

# Orotect

Diatrizoate Sodium Solution

30 ml & 100 ml

- ◆ Gives Quality Contrast
- ◆ High Fluidity
- ◆ Enters easily through narrowest passages of G. I. Tract
- ◆ Patient is not endangered even in case of Intestinal obstruction, Pyloric stenosis or due to leakage of contrast medium
- ◆ Primarily Indicated in, - Computerised Tomography for abdomen  
- Visualization of G. I. Tract

PARTICULARS	Orotect
Sodium Diatrizoate Concentration (mg/ml)	417.0
Iodine Content (mg/ml)	249.64
Available Pack	30 ml & 100 ml



# Orotect

Diatrizoate Sodium Solution

30 ml & 100 ml

#### Composition :

**Orotect** contains Sodium Diatrizoate. 1 ml **Orotect** contains Sodium Diatrizoate 417.0 mg in aqueous solution plus flavoring and a wetting agent (Iodine Content 249.64 mg/ml).

#### Indication :

**Orotect** is indicated in cases where the use of barium is not suitable specially for the threatening perforations (peptic ulcers, diverticulum), suspected partial or complete stenosis acute haemorrhage, other acute conditions for which are likely to require surgery, after resection of the stomach or intestine (danger of perforation or leak), megacolon, visualisation of a foreign body or tumour before endoscopy, visualisation of a gastrointestinal fistula before endoscopy.

#### Further indication :

Early diagnosis of a radiologically undetectable perforation or anastomatic defect in the oesophagus. The treatment of uncomplicated meconium ileus, Computerised tomography in the abdominal region.

#### Contra-indications :

Manifest hyperthyroidism. Not to be administered to patients who are hypersensitive to iodine. Pregnancy and lactation, as safety has not been established.

#### Benefits :

Use of **Orotect** offers many benefits compared to Barium sulphate. Patient endangered even in case of intestinal obstruction or pyloric stenosis or due to leakage of contrast media due to perforation. Even if **Orotect** enters peritoneal cavity, the same is removed easily by suction and does pose any problem during surgery. Fluidity of **Orotect** is useful in cases of partial stenosis as contrast enters easily through narrowest passages and render the visible. Unlike barium it does not convert partial block into complete block. Site of haemorrhage can be easily visualized with **Orotect**. **Orotect** is well tolerated by the tissues and hence it is a ideal contrast medium for visualization of gastrointestinal fistulas.

#### Dosage & Directions of use-Computerised tomography (CT) :

The examination can be made after the administration of 600 ml of diluted **Orotect** solution (30 ml **Orotect** / 600 ml water) and 200 ml each administered to patient at 1.5 hr. 1 hr and 40 min. before start of procedure or 30 ml, 40 ml **Orotect** diluted to 1 L with water and administered orally prior to start of procedure.

#### Rectal administration :

For adult patients the contrast medium should be diluted with 3-4 times its volume of water. In general, unlike a barium sulphate enema, not more than 500 ml of this dilute **Orotect** solution is required.

#### Therapy of meconium ileus :

In the presence of uncomplicated meconium ileus advantage is taken of the high osmotic pressure of **Orotect**: the surrounding tissue is forced to release considerable amounts of fluid, which then flows into the gut and dissolves the hardened meconium.

#### Presentation :

Amber glass bottle of 30 ml & 100 ml

#### Available Packing Information

Presentations	Code
Orotect 30 ml	OT 30
Orotect 100 ml	OT 100