Baxter

PROFESSIONAL INFORMATION

03097

SCHEDULING STATUS: S3

1. NAME OF THE MEDICINE

EXTRANEAL, peritoneal dialysis solution

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 1 litre of **EXTRANEAL** contains:

Icodextrin	75 g
Sodium chloride	5,4 g
Sodium lactate	4,5 g
Calcium chloride	0,257 g
Magnesium chloride	0,051 g

Theoretical osmolarity: 284 (milliosmoles per litre).

Theoretical osmolality: 301 (milliosmoles per kg).

Electrolyte solution content per 1 000 ml:

Sodium	133 mmol
Calcium	1,75 mmol
Magnesium	0,25 mmol
Chloride	96 mmol
Lactate	40 mmol

Sugar content: Sugar free

For full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Peritoneal dialysis solution

A clear, colourless to pale yellow solution, practically free of visible particles.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

EXTRANEAL is recommended as a once daily replacement for a single glucose exchange as part of a CAPD or APD regimen for the treatment of chronic renal failure. It may be used for patients in whom efficacy of ultrafiltration on glucose solutions is no longer effective.

4.2 Posology and method of administration

Posology

EXTRANEAL is recommended for use during the longest dwell period, i.e. in CAPD usually overnight and in APD for the long daytime dwell.

Adults

By intraperitoneal administration limited to a single exchange in each 24-hour period, as part of a CAPD or APD regimen.

The mode of therapy, frequency of treatment, exchange volume, duration of dwell and length of dialysis should be initiated and supervised by the medical practitioner.

The volume to be instilled should be given over a period of approximately 10 to 20 minutes at a rate which the patient finds comfortable. For adult patients of normal body size, the instilled volume should not exceed 2,0 L.

For larger patients (more than 70 – 75 kg), a fill volume of 2,5 L may be used.

If the instilled volume causes discomfort due to abdominal tension the instilled volume should be reduced. The recommended dwell time is between 6 and 12 hours in CAPD and 14 – 16 hours in APD. Drainage of the fluid is by gravity at a rate comfortable for the patient.

Elderly

Elderly: As for adults.

Paediatric population

Children: Not recommended for use in children (less than 18 years).

Method of administration

For intraperitoneal administration only. Not for intravenous administration.

The drained fluid should be inspected for the presence of fibrin or cloudiness, which may indicate the presence of infection or aseptic peritonitis.

Do not administer unless the solution is clear and the container undamaged.

Aseptic technique should be observed throughout the procedure.

To reduce discomfort on administration, the solution may be warmed in the oversealed bag to a temperature of 37 °C prior to use.

This should be done using dry heat, ideally using a warming plate specially designed for the purpose.

The bag should not be immersed in water to warm it, to avoid contamination of connectors. It should also not be heated in a microwave oven due to the potential for patient injury or discomfort.

Compatibility with additives must be checked before admixture. In addition, the pH and salts of the solution must be taken into account.

Diabetic patients should only use glucose monitors and test strips that utilise glucose oxidase or hexokinase methods. A range of antibiotics including vancomycin, cefazolin, ampicillin/flucloxacillin, ceftazidime, gentamycin, amphotericin and insulin have shown no evidence of incompatibility with **EXTRANEAL.**

The product should be used immediately after any medicine addition.

Discard any unused remaining solution.

For single use only.

4.3 Contraindications

- Hypersensitivity to the active substance(s) or to any of the excipients listed in section 6.1
- **EXTRANEAL** should not be used in pregnancy and lactation, (See section 4.6)
- Children and patients with a known allergy to starch based polymers (e.g. maize starch) and/or icodextrin
- Patients with maltose or isomaltose intolerance
- Patients with glycogen storage disease
- **EXTRANEAL** is also contra-indicated in patients with a history of abdominal surgery in the month preceding commencement of therapy or in patients with abdominal fistulae, tumours, open wounds, herniae or other conditions which compromise the integrity of the abdominal wall, abdominal surface or intra-abdominal cavity
- Acute renal failure
- Icodextrin should not be used in patients with conditions which preclude normal nutrition, with impaired respiratory function or with potassium deficiency
- **EXTRANEAL** is contra-indicated in patients with pre-existing lactic acidosis
- Uncorrectable mechanical defects that prevent effective PD or increase the risk of infection
- Documented loss of peritoneal function or extensive adhesions that compromise peritoneal function.

4.4 Special warnings and precautions for use

Women of childbearing potential should be treated with **EXTRANEAL** only when adequate contraceptive precautions have been taken.

In diabetic patients, blood glucose levels should be regularly monitored, and the dosage of insulin or other treatment for hyperglycaemia should be adjusted following initiation of treatment with **EXTRANEAL.**

Patients with diabetes mellitus often need additional insulin in order to maintain glycaemic control during Peritoneal Dialysis (PD). Transfer from glucose-based PD solution to **EXTRANEAL** may necessitate an adjustment of the usual insulin dosage.

Insulin can be administered intraperitoneally. Blood glucose measurement must be done with a glucose specific method to prevent maltose interference.

Glucose dehydrogenase pyrroloquinolinequinone (GDH-PQQ) or glucose-dye-oxidoreductase-based methods should not be used. Also, the use of some glucose monitors and test strips using glucose dehydrogenase flavin-adenine dinucleotide (GDH-FAD) methodology has resulted in falsely elevated glucose readings due to the presence of maltose. The manufacturer(s) of the monitor and test strips should be contacted to determine if icodextrin or maltose causes interference or falsely elevated glucose results.

If GDH-PQQ or glucose-dye-oxidoreductase (GDO) or GDH-FAD-based methods are used, using EXTRANEAL may cause a falsely high glucose reading, which could result in the administration of more insulin than needed.

Administration of more insulin than needed has caused hypoglycaemia, which can result in loss of consciousness, coma, neurological damage and death. Additionally, falsely elevated blood glucose measurements due to maltose interference may mask true hypoglycaemia and allow it to go untreated with similar consequences.

Falsely elevated glucose levels may be measured up to two weeks following cessation of EXTRANEAL (icodextrin) therapy when GDH-PQQ, GDO or GDH-FAD-based blood glucose monitors and test strips are used.

Because GDH-PQQ, GDO or GDH-FAD-based blood glucose monitors may be used in hospital settings, it is important that the healthcare providers of peritoneal dialysis patients using EXTRANEAL (icodextrin) carefully review the product information of the blood glucose testing system, including that of test strips, to determine if the system is appropriate for use with EXTRANEAL (icodextrin). See section 4.5.

To avoid improper insulin administration, educate patients to alert healthcare providers of this interaction whenever they are admitted to the hospital.

A decrease in serum amylase levels has also been noticed as a common finding in PD patients on long term treatment. The decrease has not been reported to be accompanied with any side effects. However, it is not known whether subnormal amylase levels may mask the rise in serum amylase, commonly seen during acute pancreatitis. An increase in serum alkaline phosphatase of approximately 20 IU/L was seen during clinical trials. There were individual cases where increased alkaline phosphatase was associated with elevated SGOT/AST levels.

Treatment should be initiated under the supervision of a medical practitioner.

Peritoneal reactions, including abdominal pain, cloudy effluents with or without bacteria (aseptic peritonitis) have been associated with **EXTRANEAL**. In case of peritoneal reactions, the patient should keep the icodextrin drained fluid bag along with the batch number, and the applicant or medical representative should be contacted for analysis of the drained fluid bag.

The drained fluid should be inspected for the presence of fibrin or cloudiness, which may indicate the presence of infection or aseptic peritonitis. Patients should be asked to inform their physician if this occurs and appropriate microbiological samples should be drawn. The initiation of antibiotic treatment should be a clinical decision based on whether or not infection is suspected. If other possible reasons for cloudy fluid have been excluded, **EXTRANEAL** should be stopped and the result of this action evaluated. If **EXTRANEAL** is stopped and the fluid becomes clear afterwards, **EXTRANEAL** should not be reintroduced unless under close supervision. If by re-challenging with **EXTRANEAL**, the cloudy fluid recurs then this patient should not be prescribed **EXTRANEAL** again. Alternative peritoneal dialysis therapy should be initiated and the patient should be kept under close supervision.

If peritonitis occurs, the choice and dosage of antibiotics should be based upon the results of identification and sensitivity studies of the isolated organism(s) when possible. Prior to identification of the involved organism(s), broad-spectrum antibiotics may be indicated.

Encapsulating peritoneal sclerosis (EPS) is considered to be a known, rare complication of peritoneal dialysis therapy. EPS has been reported in patients using peritoneal dialysis solutions including **EXTRANEAL**. Fatal outcomes of EPS have been reported with **EXTRANEAL.**

Patients with severe lactic acidosis should not be treated with **EXTRANEAL** (See section 4.3). It is recommended that patients with conditions known to increase the risk of lactic acidosis [e.g. severe hypotension, sepsis, acute renal failure, inborn errors of metabolism, treatment with medicines such as metformin and nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs)] must be monitored for occurrence of lactic acidosis before the start of treatment and during treatment with lactate-based peritoneal dialysis solutions.

When prescribing the solution to be used for an individual patient, consideration should be given to the potential interaction between the dialysis treatment and therapy directed at other existing illnesses. Serum potassium levels should be monitored carefully in patients treated with cardiac glycosides.

Protein, amino acids, water-soluble vitamins, and other medicines may be lost during peritoneal dialysis and may require replacement.

Peritoneal dialysis should be done with caution in patients with: 1) abdominal conditions, including disruption of the peritoneal membrane and diaphragm by surgery, from congenital anomalies or trauma until healing is complete, abdominal tumours, abdominal wall infection, hernias, faecal fistula, colostomy or iliostomy, frequent episodes of diverticulitis, inflammatory or ischaemic bowel disease, large polycystic kidneys, or other conditions that compromise the integrity of the abdominal wall, abdominal surface, or intra-abdominal cavity; and 2) other conditions including aortic graft placement and severe pulmonary disease.

Patients should be carefully monitored to avoid over- and underhydration. Enhanced ultra-filtration, particularly in elderly patients, may lead to dehydration, resulting in hypotension and possibly neurological symptoms. An accurate fluid balance record should be kept and the patient's body weight monitored.

Overinfusion of an **EXTRANEAL** volume into the peritoneal cavity may be characterised by abdominal distension, feeling of fullness and/or shortness of breath. Treatment of **EXTRANEAL** overinfusion is to drain the **EXTRANEAL** from the peritoneal cavity.

In common with other peritoneal dialysis fluids, icodextrin should be used with caution, after careful evaluation of its potential risks and benefits, in patients with conditions which preclude normal nutrition, with impaired respiratory function or with potassium deficiency.

Potassium is omitted from **EXTRANEAL** solutions due to the risk of hyperkalaemia.

In situations in which there is a normal serum potassium level or hypokalaemia, the addition of potassium chloride (up to a concentration of 4 mmol/L) may be indicated to prevent severe hypokalaemia and should be made after careful evaluation of serum and total body potassium, only under the direction of a medical practitioner.

Fluid, haematology, blood chemistry, and electrolyte concentrations should be monitored periodically, including magnesium and bicarbonate. If serum magnesium levels are low, oral magnesium supplements or peritoneal dialysis solutions containing higher magnesium concentrations may be used.

Decreases in serum sodium and chloride have been observed in patients using **EXTRANEAL**. Though these decreases have been regarded as clinically non-significant, it is recommended that serum electrolyte levels are monitored regularly.

Rarely, serious hypersensitivity reactions to **EXTRANEAL** have been reported, such as toxic epidermal necrolysis, angioedema, serum sickness, erythema multiforme and leukocystoclastic vasculitis. Anaphylactic/anaphylactoid reactions may occur. Stop the infusion immediately and drain the solution from the peritoneal cavity if any signs or symptoms of a suspected hypersensitivity reaction develop. Appropriate therapeutic countermeasures must be instituted as clinically indicated.

Paediatric population

EXTRANEAL is not recommended in children.

4.5 Interactions with other medicines and other forms of interaction

The blood concentrations of dialysable medicines may be reduced by dialysis. Corrective therapy should be instituted if necessary. In patients using cardiac glycosides, plasma levels of potassium and calcium must be carefully checked. In the event of abnormal levels, appropriate actions should be taken.

Drug-laboratory test interferences

Blood glucose measurement must be done with a glucose specific method to prevent maltose interference. Only use glucose monitors and test strips that utilise glucose oxidase or hexokinase methods. Glucose dehydrogenase pyrrolquinolinequinone (GDH PQQ) or glucose-dye-oxidoreductase-based methods should not be used. Also, the use of some glucose monitors and test strips using glucose dehydrogenase flavin-adenine dinucleotide (GDH-FAD) methodology has resulted in falsely elevated glucose readings due to the presence of maltose.

It is recommended that reference is made to the relevant section of the glucose test kit product leaflet to ascertain that interference while using icodextrin-based dialysis therapy is not described. (See section 4.4)

An apparent decrease in serum amylase activity has been observed in patients administered **EXTRANEAL** (See section 4.4).

4.6 Fertility, pregnancy and lactation

Pregnancy and Breastfeeding

EXTRANEAL should not be used during pregnancy or while breastfeeding.

Women of childbearing potential

Women of childbearing potential should be treated with **EXTRANEAL** only when adequate contraceptive precautions have been taken.

Fertility

There are no clinical data on fertility.

4.7 Effects on ability to drive and use machines

- Treatment with **EXTRANEAL** may cause fatigue, weakness, blurred vision or dizziness.
- Ability to drive and operate machines is affected when in treatment with **EXTRANEAL.**

4.8 Undesirable effects

a. Summary of the safety profile

EXTRANEAL associated skin reactions, including rash and pruritus, are generally mild or moderate in severity. Occasionally, these rashes have been associated with exfoliation. In the event of this occurring and depending on the severity, **EXTRANEAL** should be withdrawn at least temporarily.

b. Tabulated summary of adverse reactions

Frequency has been evaluated using the following criteria: very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1,000 to <1/100), rare (≥1/10,000 to <1/1,000), very rare (<1/10,000)**.** Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

† This table represents an integration of safety data from clinical trials involving 493 patients:

Side effects from clinical trials

Clinical Trial Adverse Reactions†			
System Organ Class (SOC)	**Preferred MedDRA Term**	**Frequency**	**Frequency Percentage or Ratio N=493**
INFECTIONS AND INFESTATIONS	Influenza	Uncommon	0,6
	Furuncle	Uncommon	0,2
	Infection	Uncommon	0,2
BLOOD AND LYMPHATIC SYSTEM DISORDERS	Anaemia	Uncommon	0,4
	Leukocytosis	Uncommon	0,6
	Eosinophilia	Uncommon	0,2
METABOLISM AND NUTRITION DISORDERS	Dehydration	Common	2,0
	Hypovolaemia	Common	1,0
	Hypoglycaemia	Uncommon	0,4
	Hyponatraemia	Uncommon	0,4
	Hyperglycaemia	Uncommon	0,2
	Hypervolaemia	Uncommon	0,8
	Anorexia	Uncommon	0,8
	Hypochloraemia	Uncommon	0,8
	Hypomagnesaemia	Uncommon	0,4
	Hypoproteinaemia	Uncommon	0,4
PSYCHIATRIC DISORDERS	Thinking abnormal	Uncommon	0,2
	Anxiety	Uncommon	0,2
	Nervousness	Uncommon	0,2
NERVOUS SYSTEM DISORDERS	Dizziness	Common	1,8
	Headache	Common	1,4
	Hyperkinesia	Uncommon	0,2
	Paraesthesia	Uncommon	0,6
	Ageusia	Uncommon	0,2
EAR AND LABYRINTH DISORDERS	Tinnitus	Common	3,6
CARDIAC DISORDERS	Cardiovascular disorder	Uncommon	0,2
	Tachycardia	Uncommon	0,2
VASCULAR DISORDERS	Hypotension	Common	3,2
	Hypertension	Common	2,6
	Orthostatic hypotension	Uncommon	0,2
RESPIRATORY, THORACIC, AND MEDIASTINAL DISORDERS	Pulmonary oedema	Uncommon	0,2
	Dyspnoea	Uncommon	0,4
	Cough	Uncommon	0,2
	Hiccups	Uncommon	0,2
	Lung disorder	Uncommon	0,4
GASTROINTESTINAL DISORDERS	Abdominal pain	Common	1,6
	Intestinal obstruction	Uncommon	0,2
	Peritonitis	Uncommon	0,6
	Bloody peritoneal effluent	Uncommon	0,2
	Diarrhoea	Uncommon	0,6
	Gastric ulcer	Uncommon	0,2
	Gastritis	Uncommon	0,2
	Gastrointestinal disorder	Uncommon	0,4
	Vomiting	Uncommon	0,2
	Constipation	Uncommon	0,4
	Dyspepsia	Uncommon	0,6
	Nausea	Uncommon	0,2
	Dry mouth	Uncommon	0,4
	Flatulence	Uncommon	0,2
SKIN AND SUBCUTANEOUS DISORDERS	Dermatitis exfoliative	Common	1,6
	Rash	Common	5,5
	Pruritus	Common	1,4
	Urticaria	Uncommon	0,2
	Dermatitis bullous	Uncommon	0,2
	Psoriasis	Uncommon	0,4
	Rash, maculopapular	Uncommon	0,2
	Skin ulcer	Uncommon	0,2
	Eczema	Uncommon	0,2
	Nail disorder	Uncommon	0,6
	Skin disorder	Uncommon	0,2
	Dry skin	Uncommon	0,2
	Skin discolouration	Uncommon	0,2
MUSCULOSKELETAL, CONNECTIVE TISSUE DISORDERS	Bone pain	Uncommon	0,1
	Muscle spasms	Uncommon	0,4
	Myalgia	Uncommon	0,4
	Neck pain	Uncommon	0,4
RENAL AND URINARY DISORDERS	Renal pain	Uncommon	0,2
GENERAL DISORDERS AND ADMINISTRATIVE SITE CONDITIONS	Peripheral oedema	Common	1,4
	Asthenia	Common	1,2
	Chest pain	Uncommon	0,4
	Catheter-related complication	Uncommon	0,2
	Face oedema	Uncommon	0,2
	Oedema	Uncommon	0,6
	Pain	Uncommon	0,2
INVESTIGATIONS	Laboratory test abnormal	Common	2,6
	Increased alanine aminotransferase	Uncommon	0,4
	Increased aspartate aminotransferase	Uncommon	0,4
	Increased blood alkaline phosphatase	Uncommon	0,6
	Abnormal liver function test	Uncommon	0,6
	Decreased weight	Uncommon	0,2
	Increased weight	Uncommon	0,6
INJURY, POISONING, AND PROCEDURAL COMPLICATIONS	Injury	Uncommon	0,2

Post-marketing side effects

In addition to the side effects noted in clinical trials, the following side effects have been reported in the post-marketing experience.

Infections and infestations: Fungal peritonitis, peritonitis bacterial, catheter site infection, catheter related infection.

Blood and lymphatic system disorders: Thrombocytopenia, leukopenia.

Immune system disorders: Serum sickness, hypersensitivity**, leukocytoclastic vasculitis.

Metabolism and nutrition disorders: Shock hypoglycaemia, fluid overload, fluid imbalance.

Nervous system disorders: Hypoglycaemic coma, burning sensation.

Eye disorders: Vision blurred.

Respiratory, thoracic, and mediastinal disorders: Bronchospasm, stridor.

Gastrointestinal disorders: Sclerosing encapsulating peritonitis, aseptic peritonitis, peritoneal cloudy effluent, ileus, ascites, inguinal hernia, abdominal discomfort.

Skin and subcutaneous disorders: Toxic epidermal necrolysis, erythema multiforme, angioedema, urticaria generalised, toxic skin eruption, swelling face, periorbital oedema, exfoliative rash, skin exfoliation, prurigo, rash (including macular, papular, erythematous), dermatitis (including allergic and contact), drug eruption, erythema, onychomadesis, skin chapped, blister.

Musculoskeletal, connective tissue disorders: Arthralgia, back pain, musculoskeletal pain.

Reproductive system and breast disorders: Penile oedema, scrotal oedema.

General disorders and administration site conditions: Discomfort, pyrexia, chills, malaise, drug effect decreased, drug ineffective, catheter site erythema, catheter site inflammation, infusion related reaction (including infusion site pain, instillation site pain).

Injury, poisoning and procedural complications: Device interaction*

c. Description of selected adverse reactions

* Icodextrin interferes with blood glucose measurement devices (see section 4.4).

** Hypersensitivity-type reactions have been reported in patients using **EXTRANEAL** including bronchospasm, hypotension, rash, pruritus and urticaria.

Other undesirable effects of peritoneal dialysis related to the procedure: fungal peritonitis, bacterial peritonitis, catheter site infection, catheter related infection and catheter related complication.

Enhanced ultrafiltration, particularly in the elderly patients, may lead to dehydration, resulting in hypotension, dizziness and possibly neurological symptoms (see section 4.4).

Hypoglycaemic episodes in diabetic patients (see section 4.4).

Increase in serum alkaline phosphatases (see section 4.4) and electrolyte disturbances (e.g. hypokalaemia, hypocalcaemia and hypercalcaemia).

Peritoneal reactions, including abdominal pain, cloudy effluents with or without bacteria, aseptic peritonitis (see section 4.4).

Fatigue was often reported spontaneously and in literature as an undesirable effect related to the procedure.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare providers are asked to report any suspected adverse reactions to SAHPRA via the "6.04 Adverse Drug Reaction Reporting Form", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8.

For reporting of side effects directly to the HCR, contact +27 11 635 0134 or email Adcock.aereports@adcock.com.

4.9 Overdose

No data are available on the effects of overdosage. However, continuous administration of more than one bag of **EXTRANEAL** in 24 hours would increase plasma levels of carbohydrate metabolites and maltose. The effects of such an increase are unknown but an increase in plasma osmolality may occur. Treatment could be managed by icodextrin-free peritoneal dialysis or haemodialysis.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group and ATC code: B05DA

Icodextrin is a starch-derived glucose polymer which acts as an osmotic agent when administered intraperitoneally for continuous ambulatory peritoneal dialysis (CAPD). A 7,5 % solution is approximately iso-osmolar to serum but produces sustained ultrafiltration over a period up to 12 hours in CAPD. There is a reduction in calorie load compared to hyperosmolar glucose solutions.

The volume of ultrafiltrate produced is comparable to that with 4,25 % glucose monohydrate when used in CAPD. Blood glucose and insulin levels remain unaffected.

Ultrafiltration is maintained during episodes of peritonitis.

The recommended dosage is limited to a single exchange in each 24-hour period, as part of a CAPD or automated peritoneal dialysis (APD) regimen.

5.2 Pharmacokinetic properties

Carbohydrate polymer levels in blood reach steady state after about 7 – 10 days when used on a daily basis for overnight dialysis. The polymer is hydrolysed by amylase to smaller fragments which are cleared by peritoneal dialysis. Steady state plasma levels of 1,8 mg/ml have been measured for oligomers of glucose units greater than 9 (G9) and there is a rise in serum maltose (G2) to 1,1 mg/ml but there is no significant change in serum osmolality. When used for the long day time dwell in APD, maltose levels of 1,4 mg/ml have been measured but with no significant change in serum osmolality.

The long-term effects of raised plasma levels of maltose and glucose polymer are unknown, but there is no reason to suppose these to be harmful.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Water for injections

Sodium hydroxide (pH adjustment)

Hydrochloric acid (pH adjustment)

6.2 Incompatibilities

- Consult with a pharmacist familiar with peritoneal dialysis, if available. If, in the informed judgment of the medical practitioner, it is deemed advisable to introduce additives, use aseptic technique.
- Refer to directions for use of accompanying medicines to obtain full information on additives.
- Some medicine additives may be incompatible with **EXTRANEAL.**
  - Addition of potassium
    Potassium is omitted from **EXTRANEAL** solutions because dialysis may be performed to correct hyperkalaemia. In situations where there is a normal serum potassium level or hypokalaemia, the addition of potassium chloride (up to a concentration of 4 mmol/L) may be indicated to prevent severe hypokalaemia. The decision to add potassium chloride should be made by the medical practitioner after careful evaluation of serum potassium.
  - Addition of heparin
    No interaction studies with heparin were conducted. In vitro studies demonstrated no evidence of incompatibility of heparin with **EXTRANEAL.**
  - Addition of antibiotics
    No formal clinical interaction studies have been performed. *In vitro* compatibility studies with **EXTRANEAL** and the following antibiotics have demonstrated no effects with regard to minimum inhibitory concentration (MIC): vancomycin, cefazolin, ampicillin, ampicillin/flucloxacillin, ceftazidime, gentamicin, and amphotericin. However, aminoglycosides should not be mixed with penicillins due to chemical incompatibility.

6.3 Shelf life

EXTRANEAL has a shelf-life of 2 years. Do not use the product after the expiry date shown on the carton and product label.

6.4 Special precautions for storage

Store at a temperature between 4 °C - 30 °C. Do not use unless the solution is clear and the container is undamaged. Any unused portion of dialysis solution in a bag should be discarded.

KEEP OUT OF REACH OF CHILDREN.

6.5 Nature and contents of container

EXTRANEAL peritoneal dialysis solution in Viaflex® plastic containers in the Twin-bag and Single-bag configuration is available in the following container sizes with fill volumes as indicated below.

Fill volume	Container size
1 500 ml	2 L
2 000 ml	2 L / 3 L
2 500 ml	3 L

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

Not applicable

7. HOLDER OF CERTIFICATE OF REGISTRATION

Adcock Ingram Critical Care (Pty) Ltd.
1 Sabax Road, Aeroton,
Johannesburg, 2013
Tel: +27 11 494 8000

8. REGISTRATION NUMBER(S)

38/34/0172

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

07 December 2012

10. DATE OF REVISION OF THE TEXT

13 August 2021

Namibia: NS2 05/34/0453

PROFESSIONELE INLIGTING

SKEDULERINGSTATUS: S3

1. NAAM VAN DIE MEDISYNE

EXTRANEAL, peritoneale dialise oplossing

2. KWALITATIEWE EN KWANTITATIEWE SAMESTELLING

Elke 1 liter **EXTRANEAL** bevat:

Ikodekstrien	75 g
Natriumchloried	5,4 g
Natriumlaktaat	4,5 g
Kalsiumchloried	0,257 g
Magnesiumchloried	0,051 g

Teoretiese osmolariteit: 284 (milliosmol per liter).

Teoretiese osmolaliteit: 301 (milliosmol per kg).

Elektrolietoplossing inhoud per 1 000 ml:

Natrium	133 mmol
Kalsium	1,75 mmol
Magnesium	0,25 mmol
Chloried	96 mmol
Laktaat	40 mmol

Suikerinhoud: Suikervry

Vir volledige lys van hulpstowwe, sien afdeling 6.1.

3. FARMASEUTIESE VORM

Peritoneale dialise oplossing

'n Helder, kleurlose tot liggeel oplossing, feitlik vry van sigbare deeltjies.

4. KLINIESE BESONDERHEDE

4.1 Terapeutiese indikasies

EXTRANEAL word aanbeveel as 'n eenmaal daaglikse vervanging vir 'n enkele glukose-uitruiling as deel van 'n KAPD- of GPD-behandelingsreeks vir die behandeling van chroniese nierversaking. Dit kan gebruik word vir pasiënte by wie die doeltreffendheid van ultrafiltrasie op glukose-oplossings nie meer effektief is nie.

4.2 Dosering en metode van toediening

Dosering

EXTRANEAL word aanbeveel vir gebruik gedurende die langste storingsperiode, dit wil sê in KAPD gewoonlik oornag en in GPD vir die lang dagstoring.

Volwassenes

Deur intraperitoneale toediening, beperk tot 'n enkele uitruiling in elke 24-uur periode, as deel van 'n KAPD of GPD regimen.

Die metode van terapie, frekwensie van behandeling, uitruilvolume, duur van storing en lengte van dialise moet deur die mediese praktisyn geïnisieer en gemonitor word.

Die volume wat ingespuit moet word, moet oor 'n tydperk van ongeveer 10 tot 20 minute gegee word teen 'n tempo wat die pasiënt gemaklik vind. Vir volwasse pasiënte van normale liggaamsgrootte, moet die toegediende volume nie 2,0 L oorskry nie.

Vir groter pasiënte (meer as 70 – 75 kg), kan 'n vulvolume van 2,5 L gebruik word.

Indien die toegediende volume ongemak veroorsaak as gevolg van abdominale spanning, moet die toedieningsvolume verminder word. Die aanbevole storingstyd is tussen 6 en 12 uur in KAPD en 14 – 16 uur in GPD. Dreinering van die vloeistof is deur swaartekrag teen 'n tempo wat vir die pasiënt gemaklik is.

Bejaardes

Bejaardes: Dieselfde as vir volwassenes.

Pediatriese bevolking

Kinders: Nie aanbeveel vir gebruik by kinders nie (jonger as 18 jaar).

Metode van toediening

Slegs vir intraperitoneale toediening. Nie vir binneaarse toediening nie.

Die gedreineerde vloeistof moet geïnspekteer word vir die teenwoordigheid van fibrien of troebelheid, wat die teenwoordigheid van infeksie of aseptiese peritonitis kan aandui.

Moet nie toedien tensy die oplossing helder en die houer onbeskadig is nie.

Aseptiese tegniek moet regdeur die prosedure toegepas word.

Om ongemak tydens toediening te verminder, kan die oplossing in die bedekkingsak verhit word tot 'n temperatuur van 37 °C voor gebruik.

Verhitting moet met droë hitte geskied, verkieslik met 'n verwarmingsplaat wat spesiaal vir die doel ontwerp is.

Om besoedeling van verbindings te voorkom moet die sak nie in water gedompel word om dit warm te maak nie. Dit moet ook nie in 'n mikrogolfoond verhit word nie weens die potensiaal vir pasiëntbesering of ongemak.

Verenigbaarheid met bymiddels moet gekontroleer word voor vermenging. Daarbenewens moet die pH en soute van die oplossing in ag geneem word.

Diabetiese pasiënte moet slegs glukosemonitors en toetsstrokies gebruik wat glukose-oksidase- of heksokinase-metodes gebruik. 'n Verskeidenheid antibiotika, insluitend vankomisien, kefasolien, ampisillien/flukloksasillien, ceftazidiem, gentamisien, amfoterisien en insulien het geen bewyse van onverenigbaarheid met **EXTRANEAL** getoon nie.

Die produk moet onmiddellik gebruik word na enige medisyne byvoeging.

Gooi enige ongebruikte oorblywende oplossing weg.

Slegs vir eenmalige gebruik.

4.3 Kontraïndikasies

- Hipersensitiwiteit vir die aktiewe bestanddeel(e) of vir enige van die hulpstowwe gelys in afdeling 6.1
- **EXTRANEAL** moet nie tydens swangerskap en laktasie gebruik word nie, (Sien afdeling 4.6)
- Kinders en pasiënte met 'n bekende allergie vir stysel-gebaseerde polimere (bv. mieliestysel) en/of ikodekstrien
- Pasiënte met maltose- of isomaltose-intoleransie
- Pasiënte met glikogeenbergingssiekte
- **EXTRANEAL** is ook teenaangedui by pasiënte met 'n geskiedenis van abdominale chirurgie in die maand voor die aanvang van terapie of by pasiënte met abdominale fistels, gewasse, oop wonde, breuke of ander toestande wat die integriteit van die abdominale wand, abdominale oppervlak of intra-abdominale holte verswak
- Akute nierversaking
- Ikodekstrien moet nie gebruik word by pasiënte met toestande wat normale voeding voorkom, met verswakte respiratoriese funksie of met kaliumtekort
- **EXTRANEAL** is teenaangedui by pasiënte met voorafbestaande laktiese asidose
- Onregstelbare meganiese defekte wat effektiewe PD belemmer of die risiko van infeksie verhoog
- Gedokumenteerde verlies aan peritoneale funksie of uitgebreide vergroeisels wat peritoneale funksie benadeel.

4.4 Spesiale waarskuwings en voorsorgmaatreëls vir gebruik

Vroue van vrugbare potensiaal moet slegs met **EXTRANEAL** behandel word wanneer voldoende voorbehoedmaatreëls getref is.

By diabetiese pasiënte moet bloedglukosevlakke gereeld gemonitor word, en die dosis insulien of ander behandeling vir hiperglukemie moet aangepas word na aanvang van behandeling met **EXTRANEAL.**

Pasiënte met diabetes mellitus benodig dikwels bykomende insulien om glukemiese beheer tydens Peritoneale Dialise (PD) te handhaaf. Oorskakeling van glukose-gebaseerde PD-oplossing na **EXTRANEAL** kan 'n aanpassing van die gewone insulien dosis noodsaak.

Insulien kan intraperitoneaal toegedien word. Bloedglukosemeting moet met 'n glukose-spesifieke metode gedoen word om maltose-inmenging te voorkom.

Glukose dehidrogenase pirolkinolienkinoon (GDH-PKK) of glukose-kleurstof-oksidoreduktase-gebaseerde metodes moet nie gebruik word nie. Die gebruik van sommige glukosemonitors en toetsstrokies wat glukose dehidrogenase flavien-adenien dinukleotied (GDH-FAD) metodologie gebruik, het ook gelei tot vals verhoogde glukose lesings as gevolg van die teenwoordigheid van maltose. Die vervaardiger(s) van die monitor en toetsstrokies moet gekontak word om te bepaal of ikodekstrien of maltose inmenging of vals verhoogde glukoseresultate veroorsaak.

Indien GDH-PKK of glukose-kleurstof-oksidoreduktase (GDO) of GDH-FAD-gebaseerde metodes gebruik word, kan die gebruik van EXTRANEAL 'n vals hoë glukose-lesing veroorsaak, wat kan lei tot die toediening van meer insulien as wat nodig is.

Toediening van meer insulien as wat nodig is, veroorsaak hipoglukemie wat kan lei tot verlies van bewussyn, koma, neurologiese skade en dood. Boonop kan vals verhoogde bloedglukosemetings as gevolg van maltose-inmenging ware hipoglukemie verdoesel en toelaat dat dit onbehandeld bly met soortgelyke gevolge.

Valse verhoogde glukosevlakke kan gemeet word tot twee weke na die staking van EXTRANEAL (ikodekstrien) terapie wanneer GDH-PKK, GDO of GDH-FAD-gebaseerde bloedglukosemonitors en toetsstrokies gebruik word.

Omdat GDH-PKK, GDO of GDH-FAD-gebaseerde bloedglukosemonitors in hospitaalomgewings gebruik kan word, is dit belangrik dat die gesondheidsorg kundiges van peritoneale dialise-pasiënte wat EXTRANEAL (ikodekstrien) gebruik, die produkinligting van die bloedglukosetoetsstelsel noukeurig nagaan, insluitend dié van toetsstrokies, om te bepaal of die stelsel geskik is vir gebruik met EXTRANEAL (ikodekstrien). Sien afdeling 4.5.

Om onbehoorlike insulientoediening te vermy, leer pasiënte om gesondheidsorg kundiges van hierdie interaksie te waarsku wanneer hulle ook al in die hospitaal opgeneem word.

'n Afname in serumamilasevlakke is ook opgemerk as 'n algemene bevinding by PD-pasiënte op langtermynbehandeling. Daar is nie berig dat die afname met enige newe-effekte gepaard gaan nie. Dit is egter nie bekend of subnormale amilasevlakke die styging in serumamilase, wat algemeen tydens akute pankreatitis gesien word, kan verdoesel nie. 'n Toename in serum alkaliese fosfatase van ongeveer 20 IE/L is tydens kliniese studies waargeneem. Daar was individuele gevalle waar verhoogde alkaliese fosfatase geassosieer is met verhoogde SGOT/AST-vlakke.

Behandeling moet onder toesig van 'n mediese praktisyn begin word.

Peritoneale reaksies, insluitend abdominale pyn, troebel uitvloeisel met of sonder bakterieë (aseptiese peritonitis) is met **EXTRANEAL** geassosieer. In die geval van peritoneale reaksies, moet die pasiënt die ikodekstrien gedreineerde vloeistof sak saam met die reeksnommer hou, en die applikant of mediese verteenwoordiger moet gekontak word vir ontleding van die gedreineerde vloeistof sak.

Die gedreineerde vloeistof moet geïnspekteer word vir die teenwoordigheid van fibrien of troebelheid, wat die teenwoordigheid van infeksie of aseptiese peritonitis kan aandui. Pasiënte moet gevra word om hul geneesheer in kennis te stel indien dit gebeur en toepaslike mikrobiologiese monsters moet geneem word. 'n Kliniese besluit om met antibiotiese behandeling te begin moet gebaseer word op die feit of infeksie vermoed word of nie. Indien ander moontlike redes vir troebel vloeistof uitgesluit is, moet **EXTRANEAL** gestaak word en die resultaat van hierdie aksie geëvalueer word. Indien **EXTRANEAL** gestaak word en die vloeistof word daarna helder, moet **EXTRANEAL** nie weer toegedien word nie, tensy onder noukeurige toesig. Indien **EXTRANEAL**-behandeling weer probeer word en die vloeistof is weer troebel, moet **EXTRANEAL** nie weer aan hierdie pasiënt voorgeskryf word nie. Alternatiewe peritoneale dialise-terapie moet begin word en die pasiënt moet onder streng toesig gehou word.

Indien peritonitis voorkom, moet die keuse en dosering van antibiotika gebaseer word op die resultate van identifikasie en sensitiwiteitstudies van die geïsoleerde organisme(s) waar moontlik. Voordat die betrokke organisme(s) geïdentifiseer word, kan breëspektrum antibiotika aangedui word.

Ingeperkte peritoneale sklerose (EPS) word beskou as 'n bekende, seldsame komplikasie van peritoneale dialise-terapie. EPS is aangemeld by pasiënte wat peritoneale dialise-oplossings gebruik, insluitend **EXTRANEAL**. Fatale uitkomste van EPS is aangemeld met **EXTRANEAL.**

Pasiënte met ernstige laktiese asidose moet nie met **EXTRANEAL** behandel word nie (Sien afdeling 4.3). Dit word aanbeveel dat pasiënte met toestande waarvan dit bekend is dat dit die risiko van laktiese asidose verhoog [bv. ernstige hipotensie, sepsis, akute nierversaking, metabolisme-foute vanaf geboorte, behandeling met medisyne soos metformien en nukleosied/nukleotied omgekeerde transkriptase-inhibeerders (NRTI's)] moet gemonitor word vir die voorkoms van laktiese asidose voor die aanvang van behandeling en tydens behandeling met laktaat-gebaseerde oplossings vir peritoneale dialise.

Wanneer die oplossing vir 'n individuele pasiënt voorgeskryf word, moet die moontlike interaksie tussen die dialisebehandeling en terapie gerig op ander bestaande siektes in ag geneem word. Serumkaliumvlakke moet noukeurig gemonitor word by pasiënte wat met hartglikosiede behandel word.

Proteïen, aminosure, wateroplosbare vitamiene en ander medisyne kan verlore gaan tydens peritoneale dialise en mag vervang moet word.

Peritoneale dialise moet versigtig gedoen word by pasiënte met: 1) abdominale toestande, insluitend ontwrigting van die peritoneale membraan en diafragma deur chirurgie, van aangebore afwykings of trauma totdat genesing voltooi is, abdominale gewasse, abdominale wandinfeksie, breuke, fekale fistel, kolostomie of iliostomie, gereelde episodes van divertikulitis, inflammatoriese of iskemiese dermsiekte, groot polisistiese niere, of ander toestande wat die integriteit van die buikwand, buikoppervlak of intra-abdominale holte benadeel; en 2) ander toestande insluitend aorta-oorplanting en ernstige longsiekte.

Pasiënte moet noukeurig gemonitor word om oor- en onderhidrasie te vermy. Verbeterde ultrafiltrasie, veral by bejaarde pasiënte, kan lei tot dehidrasie, wat lei tot hipotensie en moontlik neurologiese simptome. 'n Akkurate vloeistofbalansrekord moet gehou word en die pasiënt se liggaamsgewig moet gemonitor word.

Oorinfusie van 'n volume **EXTRANEAL** in die peritoneale holte kan gekenmerk word deur abdominale distensie, gevoel van volheid en/of kortasem. Behandeling van **EXTRANEAL** oorinfusie is om die **EXTRANEAL** uit die peritoneale holte te dreineer.

Soos met ander peritoneale dialisevloeistowwe, moet ikodekstrien versigtig gebruik word, na noukeurige evaluering van die potensiële risiko's en voordele daarvan, by pasiënte met toestande wat normale voeding voorkom, met verswakte respiratoriese funksie of met kaliumtekort.

Kalium word uit **EXTRANEAL**-oplossings weggelaat weens die risiko van hiperkalemie.

In situasies waar daar 'n normale serumkaliumvlak of hipokalemie is, kan die byvoeging van kaliumchloried (tot 'n konsentrasie van 4 mmol/L) aangedui word om ernstige hipokalemie te voorkom en moet gedoen word na noukeurige evaluering van serum en totale liggaamskalium, slegs onder leiding van 'n mediese praktisyn.

Vloeistof-, hematologie-, bloedchemie- en elektrolietkonsentrasies moet periodiek gemonitor word, insluitend magnesium en bikarbonaat. As serummagnesiumvlakke laag is, kan orale magnesiumaanvullings of peritoneale dialise-oplossings wat hoër magnesiumkonsentrasies bevat, gebruik word.

Afnames in serumnatrium en chloried is waargeneem by pasiënte wat **EXTRANEAL** gebruik. Alhoewel hierdie afnames as klinies nie-beduidend beskou is, word dit aanbeveel dat serumelektrolietvlakke gereeld gemonitor word.

Selde is ernstige hipersensitiwiteitsreaksies vir **EXTRANEAL** aangemeld, soos toksiese epidermale nekrolise, angio-edeem, serumsiekte, veelvuldige eriteem en leukosistoklastiese vaskulitis. Anafilaktiese/anafilaktoïede reaksies kan voorkom. Staak die infusie onmiddellik en dreineer die oplossing uit die peritoneale holte indien enige tekens of simptome van 'n vermoedelike hipersensitiwiteitsreaksie ontwikkel. Toepaslike terapeutiese teenmaatreëls moet ingestel word soos klinies aangedui.

Pediatriese bevolking

EXTRANEAL word nie by kinders aanbeveel nie.

4.5 Interaksies met ander medisyne en ander vorme van interaksie

Die bloedkonsentrasies van dialiseerbare medisyne kan deur dialise verminder word. Korrektiewe terapie moet ingestel word indien nodig. By pasiënte wat hartglikosiede gebruik, moet plasmavlakke van kalium en kalsium noukeurig nagegaan word. In die geval van abnormale vlakke, moet toepaslike stappe geneem word.

Middel-laboratoriumtoetsinmenging

Bloedglukosemeting moet met 'n glukosespesifieke metode gedoen word om maltose-inmenging te voorkom. Gebruik slegs glukosemonitors en toetsstrokies wat glukoseoksidase- of heksokinase-metodes gebruik. Glukose-dehidrogenase-pirolkinolienkinoon (GDH-PKK) of glukose-kleurstof-oksidoreduktase-gebaseerde metodes moet nie gebruik word nie. Die gebruik van sommige glukosemonitors en toetsstrokies wat glukose dehidrogenase flavien-adenien dinukleotied (GDH-FAD) metodologie gebruik, het ook gelei tot vals verhoogde glukose lesings as gevolg van die teenwoordigheid van maltose.

Dit word aanbeveel dat daar verwys word na die betrokke afdeling van die glukosetoetsstel produk voubiljet om vas te stel dat inmenging tydens die gebruik van ikodekstrien-gebaseerde dialise terapie nie beskryf word nie. (Sien afdeling 4.4)

'n Skynbare afname in serumamilase-aktiwiteit is waargeneem by pasiënte aan wie **EXTRANEAL** toegedien is (Sien afdeling 4.4).

4.6 Vrugbaarheid, swangerskap en laktasie

Swangerskap en borsvoeding

EXTRANEAL moet nie tydens swangerskap of tydens borsvoeding gebruik word nie.

Vroue van vrugbare potensiaal

Vroue van vrugbare potensiaal moet slegs met **EXTRANEAL** behandel word wanneer voldoende voorbehoedmaatreëls getref is.

Vrugbaarheid

Daar is geen kliniese data oor vrugbaarheid nie.

4.7 Effekte op die vermoë om te bestuur en masjiene te hanteer

- Behandeling met **EXTRANEAL** kan moegheid, swakheid, versteurde visie of duiseligheid veroorsaak.
- Die vermoë om te bestuur en masjiene te hanteer word aangetas wanneer onder behandeling met **EXTRANEAL.**

4.8 Ongewenste effekte

a. Opsomming van die veiligheidsprofiel

Velreaksies geassosieer met **EXTRANEAL**, insluitend veluitslag en pruritus, is oor die algemeen lig of matig in ernsgraad. Soms word hierdie uitslag met afskilfering geassosieer. Indien dit voorkom en afhangende van die erns, moet **EXTRANEAL**, ten minste tydelik, onttrek word.

b. Getabuleerde opsomming van nadelige reaksies

Frekwensie is geëvalueer deur die volgende kriteria te gebruik: baie algemeen (≥1/10), algemeen (≥1/100 tot <1/10), minder algemeen (≥1/1 000 tot <1/100), skaars (≥1/10 000 tot <1/1 000), baie skaars (<1/10 000). Binne elke frekwensie-groepering word ongewenste effekte in volgorde van afnemende erns aangebied.

† Hierdie tabel verteenwoordig 'n integrasie van veiligheidsdata van kliniese studies waarin 493 pasiënte deelgeneem het:

Newe-effekte uit klinies studies

Kliniese Studie Nadelige Reaksies†			
Orgaanstelsel Klas (SOC)	**Verkose MedDRA Term**	**Frekwensie**	**Frekwensie Persentasie of Verhouding N=493**
INFEKSIES EN INFESTASIES	Influenzae	Minder algemeen	0,6
	Furunkel	Minder algemeen	0,2
	Infeksie	Minder algemeen	0,2
BLOED EN LIMFAATSTELSEL AFWYKINGS	Anemie	Minder algemeen	0,4
	Leukositose	Minder algemeen	0,6
	Eosinofilie	Minder algemeen	0,2
METABOLISME EN VOEDINGS-AFWYKINGS	Dehidrasie	Algemeen	2,0
	Hipovolemie	Algemeen	1,0
	Hipoglukemie	Minder algemeen	0,4
	Hiponatremie	Minder algemeen	0,4
	Hiperglukemie	Minder algemeen	0,2
	Hipervolemie	Minder algemeen	0,8
	Anoreksie	Minder algemeen	0,8
	Hipochloremie	Minder algemeen	0,8
	Hipomagnesemie	Minder algemeen	0,4
	Hipoproteïënemie	Minder algemeen	0,4
PSIGIATRIESE AFWYKINGS	Abnormale denke	Minder algemeen	0,2
	Angs	Minder algemeen	0,2
	Senuagtigheid	Minder algemeen	0,2
SENUSTELSEL AFWYKINGS	Duiseligheid	Algemeen	1,8
	Hoofpyn	Algemeen	1,4
	Hiperkinese	Minder algemeen	0,2
	Parestesie	Minder algemeen	0,6
	Ageusie	Minder algemeen	0,2
OOR EN DOOLHOF AFWYKINGS	Tinnitus	Algemeen	3,6
HARTAFWYKINGS	Kardiovaskulêre afwyking	Minder algemeen	0,2
	Tagikardie	Minder algemeen	0,2
VASKULÊRE AFWYKINGS	Hipotensie	Algemeen	3,2
	Hipertensie	Algemeen	2,6
	Ortostatiese hipotensie	Minder algemeen	0,2
RESPIRATORIESE, TORAKALE, EN MEDIASTINALE AFWYKINGS	Pulmonêre edeem	Minder algemeen	0,2
	Dispnee	Minder algemeen	0,4
	Hoes	Minder algemeen	0,2
	Hik	Minder algemeen	0,2
	Longafwyking	Minder algemeen	0,4
GASTRO-INTESTINALE AFWYKINGS	Abdominale pyn	Algemeen	1,6
	Intestinale obstruksie	Minder algemeen	0,2
	Peritonitis	Minder algemeen	0,6
	Bloederige peritoneale uitvloeisel	Minder algemeen	0,2
	Diarree	Minder algemeen	0,6
	Maagseer	Minder algemeen	0,2
	Gastritis	Minder algemeen	0,2
	Gastroïntestinale afwyking	Minder algemeen	0,4
	Braking	Minder algemeen	0,2
	Konstipasie	Minder algemeen	0,4
	Dispepsie	Minder algemeen	0,6
	Naarheid	Minder algemeen	0,2
	Droë mond	Minder algemeen	0,4
	Winderigheid	Minder algemeen	0,2
VEL EN SUBKUTANEUSE AFWYKINGS	Afskilferende dermatitis	Algemeen	1,6
	Veluitslag	Algemeen	5,5
	Pruritus	Algemeen	1,4
	Urtikaria	Minder algemeen	0,2
	Gal-dermatitis	Minder algemeen	0,2
	Psoriase	Minder algemeen	0,4
	Makulopapulêre uitslag	Minder algemeen	0,2
	Velsweer	Minder algemeen	0,2
	Ekseem	Minder algemeen	0,2
	Naelafwyking	Minder algemeen	0,6
	Velafwyking	Minder algemeen	0,2
	Droë vel	Minder algemeen	0,2
	Velverkleuring	Minder algemeen	0,2
MUSKULOSKELETALE, BINDWEEFSEL AFWYKINGS	Beenpyn	Minder algemeen	0,1
	Spierspasma	Minder algemeen	0,4
	Mialgie	Minder algemeen	0,4
	Nekpyn	Minder algemeen	0,4
RENALE EN URINÊRE AFWYKINGS	Nierpyn	Minder algemeen	0,2

Orgaanstelsel Klas (SOC)	Verkose MedDRA Term	Frekwensie	Frekwensie Persentasie of Verhouding N=493
ALGEMENE AFWYKINGS EN TOEDIENINGSAREA AFWYKINGS	Perifere edeem	Algemeen	1,4
	Astenie	Algemeen	1,2
	Borspyn	Minder algemeen	0,4
	Kateter-geassosieerde komplikasie	Minder algemeen	0,2
	Gesig-edeem	Minder algemeen	0,2
	Edeem	Minder algemeen	0,6
	Pyn	Minder algemeen	0,2
ONDERSOEKE	Abnormale laboratoriumtoets	Algemeen	2,6
	Verhoogde alanien aminotransferase	Minder algemeen	0,4
	Verhoogde aspartaat aminotransferase	Minder algemeen	0,4
	Verhoogde bloed alkalifosfatase	Minder algemeen	0,6
	Abnormale lewerfunksietoets	Minder algemeen	0,6
	Gewigsverlies	Minder algemeen	0,2
	Gewigstoename	Minder algemeen	0,6
BESERING, VERGIFTINGING EN PROSEDURE KOMPLIKASIES	Besering	Minder algemeen	0,2

Na-bemarking newe-effekte

Benewens die newe-effekte wat in kliniese studies opgemerk is, is die volgende newe-effekte aangemeld in die na-bemarkingservaring.

Infeksies en infestasies: Swam-peritonitis, bakteriële peritonitis, kateterarea-infeksie, kateter-verwante infeksie.

Bloed- en limfaatstelselafwykings: Trombositopenie, leukopenie.

Immuunstelselafwykings: Serumsiekte, hipersensitiwiteit**, leukositoklastiese vaskulitis.

Metabolisme en voedingsafwykings: Skokhipoglukemie, vloeistofoorlading, vloeistofwanbalans.

Senuweestelselafwykings: Hipoglukemiese koma, brandende sensasie.

Oogversteurings: Versteurde visie.

Respiratoriese, torakale en mediastinale afwykings: Bronchospasma, stridor.

Gastroïntestinale afwykings: Sklerose-agtige ingeperkte peritonitis, aseptiese peritonitis, peritoneale troebel uitvloeisel, ileus, askites, liesbreuk, abdominale ongemak.

Vel- en subkutane afwykings: Toksiese epidermale nekrolise, veelvuldige eriteem, angio-edeem, algemene urtikaria, toksiese veluitbarsting, swelling van die gesig, peri-orbitale edeem, afskilferende uitslag, velafskilfering, prurigo, veluitslag (insluitend makulêre, papillêre en erimateus), dermatitis (insluitend allergies en kontak), middeluitbarsting, eriteem, onikomadese, gebarste vel, blase.

Skeletspier-, bindweefselafwykings: Artralgie, rugpyn, skeletspierpyn.

Voortplantingstelsel en borsversteurings: Edeem van die penis, skrotum edeem.

Algemene versteurings en toedieningsplektoestande: Ongemak, koors, kouekoors, malaise, verminderde geneesmiddeleffek, geneesmiddel ondoeltreffend, kateterplek eriteem, kateterplekontsteking, infusieverwante reaksie (insluitend infusieareapyn, instillasieareapyn).

Besering, vergiftiging en prosedurele komplikasies: Toestelinteraksie*

c. Beskrywing van geselekteerde nadelige reaksies

* Ikodekstrien meng in met toestelle vir bloedglukosemeting (sien afdeling 4.4).

** Hipersensitiwiteit-tipe reaksies is aangemeld by pasiënte wat **EXTRANEAL** gebruik, insluitend bronchospasma, hipotensie, veluitslag, pruritus en urtikaria.

Ander ongewenste effekte van peritoneale dialise wat met die prosedure verband hou: swamperitonitis, bakteriële peritonitis, kateterareainfeksie, kateterverwante infeksie en kateterverwante komplikasie.

Verhoogde ultrafiltrasie, veral by bejaarde pasiënte, kan lei tot dehidrasie, wat lei tot hipotensie, duiseligheid en moontlik neurologiese simptome (sien afdeling 4.4).

Hipoglukemiese episodes by diabetiese pasiënte (sien afdeling 4.4).

Toename in serum alkaliese fosfatases (sien afdeling 4.4) en elektrolietversteurings (bv. hipokalemie, hipokalsemie en hiperkalsemie).

Peritoneale reaksies, insluitend abdominale pyn, troebel uitvloeisel met of sonder bakterieë, aseptiese peritonitis (sien afdeling 4.4).

Moegheid is dikwels spontaan en in literatuur aangemeld as 'n ongewenste effek wat verband hou met die prosedure.

Aanmelding van vermoedelike nadelige reaksies

Dit is belangrik om vermoedelike nadelige reaksies aan te meld na goedkeuring van die medisyne. Dit laat voortgesette monitering van die voordeel/risiko-balans van die medisyne toe. Gesondheidsorg kundiges word gevra om enige vermeende nadelige reaksies by SAHPRA aan te meld via die "6.04 Adverse Drug Reaction Reporting Form", wat aanlyn gevind kan word onder SAHPRA se publikasies: https://www.sahpra.org.za/Publications/Index/8.

Vir die aanmelding van newe-effekte direk aan die HSR, kontak +27 11 635 0134 of e-pos Adcock.aereports@adcock.com.

4.9 Oordosering

Geen data is beskikbaar oor die uitwerking van oordosis nie. Deurlopende toediening van meer as een sak **EXTRANEAL** in 24 uur sal egter plasmavlakke van koolhidraatmetaboliete en maltose verhoog. Die uitwerking van so 'n toename is onbekend, maar 'n toename in plasma-osmolaliteit kan voorkom. Behandeling kan bestuur word deur ikodekstrien-vrye peritoneale dialise of hemodialise.

5. FARMAKOLOGIESE EIENSKAPPE

5.1 Farmakodinamiese eienskappe

Farmakoterapeutiese groep en ATC-kode: B05DA

Ikodekstrien is 'n stysel-afgeleide glukose-polimeer wat as 'n osmotiese middel optree wanneer dit intra-peritoneaal toegedien word vir deurlopende ambulante peritoneale dialise (CAPD). 'n 7,5 % oplossing is ongeveer iso-osmolêr tot serum, maar produseer volgehoue ultrafiltrasie oor 'n tydperk van tot 12 uur in CAPD. Daar is 'n vermindering in kalorie-lading in vergelyking met hiperosmolêre glukose-oplossings.

Die volume ultrafiltraat wat geproduseer word, is vergelykbaar met vloeistowwe met 4,25 % glukosemonohidraat wanneer dit in CAPD gebruik word. Bloedglukose en insulienvlakke bly onaangeraak.

Ultrafiltrasie word gehandhaaf tydens episodes van peritonitis.

Die aanbevole dosis is beperk tot 'n enkele uitruiling in elke 24-uur periode, as deel van 'n CAPD of outomatiese peritoneale dialise (APD) behandlingsreeks.

5.2 Farmakokinetiese eienskappe

Koolhidraat polimeervlakke in bloed bereik bestendige toestand na ongeveer 7 – 10 dae wanneer dit op 'n daaglikse basis gebruik word vir oornag dialise. Die polimeer word deur amilase gehidroliseer tot kleiner fragmente wat deur peritoneale dialise opgeklaar word. Bestendige plasmavlakke van 1,8 mg/ml is gemeet vir oligomere van glukose-eenhede groter as 9 (G9) en daar is 'n styging in serummaltose (G2) tot 1,1 mg/ml, maar daar is geen betekenisvolle verandering in serum osmolaliteit. Wanneer dit gebruik word vir die lang dag-storingstyd in APD, is maltose vlakke van 1,4 mg/ml gemeet, maar met geen beduidende verandering in serum osmolaliteit nie.

Die langtermyn-effekte van verhoogde plasmavlakke van maltose en glukosepolimeer is onbekend, maar daar is geen rede om aan te neem dat dit skadelik is nie.

6 FARMASEUTIESE BESONDERHEDE

6.1 Lys van bymiddels

Water vir inspuitings

Natriumhidroksied (pH-aanpassing)

Soutsuur (pH-aanpassing)

6.2 Onversoenbaarheid

- Raadpleeg 'n apteker wat vertroud is met peritoneale dialise, indien beskikbaar. Indien, na die ingeligte oordeel van die mediese praktisyn, dit raadsaam geag word om bymiddels in te voer, gebruik aseptiese tegniek.
- Verwys na gebruiksaanwysings van meegaande medisyne om volledige inligting oor bymiddels te bekom.
- Sommige medisyne bymiddels kan onverenigbaar met **EXTRANEAL** wees.
    - Byvoeging van kalium
      Kalium word uit **EXTRANEAL**-oplossings weggelaat omdat dialise uitgevoer kan word om hiperkalemie reg te stel. In situasies waar daar 'n normale serumkaliumvlak of hipokalemie is, kan die byvoeging van kaliumchloried (tot 'n konsentrasie van 4 mmol/L) aangedui word om ernstige hipokalemie te voorkom. Die besluit om kaliumchloried by te

voeg moet deur die mediese praktisyn geneem word na noukeurige evaluering van serumkalium.

- Byvoeging van heparien
  Geen interaksiestudies met heparien is uitgevoer nie. *In vitro* studies het geen bewyse van onverenigbaarheid van heparien met **EXTRANEAL** getoon nie.
- Byvoeging van antibiotika
  Geen formele kliniese interaksiestudies is uitgevoer nie. *In vitro*-verenigbaarheidstudies met **EXTRANEAL** en die volgende antibiotika het geen effekte met betrekking tot minimum inhiberende konsentrasie (MIK) getoon nie: vankomisien, kefasolien, ampisillien, ampisillien/flukloksasillien, keftazidiem, gentamisien en amfoterisien. Aminoglikosiede moet egter nie met penisilliene gemeng word nie as gevolg van chemiese onverenigbaarheid.

6.3 Raklewe

EXTRANEAL het ‘n raklewe van 2 jaar. Moenie die produk gebruik na die vervaldatum wat op die karton en produketiket aangedui word nie.

6.4 Spesiale voorsorgmaatreëls vir berging

Bêre teen ‘n temperatuur tussen 4 °C - 30 °C. Moet nie gebruik tensy die oplossing helder is en die houer onbeskadig is nie. Enige ongebruikte gedeelte dialise-oplossing in ‘n sak moet weggegooi word.

HOU BUITE BEREIK VAN KINDERS.

6.5 Aard en inhoud van houer

EXTRANEAL peritoneale dialise-oplossing in Viaflex® plastiekhouers in die tweesak- en enkelsak-konfigurasie is beskikbaar in die volgende houergroottes met vulvolumes soos hieronder aangedui.

Vul volume	Houergrootte
1 500 ml	2 L
2 000 ml	2 L / 3 L
2 500 ml	3 L

Nie alle verpakkingsgroottes word dalk bemark nie.

6.6 Spesiale voorsorgmaatreëls vir wegdoening en ander hantering

Nie van toepassing nie

7. HOUER VAN SERTIFIKAAT VAN REGISTRASIE

Adcock Ingram Critical Care (Edms.) Bpk.
Sabaxweg 1,
Aeroton,
Johannesburg,
2013
Tel: +27 11 494 8000

8. REGISTRASIENOMMER(S)

38/34/0172

9. DATUM VAN EERSTE GOEDKEURING/HERNUWING VAN DIE GOEDKEURING

07 Desember 2012

10. DATUM VAN HERSIENING VAN DIE TEKS

13 Augustus 2021

Namibië: NS2 05/34/0453

PATIENT INFORMATION LEAFLET

SCHEDULING STATUS: S3

EXTRANEAL (Peritoneal dialysis solution)

Icodextrin, sodium chloride, sodium lactate,
calcium chloride, magnesium chloride
Sugar free

Read all of this leaflet carefully before you start using EXTRANEAL.

- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your doctor, pharmacist, nurse or other healthcare provider.
- **EXTRANEAL** has been prescribed for you personally and you should not share your medicine with other people. It may harm them, even if their symptoms are the same as yours.

What is in this leaflet

1. What EXTRANEAL is and what it is used for

EXTRANEAL is a solution for peritoneal dialysis. The peritoneal cavity is the cavity in your abdomen (belly) between your skin and the peritoneum. The peritoneum is the membrane surrounding your internal organs such as your intestines and liver. The **EXTRANEAL** solution is placed into the peritoneal cavity where it removes water and waste products from the blood. It also corrects abnormal levels of different blood components.

EXTRANEAL may be prescribed for you if:

- You are an adult with permanent kidney failure which needs peritoneal dialysis;
- Standard glucose peritoneal dialysis solutions alone cannot remove sufficient water.

2. What you need to know before you use EXTRANEAL

You should not receive EXTRANEAL

- If you are allergic to icodextrin or starch derivatives (e.g. maize starch) or any of the other ingredients of **EXTRANEAL**;
- If you are intolerant to maltose or isomaltose (sugar coming from starch);
- If you have glycogen storage disease;
- If you already have severe lactic acidosis (too much acid in the blood);
- If you have a surgically uncorrectable problem affecting your abdominal wall or cavity or uncorrectable problem that increases risk of abdominal infections;
- If you have documented loss of peritoneal function due to severe peritoneal scarring.

Warnings and precautions

Take special care with **EXTRANEAL:**

- If you are elderly. There is a risk of dehydration;
- If you are diabetic and using this solution for the first time. You may need to adjust your insulin dose;
- If you need to test your blood glucose level (for example if you are diabetic). Your doctor will advise you on which test kit to use (see **Other forms of interactions**);
- If you have a risk of lactic acidosis (too much acid in the blood). You are at increased risk of lactic acidosis if:
  - you have sudden severe kidney failure
  - you have an inherited metabolic disease
  - you are taking metformin (a medicine used to treat diabetes)
  - you are taking medicines to treat HIV, especially medicines called NRTIs
  - you have profoundly low blood pressure
  - you have a blood-infection;
- If you experience abdominal pain or notice cloudiness, haziness or particles in the drained fluid. This may be a sign of peritonitis (inflamed peritoneum) or infection. You should contact your medical team urgently. Note the batch number and bring it along with the drained fluid bag to your medical team. They will decide if the treatment should be stopped or any corrective treatment started. For example, if you have an infection your doctor may perform some tests to find out which antibiotic will be best for you. Until your doctor knows which infection you have, he may give you an antibiotic that is effective against a wide number of different bacteria. This is called a broad-spectrum antibiotic;
- During peritoneal dialysis your body may lose protein, amino acids, vitamins. Your doctor will know if these need to be replaced;
- If you have problems affecting your abdominal wall or cavity. For example, if you have a hernia or a chronic infectious or inflammatory condition affecting your intestines;
- If you had aortic graft placement;
- If you have severe lung disease, e.g. emphysema;
- If you have breathing difficulties;
- If you have disorders precluding normal nutrition;
- If you have a potassium deficiency.

You should also take into account that:

- A disorder called encapsulating peritoneal sclerosis (EPS) is a known, rare complication of peritoneal dialysis therapy. You – possibly together with your doctor – should be aware of this possible complication. EPS causes:
  - inflammation in your abdomen (belly)
  - the growth of sheets of fibrous tissue that cover and bind your organs and affect their normal movement. Rarely this has been fatal.
- You – possibly together with your doctor – should keep a record of your fluid balance and of your body weight. Your doctor will monitor your blood parameters at regular intervals.
- Your doctor will check your potassium levels regularly. If they fall too low, he may give you some potassium chloride to compensate.

Other forms of interactions

EXTRANEAL interferes with the measurement of blood glucose with certain testing kits. If you need to test your blood glucose, make sure that you use a kit that is glucose-specific. Your doctor will advise you on which kit to use.

Using the wrong test may cause a falsely high blood glucose reading level. This could result in administration of more insulin than needed. This can cause hypoglycaemia (low blood glucose levels), which can result in loss of consciousness, coma, neurological damage or death. Additionally, a false high glucose reading may mask true hypoglycaemia and allow it to go untreated with similar consequences.

False high glucose readings can be seen up to two weeks after you stopped your **EXTRANEAL** therapy. In case you are admitted to hospital you should warn the doctors about this possible interaction and they should carefully review the product information of the testing kit to make sure they use a glucose-specific one.

Other medicines and EXTRANEAL

Please tell your doctor if you are taking or have recently taken any other medicines, including medicines obtained without a prescription.

- If you use other medicines, your doctor may need to increase their dose. This is because peritoneal dialysis treatment increases the elimination of certain medicines.
- Take care if you use heart medicines known as cardiac glycosides (e.g. digoxin). Your heart medicine may not be so effective or its toxicity may be increased. You may:
  - need potassium and calcium supplements
  - develop an irregular heartbeat (an arryhthmia).

Your doctor will monitor you closely during treatment, especially your potassium levels.

Always tell your healthcare professional if you are taking any other medicine. (This includes complementary or traditional medicines.)

Pregnancy, breastfeeding and fertility

EXTRANEAL is not recommended during pregnancy or while breast-feeding unless your doctor advises differently.

There are no clinical data on fertility.

If you are pregnant or breastfeeding, think you may be pregnant or are planning to have a baby, please consult your doctor, pharmacist or other healthcare provider for advice before taking this medicine.

Driving and using machines

This treatment may cause fatigue, weakness, blurred vision or dizziness. Do not drive or operate machines if you are affected.

3. How to use EXTRANEAL

Do not share medicines prescribed for you with any other person.

EXTRANEAL is to be administered into your peritoneal cavity. This is the cavity in your abdomen (belly) between your skin and the peritoneum. The peritoneum is the membrane surrounding your internal organs such as your intestines and liver.

Always use **EXTRANEAL** exactly as instructed by the medical team specialised in peritoneal dialysis. Check with them if you are not sure.

How much and how often

- One bag per day during the longest dwell, i.e.
  - Overnight in Continuous Automated Peritoneal Dialysis (CAPD)
  - During the daytime in Automated Peritoneal Dialysis (APD).
- Take between 10 - 20 minutes to instill the solution.
- The dwell time with EXTRANEAL is between 6 - 12 hours in CAPD, and 14 - 16 hours in APD.

Method of administration

Before use,

- Warm the bag to 37 °C. Use the warming plate specially designed for this purpose.
  Never immerse in water to warm the bag.
- Remove the overpouch and administer immediately.
- Use only if the solution is clear and the container undamaged.
- Use each bag only once. Discard any unused remaining solution.

Use aseptic technique throughout the administration of the solution as you have been trained.

Compatibility with other medicines

Your doctor may prescribe you other injectable medicines to be added directly into the **EXTRANEAL** bag. In that situation, add the medicine through the medication site located at the bottom of the bag. Use the product immediately after addition of the medicine. Check with your doctor if you are not sure.

If you use more than one bag of EXTRANEAL in 24 hours

If you infuse too much **EXTRANEAL** you may get:

- abdominal distension
- a feeling of fullness and/or
- a shortness of breath.

Contact your doctor immediately. He will advise you what to do.

If you stop using EXTRANEAL

Do not stop peritoneal dialysis without the agreement of your doctor. If you stop the treatment it may have life-threatening consequences.

4. Possible side effects

EXTRANEAL can cause side effects.

If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor.

If any of the following happen, tell your doctor or your peritoneal dialysis centre immediately:

- Hypertension (blood pressure that is higher than usual)
- Swollen ankles or legs, puffy eyes, shortness of breath or chest pain (hypervolaemia)
- Hypersensitivity (allergic reaction) which may include swelling of face, throat or around the eyes (angioedema)
- Abdominal pain
- Chills (shivering/flu-like symptoms).

These are all very serious side effects. If you have them, you may have had a serious reaction to **EXTRANEAL.** You may need urgent medical attention or hospitalisation.

Tell your doctor if you notice any of the following:

Frequent side effects:

- Redness and scaling of the skin, rash, itching (pruritus)
- Feeling light headed or dizzy, thirst (dehydration)
- Decreased blood volume (hypovolaemia)
- Abnormal laboratory tests
- Weakness, headache, fatigue
- Swollen ankles or legs
- Low blood pressure (hypotension)
- Ringing in the ears.

Less frequent side effects:

- Cloudy solution drained from the peritoneum, stomach-ache
- Peritoneal bleeding, pus, swelling, pain or infection around the exit site of your catheter, catheter blockage, injury, interaction with the catheter
- Low blood sugar concentration (hypoglycaemia)
- Shock or coma caused by low blood sugar concentration
- High blood sugar concentration (hyperglycaemia)
- Nausea, vomiting, loss of appetite, dry mouth, constipation, diarrhoea, flatulence (passing wind), disorder of the stomach or intestines such as blockage in your intestine, gastric ulcer, gastritis (inflamed stomach), indigestion
- Abdominal swelling, hernia of the abdominal cavity (this causes a lump in the groin)
- Modification of your blood tests
- Abnormal liver function test
- Weight increase or decrease
- Pain, fever, malaise
- Heart disease, faster heartbeat, shortness of breath or chest pain
- Anaemia (reduction in red blood cells which can make the skin pale and cause weakness or breathlessness); increase or decrease of white blood cell count; reduction in blood platelets, which increases risk of bleeding or bruising
- Numbness, tingling, burning sensation
- Hyperkinesia (increased movements and inability to keep still)
- Blurred vision
- Loss of the sense of taste
- Fluid on the lungs (pulmonary oedema), shortness of breath, difficulty in breathing or wheezing, cough, hiccups
- Kidney pain
- Nail disorder
- Skin disorders such as hives (urticaria), psoriasis, skin ulcer, eczema, dry skin, skin discolouration, blistering of the skin, allergic or contact dermatitis, rashes and itching
- Rashes may be itchy with red spots covered with bumps, or with eruptions or shedding of the skin. The following two severe types of skin reaction may occur:
  - Toxic epidermal necrolysis (TEN). This causes:
    - a red rash over many parts of the body
    - the shedding of the outer layer of skin
  - Erythema multiforme. An allergic skin reaction causing spots, red welts or purple or blistered areas. It can also affect the mouth, eyes and other moist body surfaces.
  - Leukocytoclastic vasculitis. An inflammation of small blood vessels characterised clinically by palpable purpura
- Muscle cramps, pain in bones, joints, muscles, back, neck
- Fall in blood pressure on standing up (orthostatic hypotension)
- Peritonitis (inflamed peritoneum) including peritonitis caused by fungal or bacterial infection
- Infections including flu syndrome, boil
- Abnormal thinking, anxiety, nervousness.

Not all side effects reported for EXTRANEAL are included in this leaflet. Should your general health worsen or if you experience any untoward effects while taking EXTRANEAL, please consult your healthcare provider for advice.

Reporting of side effects

If you get side effects, talk to your doctor, pharmacist or nurse. You can also report side effects to SAHPRA via the "6.04 Adverse Drug Reaction Reporting Form", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8. By reporting side effects, you can help provide more information on the safety of **EXTRANEAL.**

For reporting of side effects directly to the HCR, contact +27 11 635 0134 or email Adcock.aereports@adcock.com.

5. How to store EXTRANEAL

EXTRANEAL has a shelf-life of 2 years. Do not use the product after the expiry date shown on the carton and product label.

Store at a temperature between 4 °C - 30 °C. Do not use unless the solution is clear and the container is undamaged. Any unused portion of dialysis solution in a bag should be discarded.

KEEP OUT OF REACH OF CHILDREN

6. Contents of the pack and other information

What EXTRANEAL contains

Each 1 litre of **EXTRANEAL** contains:

Icodextrin	75 g
Sodium chloride	5,4 g
Sodium lactate	4,5 g
Calcium chloride	0,257 g
Magnesium chloride	0,051 g

Theoretical osmolarity: 284 (milliosmoles per litre).

Theoretical osmolality: 301 (milliosmoles per kg).

Electrolyte solution content per 1 000 ml:

Sodium	133 mmol
Calcium	1,75 mmol
Magnesium	0,25 mmol
Chloride	96 mmol
Lactate	40 mmol

The other ingredients are water for injections, sodium hydroxide (pH adjustment), hydrochloric acid (pH adjustment).

What EXTRANEAL looks like and contents of the pack

A clear, colourless to pale yellow solution, practically free of visible particles.

EXTRANEAL peritoneal dialysis solution in Viaflex® plastic containers in the Twin-bag and Single-bag configuration is available in the following container sizes with fill volumes as indicated below.

Fill volume	Container size
1 500 ml	2 L
2 000 ml	2 L / 3 L
2 500 ml	3 L

Holder of Certificate of Registration

Adcock Ingram Critical Care (Pty) Ltd.
1 Sabax Road,
Aeroton,
Johannesburg, 2013
Tel: +27 11 494 8000

This leaflet was last revised in

Approved: 07 December 2012

Date of current amendment: 13 August 2021

Registration number

38/34/0172

Namibia: NS2 05/34/0453

PASIËNT INLIGTINGSBLAD

SKEDULERINGSTATUS: S3

EXTRANEAL (Peritoneale dialise oplossing)

Ikodekstrien, natriumchloried, natriumlaktaat,
kalsiumchloried, magnesiumchloried
Suikervry

Lees die hele voubiljet noukeurig deur voordat u EXTRANEAL begin gebruik.

- Bewaar hierdie voubiljet. U sal dit dalk weer moet lees.
- Indien u verdere vrae het, raadpleeg asseblief u dokter, apteker, verpleër of ander gesondheidsorg kundige.
- **EXTRANEAL** is aan u persoonlik voorgeskryf en u moet nie u medisyne met ander mense deel nie. Dit kan hulle benadeel, selfs al ervaar hul dieselfde simptome as u.

Wat is in hierdie voubiljet

1. Wat EXTRANEAL is en waarvoor dit gebruik word

EXTRANEAL is 'n oplossing vir peritoneale dialise. Die peritoneale holte is die holte in u buik (maag) tussen u vel en die peritoneum. Die peritoneum is die membraan wat u interne organe soos u ingewande en lewer omring. Die **EXTRANEAL**-oplossing word in die peritoneale holte geplaas waar dit water en afvalprodukte uit die bloed verwyder. Dit herstel ook abnormale vlakke van verskillende bloedkomponente.

EXTRANEAL kan vir u voorgeskryf word indien:

- U is 'n volwassene met permanente nierversaking wat peritoneale dialise benodig;
- Standaard glukose peritoneale dialise oplossings alleen kan nie voldoende water verwyder nie.

2. Wat u moet weet voordat u EXTRANEAL gebruik

U moet nie **EXTRANEAL** ontvang nie

- Indien u allergies is vir ikodekstrien of styselderivate (bv. mieliestysel) of enige van die ander bestanddele van **EXTRANEAL**;
- Indien u maltose of isomaltose (suiker afkomstig van stysel) onverdraagsaam is;
- Indien u ly aan glikogeenbergingssiekte;
- Indien u reeds ernstige laktiese asidose het (te veel suur in die bloed);
- Indien u 'n chirurgies onherstelbare probleem het wat u buikwand of holte aantas of onherstelbare probleem wat die risiko van abdominale infeksies verhoog;
- Indien u gedokumenteerde verlies aan peritoneale funksie het as gevolg van erge peritoneale littekens.

Waarskuwings en voorsorgmaatreëls

Wees veral versigtig met **EXTRANEAL:**

- Indien u bejaard is. Daar is 'n risiko van dehidrasie;
- Indien u 'n diabeet is en hierdie oplossing vir die eerste keer gebruik. U sal dalk u insulien-dosis moet aanpas;
- Indien u bloedglukosevlak getoets word (byvoorbeeld as u diabeet is). U dokter sal u inlig oor watter toets-toestel om te gebruik (sien **Ander vorme van interaksies**);
- Indien u 'n risiko van laktiese asidose het (te veel suur in die bloed). U het 'n verhoogde risiko vir laktiese asidose indien:
  - u skielike ernstige nierversaking het
  - u ly aan 'n oorerflike metaboliese siekte
  - u metformien gebruik ('n medisyne wat gebruik word om diabetes te behandel)
  - u medisyne neem om MIV te behandel, veral medisyne wat NRTI's genoem word
  - u ernstige lae bloeddruk het
  - u 'n bloedinfeksie het;
- Indien u buikpyn ervaar of troebelheid, wasigheid of deeltjies in die gedreineerde vloeistof opmerk. Dit kan 'n teken wees van peritonitis (ontsteekte peritoneum) of infeksie. U moet u mediese span dringend kontak. Let op die reeksnommer en bring dit saam met die gedreineerde vloeistofsak na u mediese span. Hulle sal besluit of die behandeling gestaak moet word of met enige regstellende behandeling moet begin. Byvoorbeeld, as u 'n infeksie het, kan u dokter 'n paar toetse uitvoer om uit te vind watter antibiotika die beste vir u sal wees. Totdat u dokter weet watter infeksie u het, kan hy vir u 'n antibiotika gee wat effektief is teen 'n wyse aantal verskillende bakterieë. Dit word 'n breëspektrum-antibiotikum genoem;
- Tydens peritoneale dialise kan u liggaam proteïene, aminosure en vitamiene verloor. U dokter sal bepaal of dit vervang moet word;
- Indien u probleme het wat u buikwand of holte beïnvloed. Byvoorbeeld, as u 'n breuk of 'n chroniese aansteeklike of inflammatoriese toestand het wat u ingewande beïnvloed;
- Indien u aorta-oorplanting gehad het;
- Indien u ernstige longsiekte het, bv. emfiseem;
- Indien u asemhalingsprobleme het;
- Indien u afwykings het wat normale voeding voorkom;
- Indien u 'n kaliumtekort het.

U moet ook in ag neem dat:

- 'n Versteuring genaamd inperkende peritoneale sklerose (EPS) 'n bekende, seldsame komplikasie is van peritoneale dialise-terapie. U moet – moontlik saam met u dokter – bewus wees van hierdie moontlike komplikasie. EPS veroorsaak:
  - inflammasie in u buik (maag)
  - die groei van lae veselagtige weefsel wat u organe bedek en bind en hul normale beweging beïnvloed. Selde was dit noodlottig.
- U moet – moontlik saam met u dokter – rekord hou van u vloeistofbalans en van u liggaamsgewig. U dokter sal u bloedmetings met gereelde tussenposes monitor.
- U dokter sal u kaliumvlakke gereeld nagaan. Indien hulle te laag daal, kan hy u dalk 'n bietjie kaliumchloried gee om dit aan te vul.

Ander vorme van interaksie

EXTRANEAL meng in met die meting van bloedglukose met sekere toetstoestelle. Indien u bloedglukose getoets moet word, maak seker dat u 'n toestel gebruik wat glukose-spesifiek is. U dokter sal u raad gee oor watter toestel om te gebruik.

Die gebruik van die verkeerde toestel kan 'n vals hoë bloedglukose-lesing veroorsaak. Dit kan lei tot die toediening van meer insulien as wat nodig is. Dit kan lei tot hipoglukemie (lae bloedglukosevlakke), wat verlies van bewussyn, koma, neurologiese skade of dood kan veroorsaak. Boonop kan 'n vals hoë glukose-lesing ware hipoglukemie verdoesel en dit moontlik maak om onbehandeld te bly met soortgelyke gevolge.

Vals hoë glukose-lesings kan gesien word tot twee weke nadat u **EXTRANEAL**-terapie gestaak het. Indien u in die hospitaal opgeneem word, moet u die dokters oor hierdie moontlike interaksie waarsku en hulle moet die produkinligting van die toetstoestel noukeurig nagaan om seker te maak hulle gebruik 'n glukose-spesifieke een.

Ander medisyne en EXTRANEAL

Lig asseblief u dokter in indien u enige ander medisyne gebruik of onlangs geneem het, insluitend medisyne wat sonder 'n voorskrif verkry is.

- Indien u ander medisyne gebruik, sal u dokter dalk hul dosis moet verhoog. Dit is omdat peritoneale dialise behandeling die verwydering van sekere medisyne verhoog.
- Wees versigtig as u hartmedisyne bekend as hartglikosiede (bv. digoksien) gebruik. U hartmedisyne is dalk nie so doeltreffend nie of die toksisiteit daarvan kan verhoog word. U mag:
  - kalium- en kalsiumaanvullings benodig
  - 'n onreëlmatige hartklop ('n aritmie) ontwikkel.

U dokter sal u noukeurig monitor tydens behandeling, veral u kaliumvlakke.

Lig altyd u gesondheidsorg kundige in indien u enige ander medisyne gebruik. (Dit sluit komplementêre of tradisionele medisyne in.)

Swangerskap, borsvoeding en vrugbaarheid

EXTRANEAL word nie aanbeveel tydens swangerskap of tydens borsvoeding nie, tensy u dokter anders adviseer.

Daar is geen kliniese data oor vrugbaarheid nie.

Indien u swanger is of borsvoed, dink u is dalk swanger of beplan om 'n baba te hê, raadpleeg asseblief u dokter, apteker of ander gesondheidsorg kundige vir advies voordat u hierdie medisyne gebruik.

Bestuur van 'n voertuig en hantering van masjinerie

Hierdie behandeling kan moegheid, swakheid, versteurde visie of duiseligheid veroorsaak. Moenie 'n voertuig bestuur of masjinerie hanteer as u geaffekteer is nie.

3. Hoe om EXTRANEAL te gebruik

Moenie medisyne wat aan u voorgeskryf is met enige ander persoon deel nie.

EXTRANEAL moet in u peritoneale holte toegedien word. Dit is die holte in u buik (maag) tussen u vel en die peritoneum. Die peritoneum is die membraan wat u interne organe soos u ingewande en lewer omring.

Gebruik **EXTRANEAL** altyd presies soos voorgeskryf deur die mediese span wat in peritoneale dialise gespesialiseer is. Raadpleeg hulle indien u nie seker is nie.

Hoeveel en hoe gereeld

- Een sak per dag tydens die langste storing, d.w.s.
  - Oornag in deurlopende outomatiese peritoneale dialise (CAPD)
  - Gedurende die dag in outomatiese peritoneale dialise (APD).
- Neem tussen 10 - 20 minute om die oplossing toe te dien.
- Die storingstyd met **EXTRANEAL** is tussen 6 - 12 uur in CAPD, en 14 - 16 uur in APD.

Metode van toediening

Voor gebruik,

- Maak die sak warm tot 37 °C. Gebruik die verwarmingsplaat wat spesiaal vir hierdie doel ontwerp is.
  Moet nooit in water dompel om die sak warm te maak nie.
- Verwyder die oorsak en dien dadelik toe.
- Gebruik slegs indien die oplossing helder en die houer onbeskadig is.
- Gebruik elke sak net een keer. Gooi enige ongebruikte oorblywende oplossing weg.

Gebruik aseptiese tegniek regdeur die toediening van die oplossing soos wat u opgelei is.

Versoenbaarheid met ander medisyne

U dokter kan vir u ander inspuitbare medisyne voorskryf wat direk in die **EXTRANEAL**-sak gevoeg moet word. In daardie situasie, voeg die medisyne by deur die medikasiearea wat onderaan die sak geleë is. Gebruik die produk onmiddellik na toevoeging van die medisyne. Raadpleeg u dokter indien u nie seker is nie.

Indien u meer as een sak EXTRANEAL in 24 uur gebruik

Indien u te veel **EXTRANEAL** toedien, kan u die volgende ervaar:

- abdominale distensie
- ‘n gevoel van volheid en/of
- ‘n kortasem.

Kontak onmiddellik u dokter. Hy sal u raad gee wat om te doen.

Indien u ophou om EXTRANEAL te gebruik

Moenie peritoneale dialise staak sonder die toestemming van u dokter nie. Indien u die behandeling staak, kan dit lewensgevaarlike gevolge hê.

4. Moontlike newe-effekte

EXTRANEAL kan newe-effekte veroorsaak.

Indien enige van die newe-effekte ernstig word, of indien u enige newe-effekte opmerk wat nie in hierdie voubiljet gelys word nie, lig asseblief u dokter in.

Indien enige van die volgende gebeur, lig u dokter of u peritoneale dialisesentrum dadelik in:

- Hipertensie (bloeddruk wat hoër is as gewoonlik)
- Geswelde enkels of bene, opgeswelde oë, kortasem of borspyn (hipervolemie)
- Hipersensitiwiteit (allergiese reaksie) wat swelling van die gesig, keel, of om die oë kan insluit (angio-edeem)
- Maagpyn
- Koue rillings (bewing/griepagtige simptome).

Hierdie is alles baie ernstige newe-effekte. Indien u dit ervaar, het u dalk ‘n ernstige reaksie op **EXTRANEAL** gehad. U benodig dalk dringende mediese aandag of hospitalisasie.

Lig u dokter in indien u enige van die volgende opmerk:

Algemene newe-effekte:

- Rooiheid en afskilfering van die vel, veluitslag, jeuk (pruritus)
- Voel lighoofdig of duiselig, dors (dehidrasie)
- Verminderde bloedvolume (hipovolemie)
- Abnormale laboratoriumtoetse
- Swakheid, hoofpyn, moegheid
- Geswelde enkels of bene
- Lae bloeddruk (hipotensie)
- Gelui in die ore.

Minder algemene newe-effekte:

- Troebelrige oplossing dreineer uit die peritoneum, maagpyn
- Peritoneale bloeding, etter, swelling, pyn of infeksie rondom die uitgangarea van u kateter, kateterblokkasie, besering, interaksie met die kateter
- Lae bloedsuikerkonsentrasie (hipoglukemie)
- Skok of koma veroorsaak deur lae bloedsuikerkonsentrasie
- Hoë bloedsuikerkonsentrasie (hiperglukemie)
- Naarheid, braking, verlies aan eetlus, droë mond, hardlywigheid, diarree, winderigheid (winde laat), versteuring van die maag of ingewande soos blokkasie in u ingewande, maagseer, gastritis (ontsteekte maag), slegte spysvertering
- Abdominale swelling, breuk van die buikholte (dit veroorsaak ‘n knop in die lies)
- Wysiging van u bloedtoetse
- Abnormale lewerfunksietoets
- Gewigstoename of -afname
- Pyn, koors, malaise
- Hartsiekte, vinniger hartklop, kortasem of borspyn
- Bloedarmoede (vermindering in rooibloedselle wat die vel bleek kan maak en swakheid of asemloosheid kan veroorsaak); toename of afname van witbloedseltelling; vermindering in bloedplaatjies, wat die risiko van bloeding of kneusing verhoog
- Gevoelloosheid, tinteling, brandende sensasie
- Hiperkinese (verhoogde bewegings en onvermoë om stil te staan)
- Versteurde visie
- Verlies van die smaaksintuig
- Vloeistof op die longe (pulmonêre edeem), kortasem, moeilike asemhaling of hyg, hoes, hik
- Nierpyn
- Naelversteuring
- Velafwykings soos galbulte (urtikaria), psoriase, velsweer, ekseem, droë vel, velverkleuring, blase op die vel, allergiese of kontakdermatitis, veluitslag en jeuk
- Uitslag kan jeukerig wees met rooi kolle wat met knoppe bedek is, of met uitbarstings of velafskilfering. Die volgende twee ernstige tipes velreaksies kan voorkom:
  - Toksiese epidermale nekrolise (TEN). Dit veroorsaak:
    - ‘n rooi uitslag oor baie dele van die liggaam
    - die afskilfering van die buitenste laag vel
  - Veelvuldige eriteem. ‘n Allergiese velreaksie wat kolle, rooi bulte, of pers of blaserige areas veroorsaak. Dit kan ook die mond, oë en ander klam liggaamsoppervlaktes beïnvloed.
  - Leukositoklastiese vaskulitis. ‘n Ontsteking van klein bloedvate wat klinies gekenmerk word deur tasbare purpura.
- Spierkrampe, pyn in bene, gewrigte, spiere, rug, nek
- Vinnige verlaging in bloeddruk wanneer u opstaan (ortostatiese hipotensie)
- Peritonitis (ontsteekte peritoneum), insluitend peritonitis veroorsaak deur swam- of bakteriële infeksie
- Infeksies insluitend griepsindroom, pitswere
- Abnormale denke, angs, senuweeagtigheid.

Nie alle newe-effekte wat aangemeld is vir EXTRANEAL word in hierdie voubiljet ingesluit nie. Indien u algemene gesondheid verswak of indien u enige nadelige effekte ervaar terwyl u EXTRANEAL neem, raadpleeg asseblief u gesondheidsorg kundige vir advies.

Aanmelding van newe-effekte

Indien u newe-effekte ervaar, raadpleeg u dokter, apteker of verpleër. U kan ook newe-effekte by SAHPRA aanmeld via die “6.04 Adverse Drug Reaction Reporting Form”, wat aanlyn gevind word onder SAHPRA se publikasies: https://www.sahpra.org.za/Publications/Index/8. Deur newe-effekte aan te meld, kan u help om meer inligting oor die veiligheid van **EXTRANEAL** te verskaf.

Vir die aanmelding van newe-effekte direk aan die HSR, kontak +27 11 635 0134 of e-pos Adcock.aereports@adcock.com.

5. Hoe om EXTRANEAL te bêre

EXTRANEAL het ‘n raklewe van 2 jaar. Moenie die produk gebruik na die vervaldatum wat op die karton en produketiket aangedui word nie.

Bêre teen ‘n temperatuur tussen 4 °C - 30 °C. Moet nie gebruik tensy die oplossing helder is en die houer onbeskadig is nie. Enige ongebruikte gedeelte dialise-oplossing in ‘n sak moet weggegooi word.

HOU BUITE BEREIK VAN KINDERS

6. Inhoud van die verpakking en ander inligting

Wat EXTRANEAL bevat

Elke 1 liter **EXTRANEAL** bevat:

Ikodekstrien	75 g
Natriumchloried	5,4 g
Natriumlaktaat	4,5 g
Kalsiumchloried	0,257 g
Magnesiumchloried	0,051 g

Teoretiese osmolariteit: 284 (milliosmol per liter).

Teoretiese osmolaliteit: 301 (milliosmol per kg).

Elektrolietoplossing inhoud per 1 000 ml:

Natrium	133 mmol
Kalsium	1,75 mmol
Magnesium	0,25 mmol
Chloried	96 mmol
Laktaat	40 mmol

Die ander bestanddele is water vir inspuitings, natriumhidroksied (pH-aanpassing), soutsuur (pH-aanpassing).

Hoe EXTRANEAL lyk en inhoud van die verpakking

‘n Helder, kleurlose tot liggeel oplossing, feitlik vry van sigbare deeltjies.

EXTRANEAL peritoneale dialise-oplossing in Viaflex® plastiekhouers in die tweesak- en enkelsak-konfigurasie is beskikbaar in die volgende houergroottes met vulvolumes soos hieronder aangedui.

Vul volume	Houer grootte
1 500 ml	2 L
2 000 ml	2 L / 3 L
2 500 ml	3 L

Houer van Sertifikaat van Registrasie

Adcock Ingram Critical Care (Edms.) Bpk.
Sabaxweg 1,
Aeroton,
Johannesburg, 2013
Tel: +27 11 494 8000

Hierdie voubiljet is laas hersien in

Goedgekeur: 07 Desember 2012
Datum van huidige wysiging: 13 Augustus 2021

Registrasienommer

38/34/0172

Namibië: NS2 05/34/0453

03097

03097