



Precise Control. Predictable Recovery.



SUPRANE IN AN ALUMINIUM BOTTLE – AN EVOLUTION IN PACKAGING







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# VIRTUALLY UNBREAKABLE\*...

Reduces the safety hazards of cracked or broken glass bottles, including the risk of anaesthetic leaks and/or exposure

### **EASY TO HANDLE, EASY TO USE**

- Designed to allow an easier grip for small hands\*\*
- Smaller, lighter bottle facilitates easier handling for the filling of vaporisers\*\*





#### **LIGHTWEIGHT & SPACE-EFFICIENT**

- About 200g lighter than the glass bottle for easier transport
- Compact design requires 28% less storage space



# RECYCLABLE 🕐 / **ENVIRONMENTAL ASPECTS**

- The new Suprane (desflurane) aluminium bottle is recyclable\*\*\*
- Lighter bottle may require less fuel for transport\*\*

## **MAY REDUCE COST OF WASTE** MANAGEMENT

Lighter weight bottle may result in lower waste management costs\*\*









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#### Suprane (desflurane) is developed by Baxter – the single provider of all 3 potent, modern, inhaled anaesthetics

SUPRANE (desflurane) PRESCRIBING INFORMATION

This prescribing information is based on the UK summary of product characteristics (SPC) and is intended for international use only. Please always consult your full countryspecific SPC as licenses and licensing conditions may vary from country to country.

Name and composition: Desflurane, supplied as a volatile liquid, pure drug substance. Indications: Inhalation agent for induction and/or maintenance of anaesthesia in adults, maintenance of anaesthesia in paediatrics. Dosage and Route: See SPC for full details. Administration by inhalation using vapouriser specifically designed for use with desflurane and dose individualised based on patient's response. MAC decreases with increasing age. Induction: Inspired concomitant nitrous oxide in paediatrics. Not for use in non-intubated childen under 6 years old. Concentrations of 1-4% have been used successfully in chronic renal/hepatic impairment and renal transplant. Side effects: May cause dose dependant cardio-respiratory depression. Nausea and vomiting has been reported postoperatively – may be due to a range of factors and common following surgery under general anaesthesia. Common (>1/100 - <1/101 Pharyngitis, breath holding, headache, conjunctivitis, nodal arrhythmia, bradycardia, tachycardia, hypertension, apnea, cough, laryngospasm, salivary hypersecretion, increased creatinine phosphokinase, ECG abnormal. **Precautions**: Only to be administered by people trained in administration of general anaesthesia and sethetis have been associated with increases in serum pot tassium. Prompt and vigorous treatment for hyperkalaemia and arrhythmias recommended. Disruption of hepatic function, icterus and fatal liver necrosis have been reported with halogenated anaesthetics. May increase SF pressure but attention to maintain CPP. Rapid increase in end-tidal concentration may increase heart rate and blood pressure. Hypotension and respiratory depression increases as anaesthesia deepens. Use in hypovalaemia, hypotension and debilitated patients has not been established in obstetric procedures. **Contra-indications**: Not to be used if general anaesthesia in administration of second by seen espociated with some glucose levation in tra-operatively. Safety of desflurane has not been established in obstetric procedures. **Contra-indic** 

For posology, incompatibilities and interactions, please refer to the full SPC.

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