

#### SNS COLLEGE OF ALLIED HEALTH SCIENCE



SNS Kalvi Nagar, Coimbatore - 35 Affiliated to Dr MGR Medical University, Chennai

# DEPARTMENT OF OPERATION THEATRE AND ANAESTHESIA TECHNOLOGY - IIYEAR

**COURSE NAME: PHARMACOLOGY** 

**TOPIC - ANTACIDS** 

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#### **Pharmacological Definition**

 Antacids are basic substances that neutralize excess gastric acid in the stomach, thereby relieving symptoms such as heartburn, indigestion, and gastritis.

#### **Classification and Class**

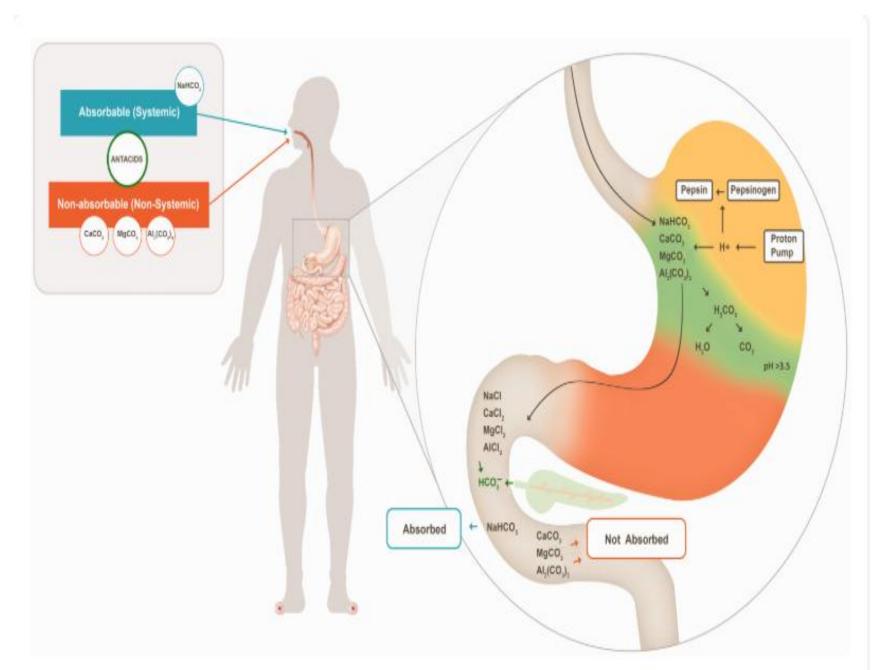
- **Systemic (Absorbable) Antacids**: Water-soluble, absorbed into the bloodstream. Example: Sodium citrate.
- Non-Systemic (Non-Absorbable) Antacids: Insoluble, act locally in the stomach. Examples: Aluminum hydroxide, magnesium hydroxide, and combination products like those in Mucaine Gel and Gelusil.





#### **Mechanism of Action**

- Mechanism: Antacids are weak bases that react with gastric hydrochloric acid (HCl) to form water and a salt, thereby raising gastric pH and reducing pepsin activity.
- These reactions occur in the gastric lumen, neutralizing acid and increasing pH







#### **Onset of Action**

- Sodium citrate: Rapid onset (within minutes).
- Mucaine Gel & Gelusil: Onset typically within 10–30 minutes.
- Duration of Action
- **Sodium citrate**: Short duration (20–40 minutes).
- Mucaine Gel & Gelusil: Intermediate duration (about 2.5–3 hours, especially if taken after meals).

#### **Excretion of Drug**

- **Sodium citrate**: Absorbed and metabolized; excess citrate and sodium are excreted renally (urine).
- Mucaine Gel & Gelusil: Aluminum and magnesium salts are mostly excreted in feces; small absorbed amounts are excreted via the kidneys.





#### Dosage

- Sodium citrate: 10-30 mL (0.3 M solution) orally, 15-30 minutes pre-procedure (e.g., anesthesia induction).
- Mucaine Gel: 10-20 mL orally, 20-60 minutes before meals or as needed (max 40 mL/day).
- Gelusil: 10-20 mL or 1-2 tablets orally, 1 hour after meals and at bedtime (max 40 mL or 4 tablets/day).

#### **Indications**

- Sodium citrate: Preoperative acid aspiration prophylaxis (e.g., in obstetric or emergency surgery).
- Mucaine Gel: Relief of heartburn, gastritis, esophagitis, and hyperacidity; preoperative use in OT.
- Gelusil: Treatment of indigestion, heartburn, and gas due to acid reflux; adjunct in peptic ulcer management.

#### **Contraindications**

- Sodium citrate: Severe renal impairment, alkalosis, congestive heart failure (due to sodium load).
- Mucaine Gel: Hypersensitivity, severe renal failure (risk of aluminum/magnesium accumulation).
- Gelusil: Hypersensitivity, severe renal disease, hypophosphatemia (chronic use risk).





#### **Adverse Effects**

- Sodium citrate:
  - Systemic alkalosis (with excessive use)
  - Sodium overload (risk in heart failure, hypertension)
  - Acid rebound10
- Mucaine Gel (contains oxetacaine and aluminum hydroxide, magnesium hydroxide):
  - Constipation (aluminum)
  - Diarrhea (magnesium)
  - Electrolyte imbalance (with prolonged use)
  - Rare: Hypophosphatemia, especially in renal impairment
- **Gelusil** (contains aluminum hydroxide, magnesium hydroxide, simethicone):
  - Constipation (aluminum)
  - Diarrhea (magnesium)
  - Hypophosphatemia (with chronic use)
  - Hypermagnesemia (in renal impairment)
- Drug interactions (may reduce absorption of other drugs)





#### OT Technologist Role

#### **During Drug Intake:**

- Prepare anesthesia equipment and monitor patient vital signs.
- Assist in administering IV fluids or medications if antacids are given preoperatively.

#### **After Drug Intake:**

• Monitor for postoperative complications (e.g., electrolyte imbalances from antacid use)





# Thank you