1.3 Labelling and Packaging

1.3.1 Package Insert / Summary of Product Characteristics (SmPC)

Package Insert (front) enclosed:

Axcel®

LIGNOCAINE 2%

STERILE GEL

Scheduling No.: xxxx

MAL19973702AZ

COMPOSITION:
Lignocaine HCl equivalent to
Anhydrous Lignocaine HCl 2.0% w/w

Benzalkonium Chloride 0.012% w/w as preservative.

PRESENTATION:
Clear, colourless sterile gel.

INDICATIONS:
Lignocaine 2% Sterile Gel is indicated as a surface anaesthetic and lubricant for :

- The male and female urethra during cystoscopy, catheterisation, exploration by sound and other endourethral procedures.
- Nasal and pharyngeal cavities in endoscopic procedures such as gastroscopy and bronchoscopy.
- During proctoscopy and rectoscopy.
- Tracheal intubation.
- Symptomatic treatment of pain in connection with cystitis and urethritis.
- To relief pain after circumcision in children.

PHARMACOLOGY:
Mechanism of Action:
Lignocaine is a local anaesthetic of the amide type and is used for local application to mucous membrane. It produces reversible loss of sensation by preventing or diminishing the conduction of sensory nerve impulses near the site of their application. Lignocaine is readily absorbed through mucous membrane. It exerts its effect in the form of non-ionised base. It tends to interfere with the process to the generation of the nerve action potential namely the large transient increase in the permeability of the membrane to sodium ions that is produced by a slight depolarization of the membrane. As the anaesthetic action progressively develops in a nerve, the threshold for electrical excitability gradually increases and the safety factor for conduction decreases. When this action is sufficiently well developed, block of conduction is produced.

Pharmacokinetics:
Lignocaine has rapid onset of action and anaesthesia is obtained within a few minutes depending on the side of administration. Usage of local anaesthetics is followed by complete recovery in nerve function with no evidence of structural damage to nerve fibres or cells.

DIRECTION FOR USE:
Lignocaine 2% Sterile Gel provides prompt and profound anaesthesia of mucous membranes, that gives effectives anaesthesia of long duration (approx. 20-30min). The effect usually occurs rapidly (within 5 min. depending on the area of application). The following doses should be regarded as a guide. Clinicians experience and knowledge of the patients physical status are of importance of calculating the required dose.

Elderly patients, children over 12 years of age, acutely ill patients should be given doses commensurate with their age, weight and physical condition.

In children under 12 years, the doses should not exceed 6mg/kg.

No more than 4 doses should be given in 24 hours.

Urethral anaesthesia :
Surface anaesthesia of the male adult urethra: for adequate analgesia in males 20g gel (400mg Lignocaine HCl) is required. The gel is instilled slowly until the patient has a feeling of tension or until half the tube 10g gel has been emptied. A penile clamp is then applied for several minutes at the corona, after which the rest of the gel is instilled. When anaesthesia is especially important, e.g. during sounding or cystoscopy, a larger quantity of gel (e.g. 30-40g) may be instilled in 3-4 portions and allowed to act for 10 minutes before insertion of the instrument. The gel is instilled into the bladder is also effective for procedures in this region. Surface anaesthesia of the female adult urethra: instill 5-10g in small portions to fill the whole urethra. In order to obtain adequate anaesthesia, several minutes should be allowed to elapse prior to performing urological procedures.

Endoscopy :
The instillation of 10-20g gel is recommended for adequate analgesia and a small amount may be applied to the lubricating instrument. When combined with other Lignocaine products (e.g. for bronchoscopy), the total dose of Lignocaine should not exceed 400mg (20g gel).

Proctoscopy and rectoscopy :
Up to 20g gel can be used for anal and rectal procedures. The total dose should not exceed 400mg Lignocaine (20g gel).

Lubrication for endotracheal intubation :
About 2g gel applied to the surface of the tube just prior to insertion. Care should be taken to avoid introducing the product into the lumen of the tube.

1ml of Axcel Lignocaine 2% Gel Sterile is approximately equal to 1g of Axcel Lignocaine 2% Gel Sterile.

FOR SINGLE USE ONLY

CONTRAINDICATION:
It is contraindicated to patients with known hypersensitivity to Lignocaine HCl or local anaesthetics of amide type. Lignocaine should not be given to patients with hypovolaemia, heart block or other conduction disturbances.

PRECAUTIONS:
It should be used with caution in patients with congestive heart failure, bradycardia or respiratory depression. Lignocaine is metabolised in the liver and must be given with caution to patients with hepatic insufficiency. Use with caution in patients with severely traumatised mucosa and / or sepsis in the region of proposed application.

Use in Pregnancy & Lactation :
Lignocaine passes the placenta. It is reasonable to assume

Package Insert (back) enclosed:

that a large number of pregnant women and women of child-bearing age have been given lidocaine. No specific disturbances to the reproductive process have so far been reported, e.g. no increased incidence of malformations, or direct or indirect effect on the foetus. At temporary use of Axcel Lignocaine 2% Gel Sterile during pregnancy the benefit is judged to overweigh the possible risks.

Lignocaine is excreted into mother's milk in small amounts. The use of Axcel Lignocaine 2% Gel Sterile at recommended doses is unlikely to affect the neonate. Breastfeeding can therefore be continued during use of Axcel Lignocaine 2% Gel Sterile.

SIDE EFFECTS:
Rash, urticaria, edema or other manifestations of allergy may develop during use of a topical local anaesthetic, but these reactions are rare during short-term therapy. Local anaesthetics may produce systemic adverse effects as a result of the raised plasma concentrations which ensure when the rate of absorption into the circulation exceeds the rate of breakdown, example, by absorption of large amounts through mucous membranes or damaged skin or from highly vascular areas. Adverse effects may also occur due to the addition of vasoconstrictors. The systemic toxicity of local anaesthetics mainly involves the central nervous system and the cardio-vascular system. Excitation of the CNS may be manifested by restlessness, excitement, nervousness, dizziness, tinnitus, blurred vision, nausea and vomiting, muscle twitching, tremors and convulsions. Numbness of the tongue and perioral region may appear as an early sign of systemic toxicity. Excitation may be transient and followed by depression with drowsiness, respiratory failure and coma. There may be simultaneous effects on the cardiovascular system with myocardial depression and peripheral vasodilation resulting in hypotension and bradycardia; arrhythmias and cardiac arrest may occur. Hypotension often accompanies spinal and epidural anaesthesia, some local anaesthetics cause methemoglobinemia. Prolong use of topical anaesthetics in the eye may lead to severe contact keratitis and corneal damage.

DRUG INTERACTIONS:
Lignocaine 2% Gel Sterile should be used with caution in patients receiving agents structurally related to local anaesthetics, since the toxic effects are additive. Specific interaction studies with local anaesthetics and class III antiarrhythmic drugs have not been carried out, but caution should be observed.

OVERDOSAGE AND TREATMENT:
Symptoms :
First CNS excitation, later CNS depression. When exposed for large doses the first symptom can be rapidly developing seizures. Agitation, dizziness, visual disturbances, perioral paresthesia, nausea. Later ataxia, auditory disturbances, euphoria, confusion, speech difficulties, paleness, sweating, tremor, seizures, coma, apnoea. Different kinds of arrhythmias especially bradycardial arrhythmias but also if exposed to large doses ventricular tachycardia, ventricular fibrillation, QRS prolongation, atrio-ventricular block. Cardiac failure, hypotension. (rare cases of methaemoglobinaemia are described).

Treatment :
If oral exposure, active charcoal. (Provoking vomiting may be hazardous due to anaesthesia of the mucous membrane and the risk for seizures in the early phase. If ventricular lavage is indicated, this should be done with a ventricular tube after tracheal intubation). Seizures are treated with diazepam. Oxygen. If needed tracheal intubation and controlled respiration (if needed hyperventilation). Bradycardia is treated with atropine. Circulatory deterioration is treated with fluids administrated intravenously, dobutamine and if needed epinephrine (initially 0.05 microg/kg BW/min, to be increased if needed by 0.05 microg/kg BW/min each 10 minutes), in more severe cases guided by haemodynamic monitoring. Ephedrine may also be tried. If circulatory arrest, resuscitation efforts for several hours may be indicated.

STORAGE:
Keep container well closed. Store below 30^{O}C . Protect from light.

KEEP OUT OF REACH OF CHILDREN
JAUHI DARI KANAK-KANAK

PACK QUANTITIES :
Available in single aluminium tube of 20g per box & 20g x 10 per box.

Further information can be obtained from doctor, pharmacist or the manufacturer.

Botswana Reg. No.: xxxx

Kotra Pharma (M) Sdn. Bhd. (90082-V)
No. 1, 2 & 3, Jalan TTC 12,
Cheng Industrial Estate,
75250 Melaka, Malaysia.

PMSPAAXC00504 - 191121(03)
Date of revision: 18/10/21

Summary of Product Characteristics (SmPC):

1. NAME OF THE MEDICINAL PRODUCT

Axcel Lignocaine 2% Gel Sterile

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Lignocaine Hydrochloride equivalent to Anhydrous Lignocaine Hydrochloride 2.0% w/w

3. PHARMACEUTICAL FORM

Clear, colourless sterile gel.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Lignocaine 2% Sterile Gel is indicated as a surface anaesthetic and lubricant for:
-The male and female urethra during cystoscopy, catheterisation, exploration by sound and other endourethral procedures.
-Nasal and pharyngeal cavities in endoscopic procedures such as gastroscopy and bronchoscopy.
-During proctoscopy and rectoscopy
-Tracheal intubation
-Symptomatic treatment of pain in connection with cystitis and urethritis
-To relief pain after circumcision in children.

4.2 Posology and method of administration

Lignocaine 2% Sterile Gel provides prompt and profound anaesthesia of mucous membranes, that gives effectives anaesthesia of long duration (approximately 20-30 minutes). The effect usually occurs rapidly (within 5 min. depending on the area of application). The following doses should be regarded as a guide. Clinicians experience and knowledge of the patient's physical status are of importance of calculating the required dose.

Elderly patients, children over 12 years of age, acutely ill patients should be given doses commensurate with their age, weight and physical condition.

In children under 12 years, the doses should not exceed 6mg/kg.

No more than 4 doses should be given in 24 hours

Urethral anaesthesia :
Surface anaesthesia of the male adult urethra: for adequate analgesia in males 20g gel (400mg Lignocaine HCI) is required. The gel is instilled slowly until the patient has a

feeling of tension or until half the tube 10g gel has been emptied. A penile clamp is then applied for several minutes at the corona, after which the rest of the gel is instilled. When anaesthesia is especially important, e.g. during sounding or cystoscopy, a larger quantity of gel (e.g. 30-40g) may be instilled in 3-4 portions and allowed to act for 10 minutes before insertion of the instrument. The gel is instilled into the bladder is also effective for procedures in this region. Surface anaesthesia of the female adult urethra: instill 5-10g in small portions to fill the whole urethra. In order to obtain adequate anaesthesia, several minutes should be allowed to elapse prior to performing urological procedures.

Endoscopy :
The instillation of 10-20g gel is recommended for adequate analgesia and a small amount may be applied to the lubricating instrument. When combined with other Lignocaine products (e.g. for bronchoscopy), the total dose of Lignocaine should not exceed 400mg (20g gel).

Proctoscopy and rectoscopy :
Up to 20g gel can be used for anal and rectal procedures.
The total dose should not exceed 400mg Lignocaine (20g gel).

Lubrication for endotracheal intubation :
About 2g gel applied to the surface of the tube just prior to insertion. Care should be taken to avoid introducing the product into the lumen of the tube.

1ml of Axcel Lignocaine 2% Gel Sterile is approximately equal to 1g of Axcel Lignocaine 2% Gel Sterile.

4.3 Contraindication

It is contraindicated to patients with known hypersensitivity to Lignocaine HCI or local anaesthetics of amide type. Lignocaine should not be given to patients with hypovolaemia, heart block or other conduction disturbances.

4.4 Special warning and precaution for use

It should be used with caution in patients with congestive heart failure, bradycardia or respiratory depression. Lignocaine is metabolized in the liver and must be given with caution to patients with hepatic insufficiency. Use with caution in patients with severely traumatized mucosa and / or sepsis in the region of proposed application.

4.5 Interaction with other medicinal products and other forms of interactions

Lignocaine 2% Gel Sterile should be used with caution in patients receiving agents structurally related to local anaesthetics, since the toxic effects are additive. Specific interaction studies with local anaesthetics and class III antiarrhythmic drugs have not been carried out, but caution should be observed.

4.6 Pregnancy and lactation

Not applicable

4.7 Effects on ability to drive and use machine

None reported.

4.8 Undesirable effects

Rash, urticaria, edema or other manifestations of allergy may develop during use of a topical local anaesthetic, but these reactions are rare during short-term therapy. Local anaesthetics may produce systemic adverse effects as a result of the raised plasma concentrations which ensure when the rate of absorption into the circulation exceeds the rate of breakdown, example, by absorption of large amounts through mucous membranes or damaged skin or from highly vascular areas. Adverse effects may also occur due to the addition of vasoconstrictors. The systemic toxicity of local anaesthetics mainly involves the central nervous system and the cardio-vascular system. Excitation of the CNS may be manifested by restlessness, excitement, nervousness, dizziness, tinnitus, blurred vision, nausea and vomiting, muscle twitching, tremors and convulsions. Numbness of the tongue and perioral region may appear as an early sign of systemic toxicity. Excitation may be transient and followed by depression with drowsiness, respiratory failure and coma. There may be simultaneous effects on the cardiovascular system with myocardial depression and peripheral vasodilation resulting in hypotension and bradycardia; arrhythmias and cardiac arrest may occur. Hypotension often accompanies spinal and epidural anaesthesia, some local anaesthetics cause methaemoglobinaemia. Prolong use of topical anaesthetics in the eye may lead to severe contact keratitis and corneal damage.

4.9 Overdose and special antidotes

Symptoms :

First CNS excitation, later CNS depression. When exposed for large doses the first symptom can be rapidly developing seizures. Agitation, dizziness, visual disturbances, perioral paresthesia, nausea. Later ataxia, auditory disturbances, euphoria, confusion, speech difficulties, paleness, sweating, tremor, seizures, coma, apnoea. Different kinds of arrhythmias especially bradycardial arrhythmias but also if exposed to large dose ventricular tachycardia, ventricular fibrillation, QRS prolongation, atrio-ventricular block. Cardiac failure, hypotension. (rare cases of methaemoglobinaemia are described).

Treatment :

If oral exposure, active charcoal. (Provoking vomiting may be hazardous due to anaesthesia of the mucous membrane and the risk for seizures in the early phase. If ventricular lavage is indicated, this should be done with a ventricular tube after tracheal intubation). Seizures are treated with diazepam. Oxygen. If needed tracheal

intubation and controlled respiration (if needed hyperventilation). Bradycardia is treated with atropine. Circulatory deterioration is treated with fluids administrated intravenously, dobutamine and if needed epinephrine (initially 0.05 microg/kg BW/min, to be increased if needed by 0.05 microg/kg BW/min each 10 minutes), in more severe cases guided by haemodynamic monitoring. Ephedrine may also be tried. If circulatory arrest, resuscitation efforts for several hours may be indicated.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic Properties

Lignocaine is a local anaesthetic of the amide type and is used for local application to mucous membrane. It produces reversible loss of sensation by preventing or diminishing the conduction of sensory nerve impulses near the site of their application. Lignocaine is readily absorbed through mucous membrane. It exerts its effect in the form of non-ionised base. It tends to interfere with the process to the generation of the nerve action potential namely the large transient increase in the permeability of the membrane to sodium ions that is produced by a slight depolarization of the membrane. As the anaesthetics action progressively develops in a nerve, the threshold for electrical excitability gradually increases and the safety factor for conduction decreases. When this action is sufficiently well developed, block of conduction is produced.

5.2 Pharmacokinetic Properties

Lignocaine has rapid onset of action and anaesthesia is obtained within a few minutes depending on the side of administration. Usage of local anaesthetics is followed by complete recovery in nerve function with no evidence of structural damage to nerve fibres or cells.

5.3 Preclinical safety Data

Not applicable

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

1) Benzalkonium Hydrochloride
2) Ethyl Alcohol
3) Glycerin
4) Stabileze QM
5) Sodium Hydroxide
6) Water For Injection

6.2 Incompatibilities

None

6.3 Shelf life

3 years

6.4 Special precautions for storage

Keep container well closed. Store below 30°C. Protect from light.

6.5 Nature and contents of container

Available in Blister pack of 20g x 1's and 20g x 10's.
Material: Polyvinyl chloride blister film
Closure and liner: Aluminium foil

7. MARKETING AUTHORIZATION HOLDER

Kotra Pharma (M) Sdn. Bhd.
1, 2 & 3, Jalan TTC 12,
Cheng Industrial Estate,
75250 Melaka, Malaysia.
Tel : +606-3362222
Fax :+606-3366122

8. MARKETING AUTHORIZATION NUMBER

Malaysia: MAL 19973702AZ

9. DATE OF FIRST AUTHORIZATION/RENEWAL OF THE AUTHORIZATION

2 January 2013

10. DATE OF REVISION OF THE TEXT

18 October 2021