SUNG Pharmaceuticals
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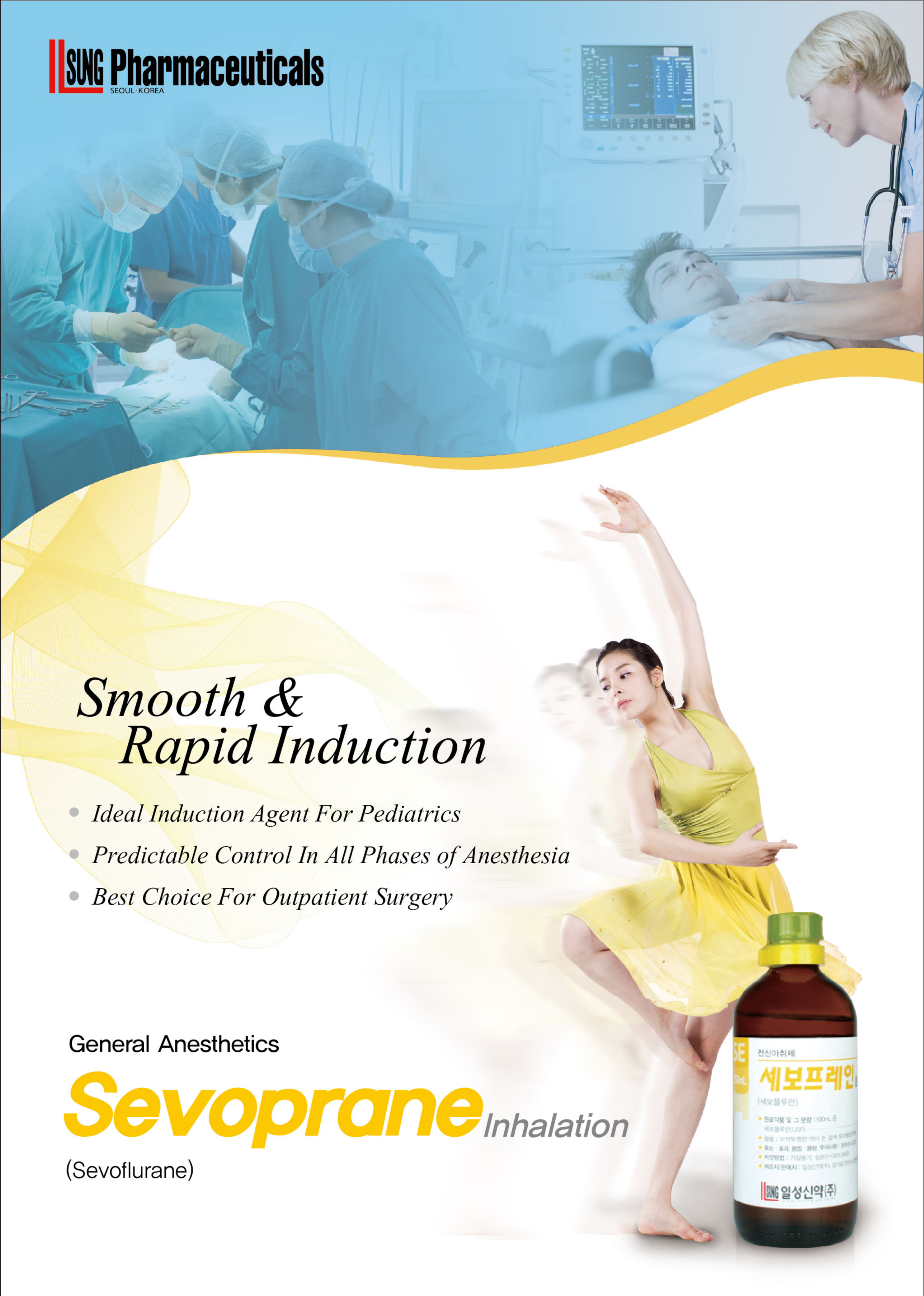


Smooth & Rapid Induction

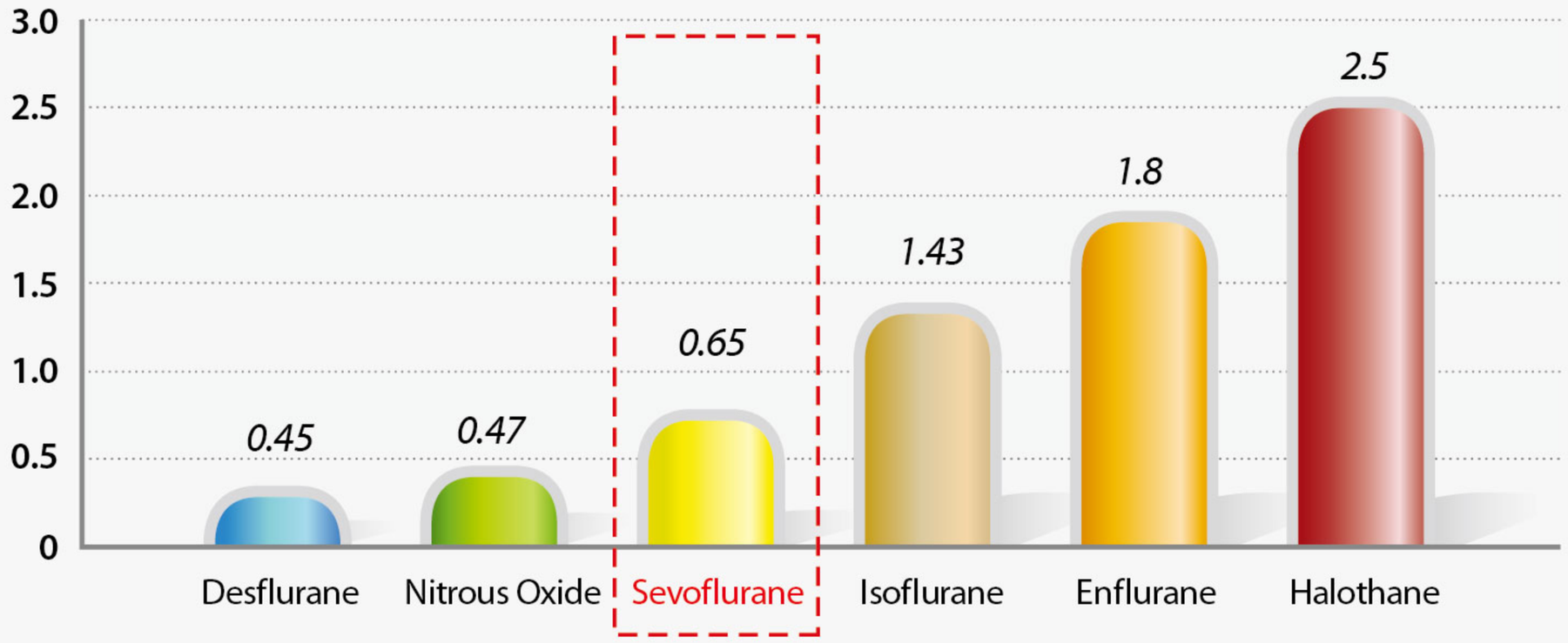
- *Ideal Induction Agent For Pediatrics*
- *Predictable Control In All Phases of Anesthesia*
- *Best Choice For Outpatient Surgery*

General Anesthetics

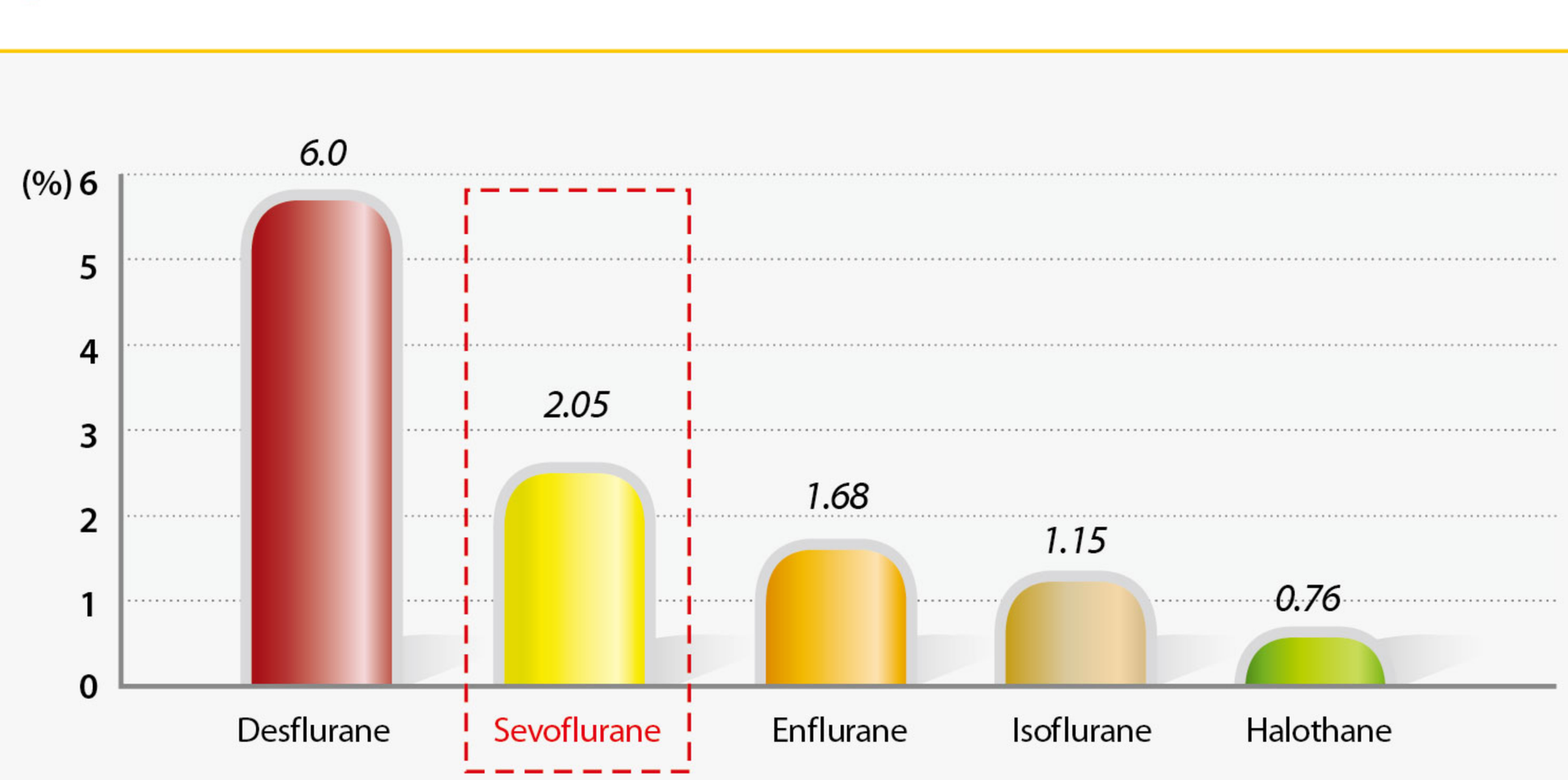
Sevoprane Inhalation

(Sevoflurane)

1 Low Solubility(blood : gas partition coefficients)



2 MAC(Minimum Alveolar Concentration) Comparison



- Allows smooth and rapid induction kinetics and recovery.
- Allows to adjust the level of anesthesia.
- Is the most optimal inhalation anesthetic for outpatient surgery.

References

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7. Philip BK. New approaches to anesthesia for day case surgery. Acta Anaesth Belg 1997;48:167-174.
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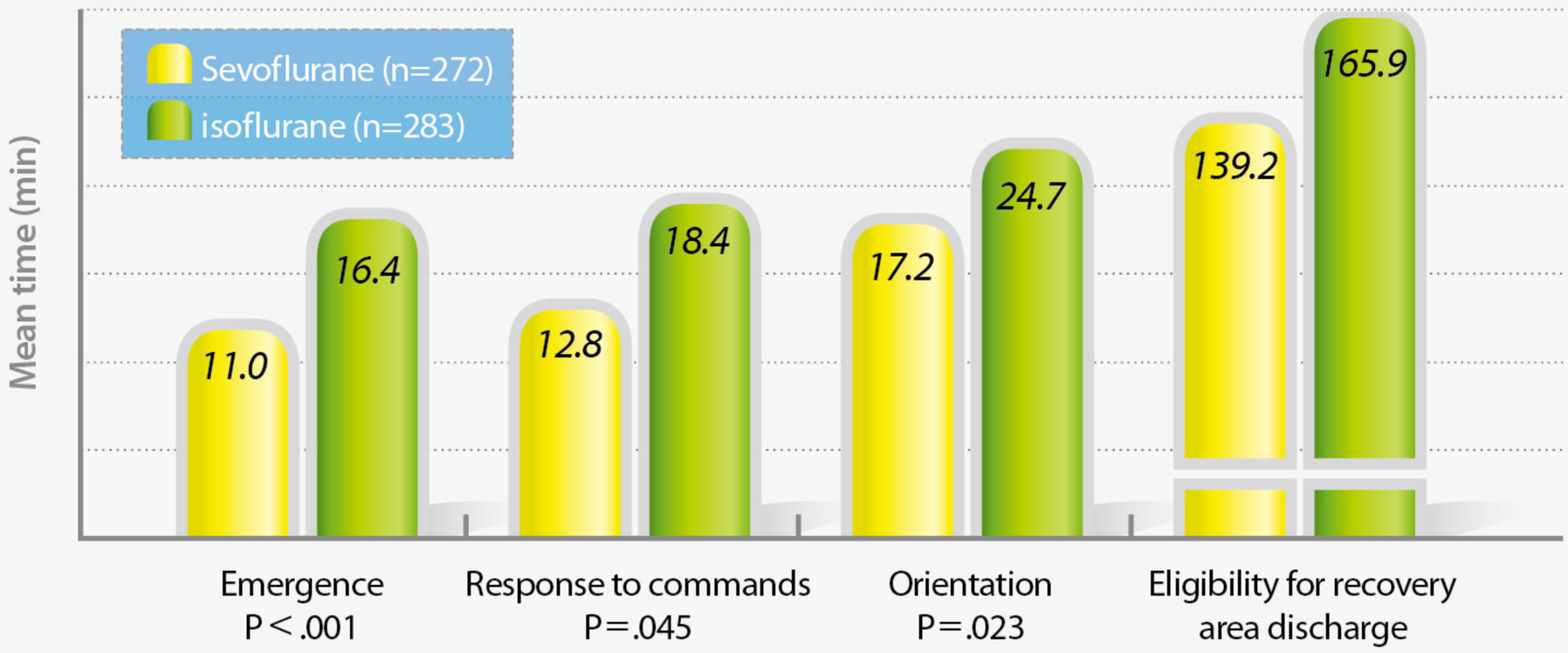
3 Rapid Recovery

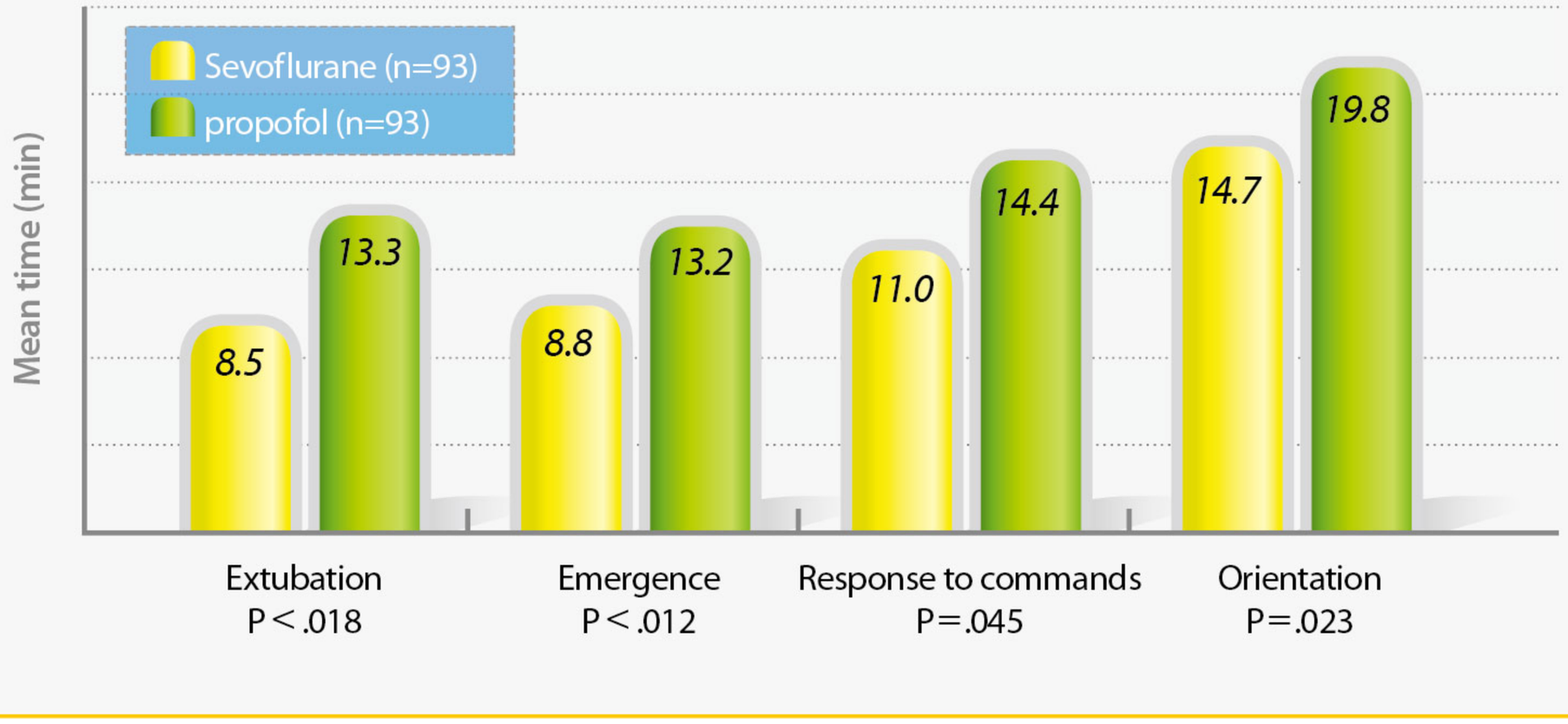
Sevoflurane demonstrates faster recovery than Isoflurane.

Significantly Faster, Better Recovery Than Isoflurane



4 Comparison Between Sevoflurane vs. Propofol In Recovery Rate of Patients

Significantly Better Recovery Following Induction With SEVOPRANE then Propofol



References

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Sevoprane Drug Information

Product	Sevoprane Inhalation Solution (Sevoflurane)
Composition	100mL contains Sevoflurane (USP) ---------- 100mL
Indication and Usage	General Anesthesia
Dosage and Administration	Adults 1. Induction : Induction with sevoflurane may be achieved in oxygen or the combination of oxygen and nitrous oxide mixtures. Induction may also be achieved by inhalation of oxygen or of the combination of oxygen and nitrous oxide following the administration of intravenous anesthetic in an amount required to trigger sleep. Induction can be generally achieved at concentration of 0.5–5.0%. 2. Maintenance : Surgical levels of anesthesia should be sustained with minimum effective concentration with concomitant use of oxygen–nitrous oxide while monitoring the clinical statuses of patients. It is generally maintained below 4.0%
Warnings and Precautions	1. Warnings A. Sevoflurane should be administered only by persons trained in the administration of general anesthesia. Facilities for maintenance of a patent airway, artificial ventilation, oxygen enrichment and circulatory resuscitation must be immediately available. B. The concentration of Sevoflurane being delivered from a vaporizer must be known exactly. As volatile anesthetics differ in their physical properties, only vaporizers specifically calibrated for Sevoflurane must be used. The administration of general anesthesia must be individualized based on the patient's response. Hypotension and respiratory depression increase as anesthesia is deepened. C. Patients with repeated exposures to halogenated hydrocarbons within a relatively short interval (e.g. three months) may have an increased risk of hepatic injury. D. Pre– and post–operative hyperkalemia: Use of inhaled anesthetic agents has been associated with rare increases in serum potassium levels that have resulted in cardiac arrhythmias and death in pediatric patients during the postoperative period. Patients with latent as well as overt neuromuscular disease, particularly Duchenne muscular dystrophy, appear to be most vulnerable. Concomitant use of succinylcholine has been associated with most, but not all, of these cases. These patients also experienced significant elevations in serum creatine kinase levels and, in some cases, changes in urine consistent with myoglobinuria. Despite the similarity in presentation to malignant hyperthermia, none of these patients exhibited signs or symptoms of muscle rigidity or hypermetabolic state. Early and aggressive intervention to treat the hyperkalemia and resistant arrhythmias is recommended, as is subsequent evaluation for latent neuromuscular disease. E. Isolated reports of QT prolongation, very rarely associated with torsade de pointes (in exceptional cases, fatal), have been received. Caution should be exercised when administering Sevoflurane to susceptible patients. F. Isolated cases of ventricular arrhythmia were reported in pediatric patients with Pompe's disease. G. Caution should be exercised in administering general anesthesia, including Sevoflurane, to patients with mitochondrial disorders. 2. Sevoflurane must not be administered in the following group of patients. A. Patients who are hypersensitive to Sevoflurane or other halogenated anesthetics (e.g. medical history of temporary hepatotoxicity (mainly increase of liver enzymes), hyperthermia, lekocytosis and/or eosinophilia related to anesthesia by these drugs.). B. Patients who have previously experienced jaundice or hyperthermia of unknown cause after being administered with halogenated anesthetics. C. Patients who have malignant hyperthermia, medical history thereof, or family history thereof. 3. Administration of Sevoflurane must be cautiously made in the following group of patients. A. Patients with liver or biliary tract disorders. B. Patients with renal impairments (Because of the small number of patients with renal insufficiency, with baseline serum creatinine greater than 1.5mg/dL, studied, the safety of Sevoflurane administration in this group has not been fully established. Therefore, Sevoflurane should be used with caution in patients with renal insufficiency.) C. Older patients. D. Patients who previously experienced muscle rigidity due to administration of suxamethonium (malignant hyperthermia may occur.). E. During obstetric anesthesia.
Storage	Closely sealed at room temperature (1~30℃)
Shelf Life	36 months
Packaging	250mL/Bottle

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Anesthetics

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