



# Quick guide to EMLA® anaesthetic times

	<i>procedure</i>	<i>dosage adults</i>	<i>dosage children*</i>
5–10 min	SURGICAL REMOVAL OF MUCOSAL GENITAL WARTS, BIOPSIES ON MUCOSA	5–10 g no occlusion needed, procedure immediately after removal of cream	—
30–60 min	DEBRIDEMENT OF LEG ULCERS	1–2 g/10 cm <sup>2</sup> cream under occlusive dressing, procedure immediately after removal of cream	—
	SURGICAL TREATMENT OF MOLLUSCUM CONTAGIOSUM	—	1 g/10 cm <sup>2</sup> cream under occlusive dressing or one patch
60 min	SURGICAL TREATMENT OF SUPERFICIAL LESIONS	2 g/10 cm <sup>2</sup> cream under occlusive dressing or one patch	1 g/10 cm <sup>2</sup> cream under occlusive dressing or one patch
	LASER TREATMENT OF PORT WINE STAINS		↓
	COSMETIC PROCEDURES e.g. Epilation and dermabrasion		
	NEEDLE INSERTIONS e.g. Lumbar puncture Haemodialysis Prior to regional block	↓	↓
120 min	HARVESTING OF SPLIT-SKIN GRAFTS	1.5–2 g/10 cm <sup>2</sup> cream under occlusive dressing	

Before prescribing EMLA®, please refer to local product information.

\*maximum dosage: Neonates 0-2 months 1 g, max 1 h.

Infants 3-11 months 2 g. Children 1-5 years 10 g. Children 5-11 years 20 g.

# Abbreviated Prescribing Information:

See local Prescribing Information for full details, as Prescribing Information may vary from country to country.

## INDICATIONS

EMLA® Cream/Patch: Topical anaesthesia of the skin in connection with needle insertion, e.g. i.v. catheters or blood sampling and superficial surgical procedures.

EMLA® Cream: Topical anaesthesia of the genital mucosa, e.g. prior to superficial surgical procedures or infiltration anaesthesia, and leg ulcers to facilitate mechanical cleansing/debridement.

## DOSAGE AND ADMINISTRATION

Intact skin: EMLA Cream; apply a thick layer of cream to the skin 1.5–2 g/10 cm<sup>2</sup> under an occlusive dressing or EMLA Patch for 1 hour, maximum 5 hours.

### Adults

Minor procedures, e.g. needle insertion and surgical treatment of localised lesions; Apply 2 g/10 cm<sup>2</sup> (half a 5g tube) for a minimum of 1 hour, maximum 5 hours to a selected skin area. Dermal procedures on larger areas, e.g. split-skin grafting; Apply 1.5–2 g/10 cm<sup>2</sup> under an occlusive dressing for a minimum of 2 hours, maximum 5 hours.

### Children

Minor procedures, e.g. needle insertion and surgical treatment of localised lesions; Apply 1 g/10 cm<sup>2</sup> of EMLA Cream under an occlusive dressing or EMLA anaesthetic patch for 1 hour.

### Genital mucosa adults

Surgical treatment of localised lesions, e.g. removal of genital warts and prior to injection of local anaesthetics; Apply 5–10 g EMLA for 5–10 minutes, no occlusive dressing is required. Treatment should start immediately after the removal of the cream.

## LEG ULCERS ADULTS

Mechanical cleansing /debridement of leg ulcers; Apply a thick layer of EMLA Cream, approx. 1–2 g/10 cm<sup>2</sup> up to a total of 10 g to the leg ulcer. Cover with an occlusive dressing. Apply for at least 30 minutes, up to 60 minutes may improve the anaesthesia further. Debridement should start immediately after removal of the cream.

## CONTRA-INDICATIONS

Hypersensitivity to local anaesthetics of the amide type or to any other component of the product. Congenital or idiopathic methaemoglobinaemia.

## SPECIAL WARNINGS AND SPECIAL PRECAUTIONS FOR USE

Due to insufficient data on absorption, EMLA should not be applied to open wounds other than leg ulcers. EMLA should not be used in infants between 0 and 12 months of age receiving treatment with methaemoglobin-inducing agents or in preterm infants with a gestational age less than 37 weeks. Studies have been unable to demonstrate the efficacy of EMLA for heel lancing in neonates. When applying EMLA to patients with atopic dermatitis a shorter application time, 15–30 minutes, may be sufficient. EMLA should not be applied to the genital mucosa of children. When applied in the vicinity of the eyes, EMLA Cream should be used with particular care since it causes corneal irritation. EMLA should not be applied to an impaired tympanic membrane. The results of intracutaneous injections of live vaccines e.g. BCG should be monitored. In children/neonates younger than 3 months a transient, clinically insignificant increase in methaemoglobin level is commonly observed up to 12 hours after an application of EMLA.

## PREGNANCY AND LACTATION

Lidocaine and prilocaine cross the placental barrier and may be absorbed by the fetal tissues. No specific disturbances to the reproductive process have so far been reported. Lidocaine and, in all probability, prilocaine are excreted in breast milk, but in such small quantities that there is generally no risk of the child being affected at therapeutic dose levels.

## INTERACTIONS

With large doses of EMLA, consideration should be given to the risk of additional systemic toxicity in patients receiving other local anaesthetics or agents structurally related to local anaesthetics, since the toxic effects are additive.

## UNDESIRABLE EFFECTS

Transient local reactions at the application site such as paleness, erythema. Skin sensations (an initial mild burning or itching sensation at the application site).

Rare: Methaemoglobinaemia in children, discrete local lesions at the application site (purpuric or petechial). In rare cases, local anaesthetic preparation have been associated with allergic reactions.

