HOW SUPPLIED
Liquefied phenol is supplied in a single use applicator containing 0.3ml of liquefied phenol.

STORAGE
Room temperature. Protect from light and heat.

Symbol Reference Key

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>!</td>
<td>Consult instructions for use</td>
</tr>
<tr>
<td>⚠️</td>
<td>Non-Sterile</td>
</tr>
<tr>
<td></td>
<td>Quantity</td>
</tr>
<tr>
<td>🙌</td>
<td>Latex Free</td>
</tr>
<tr>
<td>🇺🇸</td>
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</tr>
<tr>
<td>🔎</td>
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<td>📊</td>
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<tr>
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<td>Use By</td>
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<tr>
<td>🕒</td>
<td>Date of Manufacture</td>
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PhenolPro™ Safety Applicator

Instructions for Use

Single-use, one-patient device will degrade if reprocessed. No effective cleaning process has been developed to prevent cross contamination. Contamination of a reprocessed device may lead to injury, illness or death of the patient.

Distributed by
Anthony Products, Inc.
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**PRECAUTIONS**

Liquefied phenol should be applied to the tympanic membrane only with enclosed applicator design for this purpose. Prior to myringotomy any excess phenol should be removed from the surface of the tympanic membrane and the ear canal by suction as the excess phenol may be drawn into the middle ear during myringotomy (see warnings). In the presence of an atrophic tympanic membrane phenol may erode through the middle ear. Incision during myringotomy following topical anesthetic with liquefied phenol should be confined to the blanched area of the tympanic membrane which corresponds to the area anesthetized. During myringotomy following topical anesthetic with liquefied phenol care should be taken to avoid the medial wall of the middle ear as it will not be anesthetized.

Contact of liquefied phenol with the skin should be avoided as it may cause sever irritation with second to third degree burns: areas usually turn white and later yellowish brown and may be deeply eroded and scarred. Solutions are readily absorbed through the skin and may cause profuse perspiration, intense thirst, nausea and vomiting, diarrhea, cyanosis from methemoglobinemia, hyperactivity, stupor, hypotension, hyperpnea, abdominal pain, hemolysis, convulsion, coma, and pulmonary edema followed by pneumonia. If death from respiratory failure is not immediate, jaundice and oliguria or anuria may occur. Skin sensitization occurs occasionally. A profound fulmination central nervous system depression with coma, hypothermia, loss of vasoconstrictor tone, cardiac depression, cerebral edema and respiratory arrest are common manifestations of systemic poisoning in man. However, stridorous breathing, mucus rates, froth at the moth and nose eventually occur. Liver, kidney and bladder damage occur.

**ADVERSE REACTIONS**

Following application of liquefied phenol to the tympanic nerve deafness has occurred as well as necrosis of the tympanic membrane. Applied to the skin phenol causes blanching and corrosion.

**CLINICAL PHARMACOLOGY**

Liquefied phenol is both an anesthetic and an antiseptic. It penetrates squamous epithelium and may denature protein causing a depolarizing local anesthesia. Liquefied phenol is also bactericidal and fungicidal with some sporicidal and virucidal activity.

Phenol is absorbed through the gastrointestinal tract and directly through the skin and mucous membranes. It is metabolized to phenyl glucuronide and phenyl sulfate and small amounts are oxidized to catechol and quinol which are conjugated. The metabolites are excreted in the urine and when oxidized to quinines may tint the urine green.

**OVERDOSAGE**

Topically applied liquefied phenol can be absorbed in sufficient amounts to provide systemic effects (see precautions).

For treatment of skin contact remove contaminated clothing and shoes immediately. Wash effect area with soap and mild detergent in large amounts of water until no evidence of chemical remains (at least 15-20 minutes). In case of chemical burns, cover areas with sterile, dry dressings. Bandage securely but not too tightly and seek medical attention immediately. For eye contact wash immediately with large amounts of water, occasionally lifting upper and lower lids until no evidence of chemical remains (at least 15-20 minutes). In case of burns apply sterile bandages loosely without medication and seek medical attention immediately.

In case of ingestion, if the victim is conscious, and if corrosive injury is absent, remove poison by gastric lavage or emesis. Activated charcoal is useful. Follow with 60ml of castor oil which dissolves phenol, retards its absorption and hastens its remove. Follow castor oil by giving 30-60ml of Fleet’s phosphor-soda diluted 1:4 in water. Gastric lavage and emesis are not to be used in the presence of esophageal injury. Gastric lavage or emesis should not be performed on an unconscious person. Gastric lavage should be performed by qualified medical personnel. Medical attention should be sought immediately.

No specific antidote is available. Treat symptomatically and supportively.