Ferrivenin / [Benger Laboratories Limited].

Contributors

Benger Laboratories.

Publication/Creation

Holmes Chapel : Benger Laboratories, [1949?]

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FERRIVENIN

TRADE MARK

'FERRIVENIN' is a non-toxic preparation of saccharated oxide of iron for intravenous administration in the treatment of iron deficiency anaemias, where the absorption of orally administered iron is at fault, or a satisfactory response is not obtained because of intolerance. 'Ferrivenin' is also indicated where a maximal haemoglobin response must be achieved in a short time, as in hypochromic anaemia of pregnancy or in pre-operative iron deficiency.

DOSAGE

The utilisation of the iron content of 'Ferrivenin' is 100%. 'Ferrivenin' is presented in 5ml. ampoules each containing the equivalent of 100mg. of iron and since

25 mg. of iron is required to produce a 1% rise in haemoglobin, **the contents of each ampoule administered will raise the haemoglobin by 4%.** It is therefore a simple matter to calculate how many ampoules of ' Ferrivenin ' will be required to correct the haemoglobin deficiency of the individual patient once the haemoglobin percentage has been determined. A more accurate method of calculation involves estimating the blood volume of the patient, but this is unnecessary for ordinary therapeutic purposes.

NOTE :—In chronic anaemia the iron storage organs may be severely depleted and it will then be necessary to administer a dose of ' Ferrivenin ' about 50 per cent. above that calculated on the haemoglobin level alone. However, the criterion for adequate dosage will always be final correction of the haemoglobin deficit.

When treatment with ' Ferrivenin ' is adopted and the total required dose is known, a test dose of 1.5 ml. is usually administered intravenously on the first day and followed by an injection of 3.0 ml. on the second day. Subsequently, injections of 5 ml., *i.e.*, 100 mg. of iron, may be given at intervals to suit the doctor, until the course is completed. In hospitalised patients, it is occasionally an advantage to administer the total required dose of iron by a single infusion of ' Ferrivenin,' especially in children who are often more amenable to intravenous therapy when given this way than by repeated injections. Details of the technique for continuous intravenous infusion may be obtained, upon request, from the Medical Department.

TECHNIQUE FOR INTRAVENOUS INJECTION OF ' FERRIVENIN '

1. The most prominent superficial arm vein is selected by palpation, engorgement being obtained by a tourniquet

applied just tight enough to leave the radial pulse palpable: flexible rubber tubing is suitable for this purpose. If necessary, engorgement may be assisted by massage of the forearm for a minute or so.

2. Using a 10 ml. syringe, the 5 ml. of 'Ferrivenin' solution is aspirated from the ampoule with a wide bore needle which is then changed to the needle for injection (a 'Record' No. 19 needle is suitable). If the same needle is used for filling the syringe and injecting, it should be wiped free from any adhering solution.

3. **After making the vene-puncture, 3 to 4 ml. of blood is withdrawn into the syringe to ensure that the needle lies in the lumen of the vessel. The blood also serves to buffer the 'Ferrivenin' solution, and thereby reduces any tendancy to slight side effects.**

4. The injection should be made slowly, taking three to four minutes or longer to transfer the contents of the syringe to the vein.

5. No follow-on venous lavage is necessary unless large quantities are injected, as in continuous intravenous infusion.

French (*Lancet*, Feb. 26th, 1949), commenting on the technique for intravenous injection of 'Ferrivenin' discusses the advantages of using a fine (No. 19 'Record') needle.

" (1) It is almost painless.

(2) It limits the speed of the injection to some extent.

(3) It does not damage the vein, thus enabling patients to have their complete series of daily injections into the same vein.

(4) The puncture in the vein is sufficiently small to be sealed at once on withdrawal of the needle and there is no flow-back of the contents of the vein into the perivascular tissue . . .

Good illumination is very necessary. Then, if the needle becomes dislodged from the vein during the course of the injection, the skin in the region of the point of the needle can be seen to change to a slate-grey colour, and the injection can be stopped before an appreciable amount of iron solution has escaped. Under such circumstances, there is some pain of short duration and the skin remains discoloured for a week or two, but the vein can be used for further injections in the course of a few days."

CAUTION

On no account should 'Ferrivenin' be mixed with solutions of electrolytes, e.g., saline, since an unstable preparation may thereby be produced.

MODE OF SUPPLY

'Ferrivenin' is issued in 5 ml. ampoules in boxes of 5, 10 and 50, each ampoule containing the equivalent of 100 mg. iron for intravenous administration.

CLINICAL AND PHARMACOLOGICAL TRIALS TO ENSURE FULL EFFECTIVENESS AND ABSENCE OF TOXICITY ARE CARRIED OUT ON EACH BATCH OF 'FERRIVENIN' AMPOULES BEFORE RELEASE.

REFERENCES.

1 Slack, H. G. B. &Wilkinson, J. F., Brit. Med. J., 1 (1948), 753.
2 Slack, H. G. B. & Wilkinson, J. F., Lancet, 1 (1949), 11.
3 Cohen, H., Practit., 6 (1948), 233.
4 Govan, A. D. T. & Scott, Jean M., Lancet, 1 (1949), 14.
5 Mitchell, D., J. M. A. Eire, 24 (1949), 25.
6 Whitby, L. E., H. J. R. Inst. Publ. Hlth & Hygn. 12 (1949), 57.
7 French, D. G., Lancet, 1 (1949), 370.
8 Cappell, D. F., J. Path. & Bact., 33 (1930), 175.
9 Hagger, T. D., Med. J. Aust., 2 (1949), 93.
10 Whitby, L. E., H. Practit., 163 (1949), 290.
11 Sinclair, R. J. G. & Duthie, J. J. R., Lancet, 11 (1949), 646.
12 McLean, M., Brit. Med. J. 2 (1949), 849.

Further information and references to published literature on this preparation are available on request to

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