

TERLIPRESSIN

TRIPLESSIN

1 mg/10 mL Amp.

Stop Variceal Bleeding
When Each Drop Matters...



INDICATIONS

- Variceal Haemorrhage
- Hepatorenal Syndrome
- Shock

DOSAGE & ADMINISTRATION

Variceal Haemorrhage

Terlipressin should be initiated when variceal bleeding is suspected at a dose of 2mg every 4 hours for the first 48 hours and it may be continued for up to 5 days at a lower dose of 1mg every 4 hours or 12-24 hours after cessation of bleeding*

**Digestive and Liver Disease 40 (2008) 328-336*

Hepatorenal Syndrome

1-2mg IV bolus every 4-6 hours for upto 2 weeks.

Shock

IV bolus of 1 to 2mg



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For the use of Medical Profession only

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In living donor liver transplantation perioperative Terlipressin infusion improved mean arterial pressure with less need for catecholamines particularly post reperfusion. Terlipressin reduced peak portal vein blood flow velocity without hepatic artery vasoconstriction and improved post-operative Urine Output.

Indian J Anaesth. 2015 Mar;59(3):156-64

The most suitable bridge treatment for patients who are not eligible for transplantation is a combination of terlipressin and albumin.

World J Nephrol. 2015 May 6;4(2):277-86.

Standard choice of treatment as it improves pulmonary pressure in patients with variceal bleeding or Hepatic Renal Syndrome.

Hepatobiliary Pancreat Dis Int. 2012 Aug;11(4):434-7.

Is Useful in the management of neonates with congenital diaphragmatic hernia and refractory pulmonary hypertension.

J Pediatr Surg. 2011 Feb;46(2):e19-21.

The combination of Terlipressin to epinephrine during CPR (Cardiopulmonary resuscitation) has a beneficial effect in children with cardiac arrest.

Pediatr Emerg Care. 2011 Sep;27(9):865-8.

Significantly reduces pulmonary pressure in patients with cirrhosis having pulmonary hypertension together with systemic hemodynamic improvement.

Angiology. 2012 Apr;63(3):199-205.

It reverses HRS and is useful in bridging the patient to liver transplantation; improving survival.

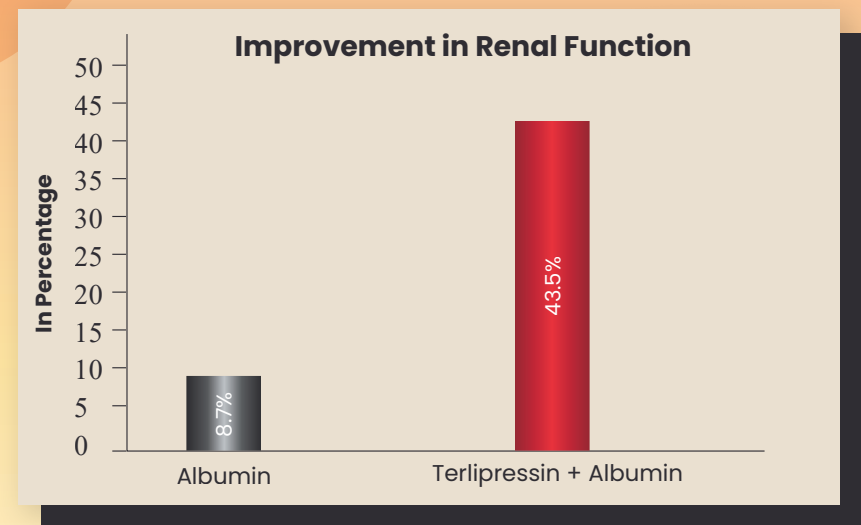
J Gastroenterol Hepatol. 2011 Jan 26.

Terlipressin infusion improves low SVRI (Systemic Vascular Resistance Index) and PVRI (Pulmonary Vascular Resistance Index) during LDLT (Living Donor Liver Transplantation) thus contributing to better renal function and shorter ICU stays.

J Int Med Res. 2012;40(1):225-36.

Terlipressin Plus Albumin VS. Albumin

In patients with Cirrhosis and Hepatic Renal Syndrome (HRS)



CONCLUSION:

Treatment with Terlipressin and albumin is effective in improving renal function in patients with Cirrhosis and Hepato Renal Syndrome (HRS)

Gastroenterology. 2008 May;134(5):1352-9.

Vasoconstrictors are the basic treatment in patients with type 1 HRS; Terlipressin is the superior agent

Nephrol Ther. 2013 Jul 10. pii : S1769-7255(13)000097-7