Ioxilan is a nonionic, water soluble, triiodinated x-ray contrast agent for intravascular injection. Intravascular administration has resulted in false-positive diagnosis. Cerebral infarctions of recent onset may be better visualized with contrast enhancement. Older infarctions are obscured by the contrast agent.

A total of 146 patients received OXILAN® Injection 350 mgI/mL, and 149 received iohexol injection 300 mgI/mL. Visualization ratings were good or excellent in 95% of the patients with OXILAN® Injection; a radiologic diagnosis was made in the majority of the patients. The results were similar to those with iohexol injection.

Iodinated contrast media intravascularly administered may be hepatocellular in patients with multiple myelomas or other paraproteinemic diseases, who are prone to disease-induced renal insufficiency and/or toxicity. Although neither the radiographic nor the clinical findings have been systematically studied, the injection of an iodinated contrast media is generally avoided in such patients. The association of radionuclide imaging with contrast media to assess the presence and extent of disease should be carried out under the direction of personnel skilled and experienced in the particular procedure to be performed. It fully equipped emergency and resuscitation procedures, including cardio-pulmonary bypass should be available.

Administration of radioopaque materials to patients known or suspected of phaeochromocytoma should be performed with extreme caution. If, in the opinion of the physician, the possible benefits of such procedures outweigh the considered risks, the procedure may be performed; however, the amount of radiopaque medium injected should be kept to an absolute minimum. The blood pressure should be monitored throughout the procedure and measures for treatment of a hypertensive crisis should be available. These patients should be monitored very closely during contrast enhanced procedures.

Signs of (oropharyngeal) sensitization to radiopaque material, such as dysphagia, angioedema, erythema, or urticaria, should be considered during catheter manipulations and contrast agent injection. Angiography may be associated with manifestations of a type I or type II hypersensitivity reaction. Anaphylactoid reactions may also be associated with use of contrast agents. Angiography should be performed with extreme caution. If, in the opinion of the physician, the possible benefits of such procedures outweigh the considered risks, the procedure may be performed; however, the amount of radiopaque medium injected should be kept to an absolute minimum. The blood pressure should be monitored throughout the procedure and measures for treatment of a hypertensive crisis should be available. These patients should be monitored very closely during contrast enhanced procedures.

General anesthesia may be indicated in the performance of some procedures in selected patients, particularly those who are hemodynamically unstable. For the patient who is unstable and who has not been premedicated, a brief induction of anesthesia with an agent having a rapid onset of effect is preferred. The induction agent should be selected to avoid postoperative nausea and vomiting.
The adverse effects of overdosage are life-threatening and affect mainly the pulmonary and cardiovascular systems. Treatment of overdosage is directed toward the support of vital functions, and prompt institution of symptomatic therapy.

OXILAN® Injection bind negligible to plasma or serum protein and can, therefore, be dialyzed.

ADULT DOSAGE AND ADMINISTRATION - General
The combination of volume and OXILAN® concentration should be used to carefully individualize accepting for factors such as renal function, obesity, and the rest of blood flow within the body. The OXILAN® administration rate should not exceed 25 mL to 50 mL (8.75 to 17.5 gI) of OXILAN® Injection - 350 (350 mgI/mL) per minute.

Adults
- As with all iodinated contrast agents, lower doses of OXILAN® Injection may have less effect. The efficacy of OXILAN® Injection in patients receiving lower doses has not been studied. Other factors such as anticipated pathology, degree and extent of specification required, structure(s) or area(s) to be examined, dose processes affecting the contrast media, and the specific and expected end result(s) to be achieved should also be considered.

The maximum recommended total dose of iodine is 84 grams. If delivery-at-reaction occurs, the injection should be immediately stopped.

Pediatric Use
- Iodinated contrast media are contraindicated in patients with evidence of symptomatic infection.

INTRAOCULAR PROCEDURES
Corneal Arteriography and Left Ventriculography

OXILAN® Injection (350 mgI/mL) is indicated for intravascular injection in the radiographic contrast evaluation of the aorta and major visceral arterial branches. The volume and rate of contrast injection should be proportionate to the blood flow through the vessels of interest, and related to the vascular and morphological characteristics of the specific vessels being studied.

Total dose for the procedure should not usually exceed 250 mL.

Peripheral Arteriography

OXILAN® Injection (350 mgI/mL) is indicated for intravascular injection in the radiographic contrast evaluation of the peripheral arteries. Injection rates should be approximated to flow in the vessel being injected.

The usual individual volume injection is 2 mL to 12 mL. (0.4 to 5.6 gI) of OXILAN® Injection - 350 (350 mgI/mL) is used.

Total dose for the procedure should not usually exceed 150 mL.

INTRAOCULAR PROCEDURES
Intravenous Urography

OXILAN® Injection (300 mgI/mL or 350 mgI/mL) is indicated for intravascular injection for routine radiographic evaluation. A volume of contrast which gives a dose of approximately 250 to 350 mgI of iodine is recommended as suitable for adult patients with normal renal function.

Total dose for the procedure should not usually exceed 100 mL.

DRUG HANDLING
- As with all contrast media, because of the potential for chemical incompatibility, OXILAN® Injection should not be mixed with, or administered together with other drugs, solutions, or total parenteral nutrition.

Sterile technique must be used in all vascular injections involving contrast media.

It is desirable that intravenously administered iodinated contrast agents be of or close to body temperature when injected.

If non-disposable equipment is used, scissors can be used to prevent retention mediastinal with long needles.

Withdrawal of contrast agents from their containers should be accomplished under aseptic conditions using appropriate aseptic technique.

When the large individual volumes are administered, as in ventriculography and aortography, it is recommended that sufficient time be permitted to elapse between each injection to allow for sufficient hemostatic diuresis.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. In addition, parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. Intravenous Excretory Urography

OXILAN® Injection (300 mgI/mL or 350 mgI/mL) may be administered intravenously by bolus, by rapid infusion, or by a combination of both. The usual dose is 50 mL to 200 mL. (15 to 60 gI) of OXILAN® Injection - 350 (350 mgI/mL) is used.

Total dose for the procedure should not usually exceed 200 mL.

Coronary Arteriography and Left Ventriculography

OXILAN® Injection (300 mgI/mL) is indicated for intravascular injection in the radiographic contrast evaluation of the aorta and major visceral arterial branches. The volume and rate of contrast injection should be proportionate to the blood flow through the vessels of interest, and related to the morphological characteristics of the specific vessels being studied.

Total dose for the procedure should not usually exceed 250 mL.

Central Arteriography

OXILAN® Injection (350 mgI/mL) is indicated for intravascular injection in the radiographic contrast evaluation of the peripheral arteries. Injection rates should be approximated to flow in the vessel being injected.

The usual individual volume injection is 2 mL to 12 mL. (0.4 to 5.6 gI) of OXILAN® Injection - 350 (350 mgI/mL) is used.

Total dose for the procedure should not usually exceed 150 mL.

Human inorganic iodine is toxic when ingested. Toxicity in humans is not predictable of the specific vessels being studied.

Oxilox® Injection (350 mgI/mL) or OXILAN® Injection (350 mgI/mL) may be administered intravenously by bolus, by rapid infusion, or by a combination of both. The usual dose is 50 mL to 200 mL. (15 to 60 gI) of OXILAN® Injection - 350 (350 mgI/mL) is used. Total dose for the procedure should not usually exceed 200 mL.

For further information or ordering, call

OXILAN® Injection is contraindicated in patients with known sensitivity to any of the components of this product, including benzyl alcohol.

For further information or ordering, call

For further information or ordering, call

For further information or ordering, call

For further information or ordering, call

For further information or ordering, call

For further information or ordering, call

For further information or ordering, call

For further information or ordering, call

For further information or ordering, call

For further information or ordering, call

For further information or ordering, call