

THE SAFE CHOICE



HURRICAIN[®]

Topical Anesthetic
20% Benzocaine Oral Anesthetic

HurriCaine Topical Anesthetics allow your patients to feel more comfortable during their procedure. HurriCaine Topical Anesthetics offer virtually no systemic absorption, and with a fast onset within 30 seconds and a short duration of approximately 15 minutes, your patients can eat and drink immediately following their procedure.

EFFECTIVE

Trusted by medical and dental professionals for over 40 years

FAST ONSET AND SHORT DURATION

Anesthetizes within 30 seconds and lasts approximately 15 minutes

SAFE

Virtually no systemic absorption

No Rx required

No artificial dyes

VERSATILE

Available in Gel, Liquid, Spray and Snap -n- Go Swabs to accommodate your specific needs

Prominent labeling and staff education ensure proper dosage. Following physician and staff education efforts at York Hospital, HurriCaine[®] Topical Anesthetic Spray usage conformed to the recommended dose. Brightly reported that no further cases had been noted to occur since the education efforts were instituted.¹ Our label recommends a “½ second spray;” “repeat once if necessary.” This pictograph is now prominently displayed on the front of all HurriCaine Spray cans.

Properly trained staff will be able to quickly recognize and treat methemoglobinemia should it occur. When you know the signs and symptoms, methemoglobinemia is easily treated. If a patient does develop methemoglobinemia, the specific therapy is methylene blue (1 to 2 mg per kg of body weight, intravenously).

What does the FDA say? The FDA Advisory points out that the number of reported adverse events with these sprays has been low, and when properly used, these products can help make important procedures less uncomfortable for patients. The FDA further advises that patients should be given the minimum amount needed to reduce the risks associated with methemoglobinemia.²

Beutlich[®]
PHARMACEUTICALS LLC
Since 1954

Don't settle for substitutes.

Ask your supplier for HurriCaine Topical Anesthetics by name or order direct at 1-800-238-8542. M-F: 8:00 a.m. - 4:30 p.m. ET. www.beutlich.com

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GET THE FACTS ON SAFETY

METHEMOGLOBINEMIA AND TOPICAL ANESTHETIC SPRAYS

What is Methemoglobinemia? Methemoglobinemia is a condition in which the iron in the hemoglobin molecule is defective, making it unable to carry oxygen effectively to the tissues.

Clinical methemoglobinemia can either be hereditary or acquired and is usually caused by exposure to an oxidizing compound leading to excessive formation of methemoglobin. Acquired methemoglobinemia is rare. Both prescription and over-the-counter medications, as well as substances that people frequently come in contact with, have been shown to be causative agents.

Methemoglobinemia is an extremely rare adverse reaction to benzocaine. Absorption of benzocaine through the mucosa is minimal.³ In a study performed by Dr. John Adriani at Charity Hospital, New Orleans, LA, only one adverse reaction was reported in over 144,000 cases in which a 20% Benzocaine product was used. The majority of these cases involved single applications for the lubrication of endotracheal tubes and oropharyngeal airways.

Switching to lidocaine- or tetracaine-based products will not eliminate the potential risk for methemoglobinemia, and use of these products carries additional risks. Benzocaine spray, when used in accordance with dose recommendations, poses no greater threat to a patient than any other topical anesthetics. Furthermore, benzocaine does not present the added risks associated with topicals that are systemically absorbed.

Katon stated that most available topical anesthetics, with the exception of benzocaine, are systemically absorbable through mucous membranes. Fatalities reported due to these agents have largely been attributed to use of large doses with excessive systemic absorption, causing major cardiovascular and/or central nervous system effects. True allergic reactions to benzocaine (HurriCaine) are rare.⁴

Katon stated that the ideal topical anesthetic for endoscopy would have a rapid onset of action, short duration, and not be systemically absorbed.⁴ Benzocaine is the only topical that meets this criteria. In reviewing the properties of several topical anesthetics used in endoscopy, Katon said that it is obvious that benzocaine (20%) is the agent of choice since its onset is rapid (within 30 seconds), action is of short duration (10-15 minutes), and virtually no systemic absorption occurs.⁴

| TOPICAL ANESTHETICS | | | |
|---|--------------|-----------------|---------------------|
| Drug | Onset (min.) | Duration (min.) | Systemic Absorption |
| Lidocaine (2%) (Xylocaine®) | 5 | 40 | Yes |
| Tetracaine (2%) (Pontocaine®) | 7 | 135 | Yes |
| Benzocaine (20%) (HurriCaine) | 1/2 | 10-15 | Virtually None |
| Benzocaine (14%) + Butyl Aminobenzoate (2%) + Tetracaine (2%) (Cetacaine®, Exactacain®) | 1/2 | 135 | Yes |

Many common drugs can cause acquired methemoglobinemia.

- Acetaminophen
- Benzocaine
- Chloroquine
- Dapsone
- Flutamide
- Lidocaine
- Metoclopramide
- Nitrates
- Nitric oxide
- Nitroglycerin
- Nitroprusside
- Nitrous oxide
- Phenazopyridine
- Prilocaine
- Primaquine
- Riluzole
- Silver nitrate
- Sodium nitrate
- Sulfonamides (sulfasalazine, sulfanilamide, sulfathiazide, sulfapyridine, sulfamethoxazole)
- Tetracaine

Common everyday items may also cause methemoglobinemia.

- Spinach
- Carrot juice
- Exhaust fumes
- Meat preservatives
- Nitrates - contaminated well water
- Naphthalene - mothballs
- Copper sulfate - fungicide for plants, seed treatment

1. Rebecca Brightly, MD, Dave Fillman, MPA, RRT, Richard Murry, MD 2002. Departments of Internal Medicine and Respiratory Therapy; "Methemoglobinemia: 5 case reports and literature review." (www.Wellspan.org/EducationResearch/brightly.pdf).

2. FDA Public Health Advisory, February 10, 2006 (www.fda.gov/cder/drug/advisory/benzocaine.htm).

3. John Adriani, MD, and Richard Zepernick, MD, New Orleans, "Clinical Effectiveness of Drugs Used for Topical Anesthesia," *JAMA*, May 25, 1964, Vol. 188, pp 711-716.

4. Ronald M. Katon, MD, Department of Medicine, Division of Gastroenterology. University of Oregon Health Sciences Center, Portland, Oregon, *Digestive Diseases and Sciences*, Vol. 26, No. 7 (July Supplement 1981).