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| APPROVED**The Order of Ministry of****Health of Ukraine****21.11.2019 No. 2319****Registration certificate**No. UA/17753/01/01  |

**INSTRUCTION**

**for medical use**

**FREEFLO® ENEMA**

***Composition:***

*active substance:* sodium dihydrogen phosphate dihydrate, disodium hydrogen phosphate dodecahydrate;

each administered dose (118 ml) contains sodium dihydrogen phosphate dihydrate 21.4 g, disodium hydrogen phosphate dodecahydrate 9.4 g;

*excipients:* benzalkonium chloride, disodium edetate, purified water.

**Pharmaceutical form.** Rectal solution (enema).

*Main physicochemical properties:* clear, colorless solution.

**Pharmacotherapeutic group.** Drugs for constipation. Enemas. Combinations. ATC code: A06A G20.

***Pharmacological properties.***

*Pharmacodynamics.*

The medicinal product will act as a saline laxative when administered by the rectal route. Fluid accumulation in the lower bowel produces distension and promotes peristalsis and bowel movement with only the rectum, sigmoid and part or all of the descending colon being evacuated.

*Pharmacokinetics.*

Colonic absorption is probably minimal, but it has been reported that asymptomatic hyperphosphataemia up to 2–3 times above normal phosphorus levels occurs in nearly 25% of individuals with normal renal function after administration of ORAL sodium phosphate containing colonic preparations. Under normal conditions the greatest phosphorus absorption occurs in the small bowel which is never reached from rectal administration.

**Clinical particulars.**

***Indications.***

Occasional constipation.

Cases requiring cleansing of the large intestine, for example before and after surgery on the colon, during and after childbirth, before proctoscopy, sigmoidoscopy or colonoscopy, and also before the radiological examination of the large intestine.

*Contraindications*.

* Hypersensitivity to active ingredients or to any of the excipients;
* conditions causing increased absorption capacity or decreased elimination capacity, such as when bowel obstruction or decreased bowel motility is present; e.g.,

- suspected intestinal obstruction;

- paralytic ileus;

- anorectal stenosis;

- atresia of the anus;

- congenital or acquired megacolon;

- Hirschsprung’s disease.

* undiagnosed gastrointestinal pathology, e.g.,

- symptoms suggestive of appendicitis, intestinal perforation or active inflammatory bowel disease;

- undiagnosed rectal bleeding;

* congestive heart failure;
* dehydration;
* children;
* clinically significant impairment of renal function.

Do not use concomitantly with other medicines containing sodium phosphate, including tablets or oral solutions.

***Interaction with other medicinal products and other forms of interaction.***

Use with caution in patients taking calcium channel blockers, diuretics, lithium drugs, or other drugs that may affect the level of electrolytes, since there is a risk of hyperphosphatemia, hypocalcemia, hypokalemia, hypernatremic dehydration and acidosis.

Do not use with other medicines containing sodium phosphate, including tablets or oral solutions (see “Contraindications” section).

Since hypernatremia is associated with low levels of lithium, the simultaneous use of the drug and lithium therapy may lead to lower serum lithium levels and decreased efficacy.

***Special warnings and precautions for use.***

Do not use medicinal product in the presence of nausea, vomiting or abdominal pain unless directed by a physician.

Patients should be advised to expect liquid stools and should be encouraged to drink clear liquids to help prevent dehydration, especially patients with conditions that may predispose to dehydration or those taking medications which may decrease glomerular filtration rate, such as diuretics, angiotensin converting enzyme inhibitors (ACE-Is, e.g. enalapril, ramipril, lisinopril), angiotensin receptor blockers (ARBs, e.g. losartan, candesartan, eprosartan, irbesartan, olmesartan, telmisartan, valsartan) or non-steroidal anti-inflammatory drugs (NSAIDs).

Since the product contains sodium phosphates, there is a risk of increased sodium and phosphate concentrations, as well as a decrease in serum calcium and potassium concentrations, which may lead to hypernatremia, hyperphosphatemia, hypocalcemia, and hypokalemia with clinical features similar to tetany and renal insufficiency.

Disturbance in the balance of the electrolytes is a particular concern for children suffering from megacolon or any other disease in which the fluid retention of the enema is observed and for patients with concomitant diseases.

For this reason, the drug should be prescribed with caution to the elderly or exhausted patients and patients with uncontrolled arterial hypertension, ascites, heart disease, changes in rectal mucosa (ulcers, cracks), colostomy, using diuretics or other medicinal products that affect the balance of electrolytes, drugs that can extend the QT interval (e.g. amiodarone, arsenic trioxide, astemizole, azithromycin, erythromycin, clarithromycin, chlorpromazine, cisapride, citalopram, domperidone, terfenadine, procainamide), or in patients with electrolyte imbalance, which was observed earlier as hypocalcemia, hypokalemia, hyperphosphatemia or hypernatremia may develop. Use also with caution in patients who are taking medications known to affect renal perfusion or function, or hydration status. In case of suspicion of a disturbance in electrolyte balance and presence of hypophosphatemia in patients’ history, monitoring of electrolyte levels before and after administration of the drug should be performed.

The drug should be used with caution in patients with impaired kidney function, in which the benefit from the use will outweigh the risk of hyperphosphatemia.

Repeated and prolonged use of the drug is not recommended because it may cause habituation. The administration of more than one enema within 24 hours may be harmful. Unless directed by a physician drug should not be used for more than one week.

Before using medicinal product, you should read the instructions for use and the rules for administration of the medicinal product (see “Posology and method of administration” section). Do not insert the bottle tip into the rectum unless it has been previously lubricated with liquid paraffin. Patients should be warned to stop administration if resistance is encountered as forced administration of the enema may cause local injury. Rectal bleeding after drug using may indicate a serious condition. If this occurs, discontinue further use of the drug and consult a physician.

In general, evacuation occurs approximately 5 minutes after drug administration; therefore, retention time over 5 minutes is not recommended. If evacuation does not occur after using drug or if the retention time lasts for more than 10 minutes, serious side effects could occur. No further administrations should be given and the condition of the patient should be assessed by a physician who will decide if laboratory tests should be completed in order to detect possible electrolyte abnormalities and to minimize the risk of severe hyperphosphatemia.

This drug contains (118 ml) 80 mg of benzalkonium chloride for each dose, which is an irritant and may cause skin reactions.

Freeflo disposable enema is a solution for rectal use. DO NOT SWALLOW.

*Fertility, pregnancy and lactation.*

Pregnancy

There is no relevant data on the risk of birth defects or other fetotoxic effects caused by the use of Freeflo single-dose enema during pregnancy

The drug should only be used as directed by your physician during or after childbirth.

Lactation

Sodium phosphate can penetrate breast milk. It is recommended to squeeze breast milk out and not to use it to feed your baby within 24 hours of applying the enema.

*Effects on ability to drive and use machines.*

No effect.

***Posology and method of administration.***

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| The medicinal product is for rectal use only.Before use the bottle tip should be lubricated with liquid paraffin! |

The following guidelines should be followed if your physician has not given you any other directions.

Adults, including elderly patients

1 bottle (a dose of 118 ml) not more than 1 time per day or as prescribed by a physician.

Patients with renal failure

Do not use in patients with clinically significant renal impairment.

The drug should be used with caution in patients with impaired renal function, whose benefit from the use will outweigh the risk of hyperphosphatemia (see “Special warnings and precautions for use” section).

Patients with hepatic insufficiency

No dose adjustment is required in patients with hepatic impairment.

Enema usage procedure

1. Remove the protective cap from the tip of the bottle;

2. lubricate the tip of the bottle with liquid paraffin;

3. lie on the left side with both knees bent;

4. with steady pressure, carefully insert the tip of the bottle into the rectum so that it is directed towards the navel;

5. squeeze the bottle until all the contents move to the intestines.

Usage should be stopped at the sensation of any resistance. Forcing the enema can result in injury;

6. carefully pull out the tip from the rectum. Leakage of some amount of liquid from the bottle is possible;

7. stay in the same position until you feel a strong desire to empty your bowel (it usually happens within 2–5 minutes);

8. after use, put the bottle back in the carton for disposal.

If there is no feeling for bowel movements for a specified time, consult a physician.

For episodic constipation, the drug should only be used for short-term relief.

*Children.* Do not use in pediatric practice.

***Overdose.***

There were fatal cases when the enema containing sodium phosphate was used in excessive doses or for a long time, or for patients with intestinal obstruction.

In overdose or prolonged use, hyperphosphatemia, hypocalcemia, hypernatriemia, hypernatriemic dehydration, acidosis and tetany may be observed.

Recovery from toxic effects is usually achieved by rehydration. Treatment of electrolyte imbalances may require immediate medical intervention using appropriate electrolyte and replacement fluid therapy.

***Undesirable effects.***

*Immune system disorders:* hypersensitivity reactions (e.g., urticaria).

*Skin and subcutaneous tissue disorders:* blister, pruritus, burning.

*Metabolism and nutrition disorders:* dehydration, hyperphosphatemia, hypocalcemia, hypokalemia, hypernatriemia, metabolic acidosis.

*Gastrointestinal disorders:* nausea, vomiting, abdominal pain, abdominal distension, diarrhea, gastrointestinal pain, anal discomfort, proctalgia.

*General disorders and administration site conditions:* rectal irritation, pain, burning, chills.

***Shelf life.***

2 years.

**Storage.**

Store in original packaging at a temperature below 25°С. Do not freeze.

Keep out of reach of children.

**Package.**

133 ml in a bottle with a tip and a cap. 1 bottle in carton.

**Conditions of supply.**

Without prescription.

**Manufacturer.**

Kusum Healthcare Pvt Ltd.

**Location of manufacturer and its address of its business activity.**

SP-289 (A), RIICO Industrial area, Chopanki, Bhiwadi, Dist. Alwar (Rajasthan), India.

**Date of last revision..**