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Bismuth iodoform paraffin paste packing



Perrigo
Australia

USER GUIDE

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Bismuth Subnitrate, Iodoform and Paraffin Paste - Impregnated Gauze (B.I.P.P. Gauze)

Composition	B.I.P.P. Gauze is ribbon gauze impregnated with a bright yellow paste of bismuth subnitrate 250mg/g, iodoform 500mg/g and liquid paraffin 250mg/g.
Use	B.I.P.P. Gauze is indicated for packing cavities after ear, nose and throat surgery.
Contraindications	B.I.P.P. Gauze is contra-indicated in individuals with a history of hypersensitivity to any of the ingredients in this formulation. It is also contraindicated in individuals with known hypersensitivity to iodine.
Directions for use	Pack B.I.P.P. Gauze into the cavity. Leave in place until the wound has healed or graft taken. The gauze is not recommended for open wounds.
Precautions	B.I.P.P. Gauze is for external use only. B.I.P.P. Gauze may cause redness and stinging of the eyes. Contact with the eyes should therefore be avoided. If contact with the eyes occurs, remove contact lenses if worn, hold eyes open and flush with running water for at least 15 minutes. Prolonged use or extensive application of B.I.P.P. Gauze may give rise to iodoform absorption and poisoning. B.I.P.P. Gauze should be used with caution in patients suffering from hyperthyroidism. Prolonged use or extensive application of B.I.P.P. Gauze may also result in encephalopathy or renal failure as a result of bismuth absorption. Bismuth levels in the body may remain elevated for some weeks in patients with renal impairment. Use of bismuth compounds is not recommended in patients with moderate to severe renal impairment. Pregnancy and lactation The safety of B.I.P.P. Gauze during pregnancy has not been established. It should not be used during pregnancy unless the benefits outweigh the potential risks. Caution is recommended as sufficient iodine may be absorbed to affect foetal thyroid development and function. The safety of B.I.P.P. Gauze during lactation has not been established. Iodine is excreted into the breast milk and may affect infant thyroid function. Topical preparations containing iodine should therefore not be used during lactation. Bismuth is also excreted in breast milk, but it is not known if it is harmful to the newborn infant. Use in Children: The safety and efficacy of B.I.P.P. Gauze in paediatric patients has not been established.

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PERRIGO AUSTRALIA

BIPP

stands for

Bismuth Iodoform Paraffin Paste



Abbreviations.com

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Agrawal R, Sangle A, Vyawahare A, Freedman M, Stassen LF. Access this article in ScienceDirect The current primary treatment for epistaxis in accident and emergency departments Ä the insertion of Merocel packages. Medline,Ä Google Scholar13. and Sun, Hongzhe 2021. A BIPP package, if inserted correctly, has the potential to stop most bleeding, but books and magazines suggest a insertion method that limits its effectiveness. Gurd FB, McKim LH. The Journal of Laryngology & Otolaryngology, vol. J Oral Maxillofac Surg 2009; 67. 1600Ä1606. Nigam, A, Allwood, MC. Subnitrate of bismuth and impregnated gauze iodoform paste. BIPPÄÄ how does it work? Google Scholar5. Coulson CJ, Pothier DD, Lai P, Rutka JA. Medline,Ä Google Scholar12. To read this article in its entirety you must make a DOI payment: ©A© 2019 Posted by Elsevier Inc. Bismuth Iodoform and paraffin paste a bow in the treatment of ovoidontogenic keratocystic cancer: a report on the case. Andrews, Phillip C. Medline,Ä Google Scholar11. If these are correctly inserted, but cannot control bleeding, Ä is necessary to insert a package of bismuth iodoform paraffin paste (BIPP). 531. Br J Oral Maxillofac Surg 2016; 54. 1111 Ä112. Neurotoxicity Secondary Bismuth Iodoforma Paraffin Paste Packing in a CavityÄ Exemption. Journal of Prosthodontics, vol. AJNR Am J Neuroradiol 1995; 16 1697ÄÄ1702. Bismuth iodoform paraffin paste: a revision. 990. Ophthalmic Plastics & Reconstructive Surgery, Vol. 1192. Google Scholar15. Immediate positioning and provisioning plant following cancer surgery in the Mdfacial region: Series A Houses. Kumar EV, Chembolu N, Patilola BR et al. Clin Otolaryngol Allied Sci 1990; 15 173Ä175. 34. Number.

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