

**Eye Ointment** 

## Composition

Chloramphenicol 5%

# **Action**

Chloramphenicol possesses a wide range of antibacterial activity and is effective against virtually all bacterial pathogens known to cause diseases of the eye. It penetrates the non-inflamed eye better than any other antibiotic, irrespective of the mode of administration, and resistance to it is slow to develop, moderate in degree and not necessarily permanent. Preparations of chloramphenicol for local treatment are well tolerated.

Chloramphenicol is bacteriostatic. Since it is lipid soluble, it diffuses through the bacterial cell membrane and reversibly binds to the 50 S subunit of bacterial ribosomes, where transfer of amino acids to growing peptide chains is prevented, possibly by suppression of peptidyl transferase activity. This inhibits peptide bond formation and subsequent protein synthesis.

#### **Indications**

For the treatment of bacterial conjunctivitis and other superficial ocular infections caused by chloramphenicol-sensitive organisms.

#### Contraindications

Known hypersensitivity to chloramphenicol.

## Warnings

Prolonged or frequent intermittent use of topical chloramphenicol should be avoided, because of the possibility of absorption and of hypersensitivity reactions, including bone marrow hypoplasia.

#### **Adverse Reactions**

Signs of local irritation with subjective symptoms of itching or burning, angioneuroti cedema, urticaria, vesicular and maculopapular dermatitis have been reported in patients using chloramphenicol on the skin. These sensitivity reactions are causes for discontinuing medication.

## **Precautions**

The prolonged use of antibiotics may occasionally result in overgrowth of non-susceptible organisms, including fungi. If new infections appear during medication, treatment should be discontinued and appropriate measures taken.

Blurred vision may occur after application of Ramacitine eye ointment. Patients should be cautioned to wait until vision is normal before undertaking tasks requiring full visual acuity.

### **Dosage and Administration**

Patients should be cautioned to report to their physician if no improvement in their condition occurs after 4-5 days of treatment.

A small amount of ointment should be placed in the lower conjunctival sac every 3 hours, or more frequently if necessary. Application should be continued day and night for the first 48 hours, after which the interval between applications may be increased. Treatment should be continued for at least 48 hours after the eye appears normal.

### **Presentation**

Tube of 3.5 grams.