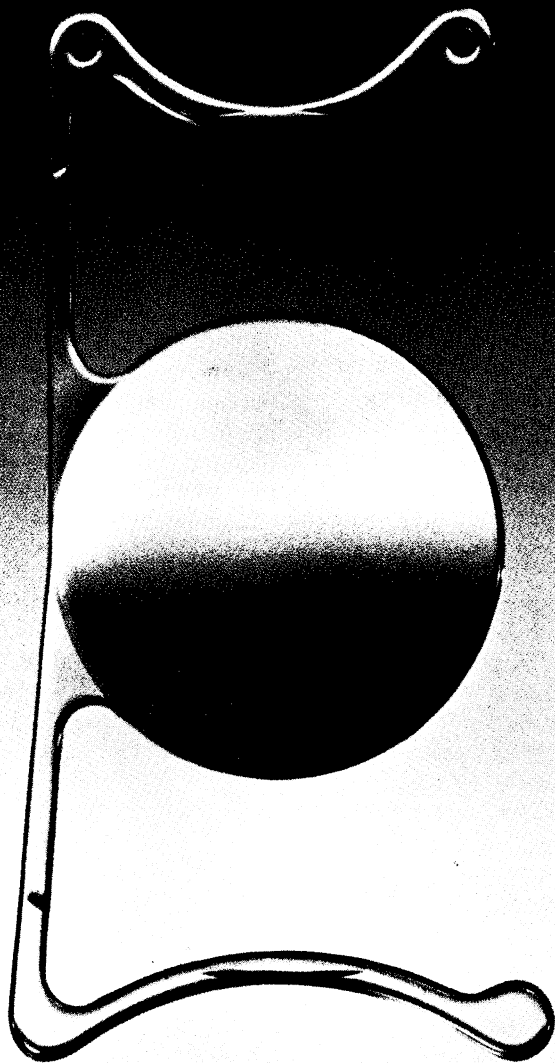


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1. Collum, L M T et al *Brit. J. Ophthalmol.*, (1980), **64**, 766 2. *J. Antimicrob. Chemother.*, (1979), **5**, 431 3. *Proc Natl Acad Sci USA*, (1977), **74**/12, 5716

PRESCRIBING INFORMATION **Presentation** Acyclovir 3 per cent w/w in a white soft paraffin base. **Uses** Treatment of herpes simplex keratitis. **Dosage and administration** A 1 cm ribbon of ointment should be placed inside the lower conjunctival sac five times a day at approximately four-hourly intervals. Treatment should continue for at least 3 days after healing is complete. **Contra-indications** Patients with a known hypersensitivity to acyclovir. **Warnings and adverse effects** For ophthalmic use only. Transient mild stinging immediately following administration occurs in a small proportion of patients. Superficial punctate keratopathy has been reported but has not resulted in patients being withdrawn from therapy, and healing has occurred without apparent sequelae. (PL 3/0150)

Further information is available on request. Wellcome Medical Division, The Wellcome Foundation Ltd., Crewe, Cheshire

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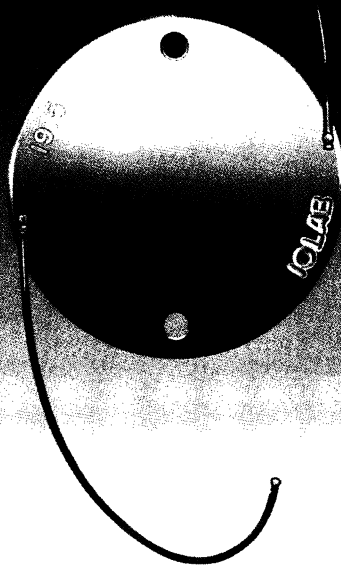


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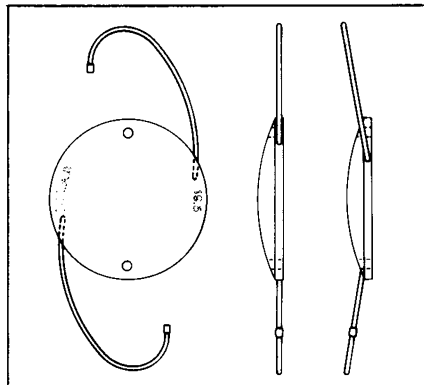
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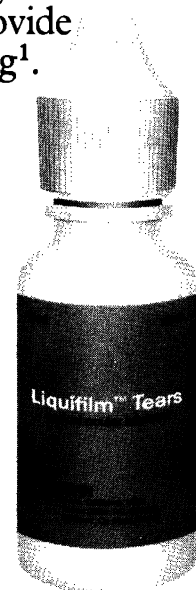
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*Reference Hoyng Ph.F.S. & Dake C.L. in
'Pharmacological Denervation and Glaucoma' published
by Dr. W. Junk bv, The Hague (1981) pp 105-112

DOSAGE AND ADMINISTRATION Adults: One drop to be instilled into the eye once or twice daily or at the discretion of the physician. Children: At the discretion of the physician.

CONTRA-INDICATIONS, WARNINGS ETC. Ganda should not be used in the case of a narrow angle between the iris and cornea as pupillary dilation may precipitate angle closure. Occasionally orbital discomfort or red eye (hyperaemia) may occur. Other side effects, such as local irritation and headaches are rare. When used in conjunction with miotics, Ganda should follow the miotic after an interval of 5-10 minutes. Ganda should not be used if the solution has become dark amber. The contents of the bottle should be discarded one month after the pouch has been opened. Ganda is fully potent for two years providing the pouch remains unopened.

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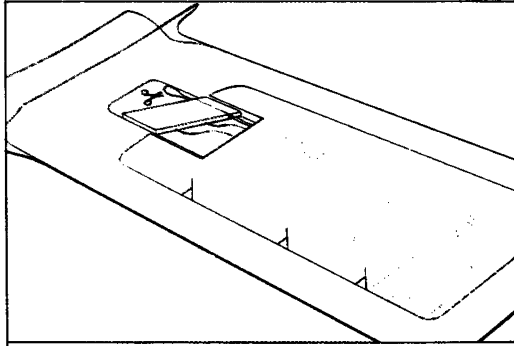
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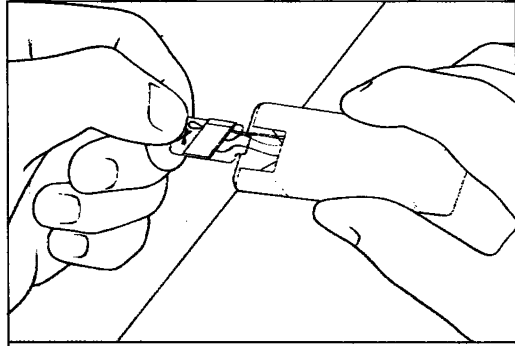
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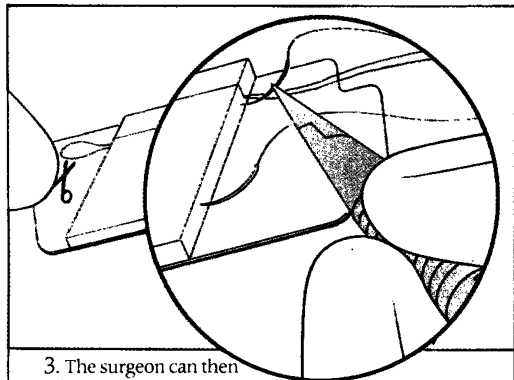
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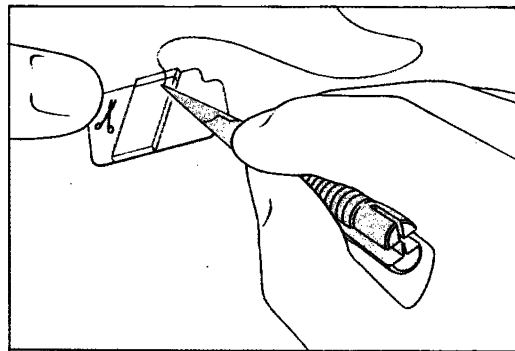
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FML (FLUOROMETHOLONE) LIQUIFILM STERILE OPHTHALMIC SUSPENSION. Abbreviated Prescribing Information. **Uses.** Topical ophthalmic suspension for steroid responsive inflammation of the palpebral and bulbar conjunctiva, cornea and anterior segment of the globe. **Dosage and administration.** 1 to 2 drops instilled into the conjunctival sac two to four times daily. **Contra-indications, warnings, etc.** *Contra-indications:* Acute superficial Herpes simplex keratitis. Fungal diseases of ocular structures. Vaccinia, varicella and most other viral diseases of the cornea and conjunctiva. Tuberculosis of the eye. *Warnings:* Steroid medication in the treatment of Herpes simplex keratitis (involving the stroma) requires great caution. Frequent slit-lamp microscopy is mandatory. Prolonged use may result in glaucoma, damage to the optic nerve, defects in visual acuity and fields of vision, posterior subcapsular cataract formation, or may aid in the establishment of secondary ocular infections from fungi or viruses liberated from ocular tissue. In those diseases causing thinning of the cornea or sclera, perforation has been known to occur with use of topical steroids. This preparation contains benzalkonium chloride and should be used with caution in association with hydrophilic contact lenses. *Precautions:* As fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid applications, fungus invasion must be suspected in any persistent corneal ulceration where a steroid has been used or is in use. *Adverse reactions:* Glaucoma with optic nerve damage, visual acuity or field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens liberated from ocular tissues, perforation of the globe. Local side-effects of steroid therapy, i.e. skin atrophy, striae and telangiectasia, are especially likely to affect facial skin. **Legal Category.** POM. **Basic NHS cost:** £1.62 for 5ml, £2.57 for 10ml. **Product Licence No.** 0426/0028. **References:** 1. Kupferman and Leibowitz, Arch. Ophthalmol., Vol 93 1011-3, Oct 1975. 2. Fairbairn and Thorson, Arch. Ophthalmol., Vol 86, 139-140, Aug 1971. 3. Mindel et al., Arch. Ophthalmol., Vol 98, 1577-8, Sept 1980. Further information is available from the Company. AL1



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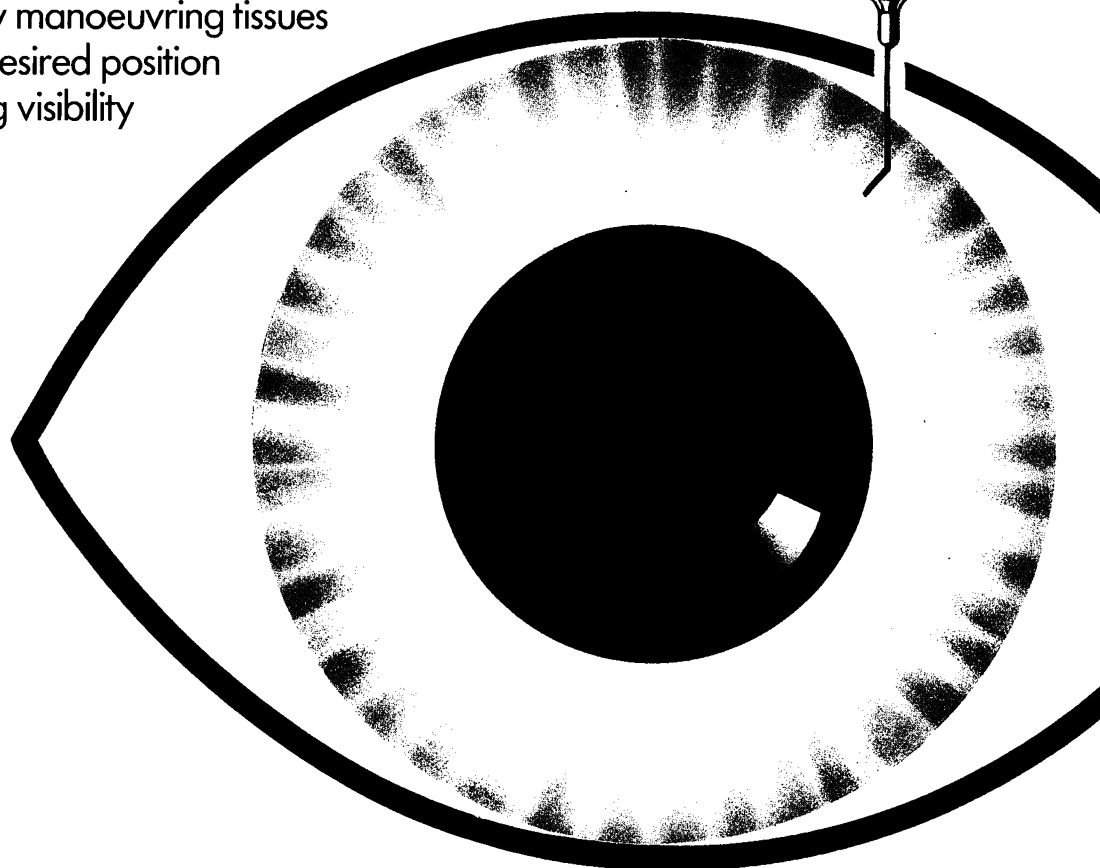
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PRESCRIBING INFORMATION

PRESENTATION

Disposable 0.4 ml syringes containing 1% sodium hyaluronate in aqueous buffer.

USES

Sodium hyaluronate is a visco-elastic polymer normally found in the aqueous and vitreous humour. HEALONID, which contains sodium hyaluronate is a highly viscous clear solution at rest, yet it will readily flow through a fine cannula or needle under pressure. Introduction of HEALONID into the anterior or posterior chamber keeps tissues separated during the operative procedure and protects them from trauma from other tissues or instruments. The anterior chamber depth is maintained, vitreous bulge can be reduced, and the loss of irreplaceable endothelial cells which inevitably accompanies surgery can be greatly reduced.

INDICATIONS

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DOSAGE AND ADMINISTRATION

The syringe is assembled and made ready for use according to the instruction sheet with each syringe.

The indication for use will govern the timing and quantity of HEALONID used. See Data Sheet or HEALONID monograph.

PRECAUTIONS

The anterior chamber should not be over-filled with HEALONID, except in glaucoma surgery. At close of surgery some of the HEALONID should be removed by irrigation or aspiration. Intraocular pressure should be monitored during the post operative period and any excessive rises treated with appropriate therapy.

CONTRA-INDICATIONS, WARNINGS

There are no known contra-indications to HEALONID. Because the drug is extracted from avian tissues, despite rigorous purification procedures minute amounts of protein are present, and thus the remote possibility of idiosyncratic reactions remains.

ADVERSE REACTIONS

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FURTHER INFORMATION

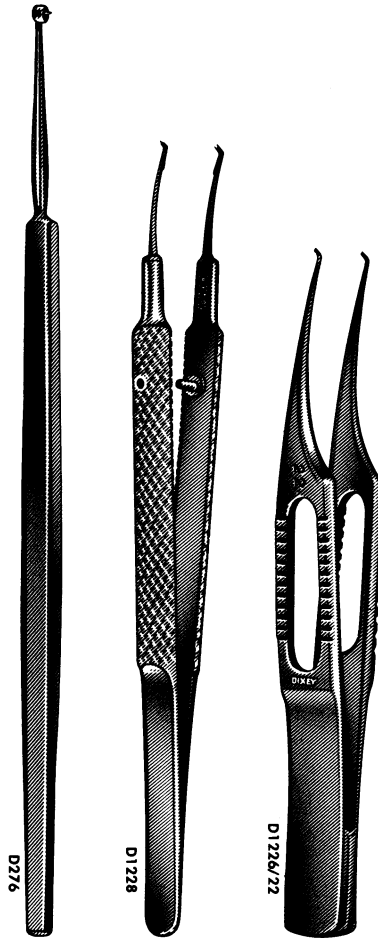
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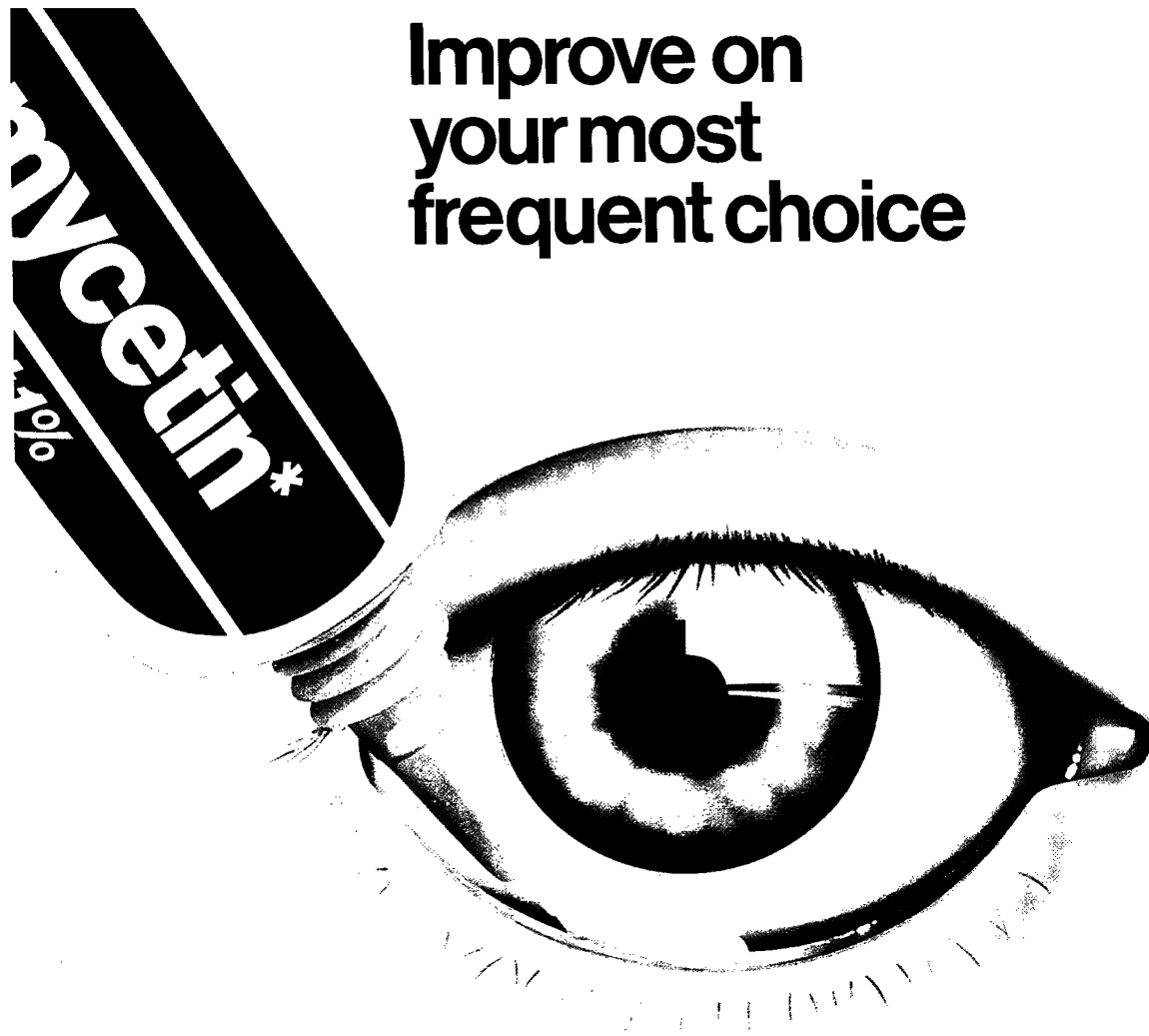
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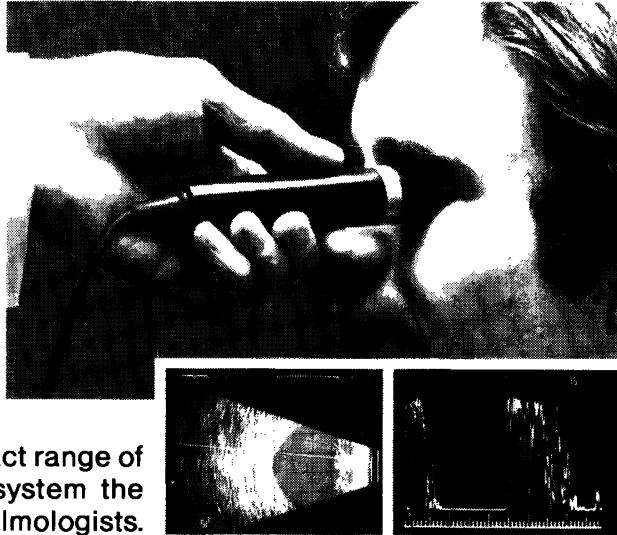
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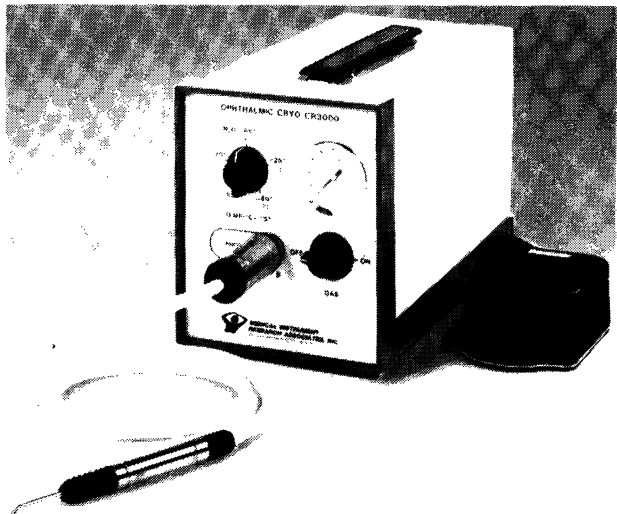
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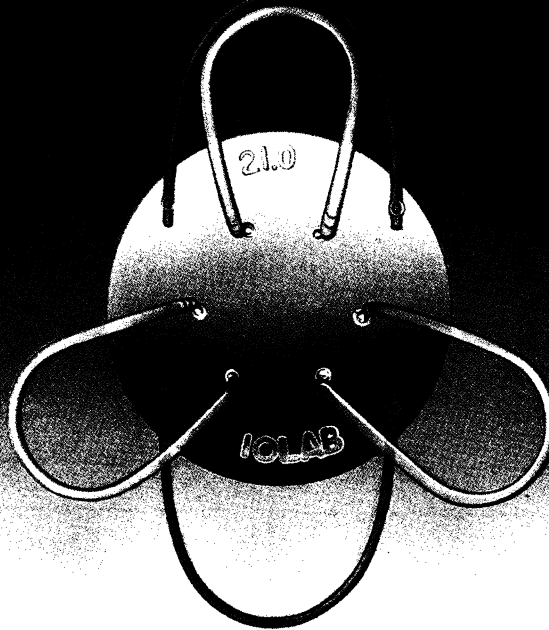
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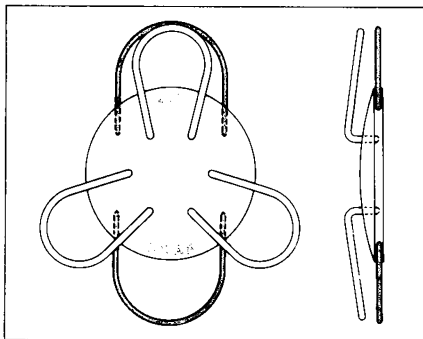
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1 Crawford, J.S. Intubation of Obstructions in the Lacrimal System. Canadian J. Ophthal. 12:189, 1977

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excellent tax free salaries.

AMI is recruiting for the King Khaled Eye Specialist Hospital in Riyadh, Saudi Arabia. This 263-bed eye specialist hospital is one of the most sophisticated of its kind. It will be managed by the joint venture of AMI/GAMA.

The hospital, which is scheduled to be opened in December is a spectacularly designed building situated in Riyadh, the cosmopolitan capital of Saudi Arabia. It will quickly become the country's leading referral centre for the treatment of eye disorders.

To cater for this specialist medical need, the hospital has a research and teaching facility with 12 operating rooms, emergency room and an out-patient clinic, all incorporating the finest, most up-to-date equipment.

We are particularly interested in specialists who have gained experience in the following:-

**CORNEA/EXTERNAL DISEASE
GLAUCOMA
RETINA
PAEDIATRIC OPHTHALMOLOGY
OPHTHALMIC PLASTIC SURGERY
OCULAR PATHOLOGY**

Clearly, as a medical specialist working in this magnificent hospital not only will you gain valuable international experience and job satisfaction, but a great deal more.

Renewable two-year contracts

Normally, contracts are two-year renewable, and we offer a valuable completion of contract bonus. But in some circumstances we would consider a one-year contract.

Benefits

Apart from a highly competitive tax free salary, you'll have up to 60 days annual leave, including public holidays, education allowances for your children, and of course, free medical care.

Accommodation

Whilst living abroad, you'll expect a particularly high standard of living. So AMI have arranged attractive fully furnished accommodation for married and single people on the campus, which also offers many sporting facilities, including swimming pools and tennis courts.

To work at the King Khaled Eye Specialist Hospital, you must hold a British or Irish Passport, and have gained all your specialist training and qualifications in the Western Hemisphere.

For further information, and an application form, please contact:

AMI
International

Ms. S. Frame, Recruitment Co-ordinator,
AMI International,
11 Welbeck Street, London W1M 7PB.
Tel: 01-486 7962.