relevant data available to evaluate the potential for fetal malformation or other feto-toxic effects when administered during pregnancy it should only be used as directed by a physician at the time of delivery or postpartum. As sodium phosphate may pass into the breast milk, it is advised that breast milk is expressed and discarded for at least 24 hours after receiving **Anema**<sup>TM</sup>.

## **DRUG INTERACTION**

Use with caution in patients taking calcium channel blockers, diuretics, lithium treatment or other medications that might affect electrolyte levels as hyperphosphataemia, hypocalcaemia, hypokalaemia, hypernatraemic dehydration and acidosis may occur. No other sodium phosphate preparations including sodium phosphate oral solution or tablets should be given concomitantly. As hypernatraemia is associated with lower lithium levels, concomitant use of Anema™ and lithium therapy could lead to a fall in serum lithium levels with a lessening of effectiveness.

# **OVERDOSE**

Using more than one **Anema™** in 24 hours can be harmful. In case of excessive dose, recovery from the toxic effects can normally be achieved by rehydration. Treatment of electrolyte imbalance may require immediate medical intervention with appropriate electrolyte and fluid replacement therapy.

## **STORAGE**

Store below 25°C. Protect from light. Do not refrigerate. Keep out of the reach of children.

## **HOW SUPPLIED**

**Anema**™: Each Box contains 133 ml solution in LDPE ready to squeeze container.

Manufactured by



TM Trade Mark