

Is Deflux safe for treatment for VUR?

Deflux has been used safely in more than 200,000 children around the world. Studies show that the gel is safe in the body. However, there is a small risk of infection and bleeding from the procedure. Although a rare event, the gel might block the ureter and cause the urine to back up in the kidney.

When should I follow-up?

Be sure to call your doctor if your child

Is unable to urinate

Feels pain in his or her stomach

Has recurrent fever

If necessary, another VCUG may be performed a few months after the procedure to see if the reflux remains.

Who should not be treated with Deflux?

Deflux cannot be used if your child has any one of the following conditions

Non-functional kidney(s)

Hutch diverticulum

Ureterocele

Acute voiding dysfunction

Ongoing urinary tract infections



Manufacturer Information

Deflux is manufactured for Salix Pharmaceuticals, Inc. by:

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For Information, adverse event reports and product complaint reports, please contact:



Dr. Reddy's Laboratories

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Visit www.deflux.com for more information and you can write to us at deflux@drreddys.com.



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flow of joy does not come to a pause in children suffering from VVR



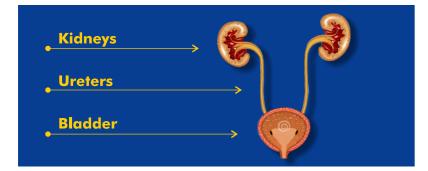






What is VUR?

Kidneys are important for urine formation. Normally, urine flows into the bladder through ureters. However, in some children, urine from the bladder flows back through the ureters. This condition is known as Vesicoureteral reflux (VUR).



What causes VUR?

Any abnormality in the connection between the bladder and ureter at the time of birth can lead to VUR. Infrequent or incomplete urination and constipation may also cause VUR. If you had VUR as a child, there is a chance that your children will have VUR.

How do I know if my child is having VUR?

Your child may have VUR if he/she has the following symptoms

Does not want to urinate Feels pain in the abdomen Gets recurrent fever



Is VUR serious?

VUR is a serious condition. It damages the function of kidneys and can lead to high blood pressure later in life. The risk of kidney damage is greatest during the first 6 years of life.

How do I know if my child has an infection?

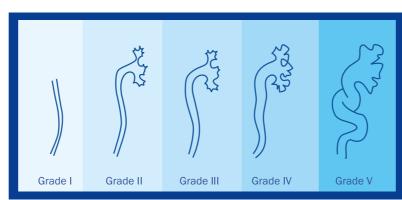
Foul smelling or cloudy urine
Fever
Stomach ache
Backache
Headache
Side pain
Burning or pain when urinating
Frequent and urgent urination
Vomiting

Infants may have following symptoms

Diarrhea Poor feeding Fever Increased irritability

Testing for VUR

VUR is diagnosed using an X-ray of the bladder known asvoiding cystourethrogram (VCUG). In this procedure, a thin, soft tube (catheter) is placed in the bladder through the urethra (the tube we urinate through). Dye is then introduced into the bladder through the tube. X-ray pictures are taken to see if the dye flows back into the ureters. Based upon the severity, VUR is categorized into five grades (see Figure). Milder grade of VUR does not require any treatment. Children with frequent urinary tract infections should also be considered for VCUG test. Grade I Grade II Grade III Grade IV Grade V



What are the treatment options for VUR?

There are 3 options for managing or treating VUR. However, it is important to discuss them with your healthcare provider. Make sure you understand the risks, benefits, and follow-up of each treatment. Antibiotic: It is used to prevent infections until VUR goes away by itself. This treatment may take several years, and children must take medication every day. These children need to be retested for VUR on a regular basis. Antibiotics are most suitable for milder grades of VUR. However, longterm treatment with antibiotics may cause the bacteria to become resistant, leading to more infections. Surgery: This type of treatment cures most children. However, the operation can be stressful and painful to the child. Surgery is most suitable for higher reflux grades. **Endoscopic treatment:** In this procedure, the medication is injected where the ureter joins the bladder. Children usually go home the same day.

What is Deflux procedure?

Deflux is a safe and effective treatment for VUR. A gel is introduced into the body where the ureters meet the bladder. This procedure is performed under general anesthesia. Deflux gel is placed at the spot where the ureters connect to the bladder with the help of a small camera called a cystoscope (a type of endoscope used to view the bladder). Eventually, new tissue grows around the gel, providing long-term results for many children. Usually, there will be no pain after procedure. However, your child may feel some stinging during the first few times he or she urinates.

Is Deflux effective in the treatment of VUR?

Deflux is made from dextranomer and hyaluronic acid. The hyaluronic acid is naturally broken down over time and replaced by the body's own material, while the dextranomer remains in place. Deflux is used for the treatment of all grades of VUR in children. Many children have success after one injection; while some may need more injection procedures. However, lower the grade of VUR, the better it works. Also, the procedure works better for children who have reflux in only one ureter.