

## CAREER OPPORTUNITIES

WANTED, in Florida, highly trained board eligible or certified urologist to join quality practice. Send CV to Box 8330.

BOARD-CERTIFIED, general urologist, American, trained at major teaching hospital, 10 years' practice, seeking relocation, solo, partnership, or small group practice. Box 8331.

CHIEF resident, NYU Medical Center, 31, American, married, BE, with strong surgical background, seeking partnership, solo, or single-specialty group practice in urology for July 1983; prefer New England, might consider elsewhere. Box 8332.

BOARD-CERTIFIED urologist, 35, American born and university trained, seeks to relocate. Box 8333.

UROLOGIST, 34, FMG, university trained, BE, FLEX, available July 1983, excellent general surgical background, seeks solo or partnership. Box 8334.

UROLOGIST, BC, 34, American graduate, finishing military obligation at Air Force Medical Center, seeking solo, group, or partnership practice; all areas; available August 1983. (301) 630-0742 or 981-6048.

UROLOGIST, 14 years solo in same location, Boards, FACS, American born and trained, desires relocation to W, SW, NW; all practice arrangements considered. Box 8335.

UROLOGIST, 32, American, BE, chief resident at major university program, clinical oncology fellowship, well trained in adult/pediatric urology, seeks partnership or group in CT, NJ, or NY; available July 1983. Box 8336.

SEEKING second-year (PGY-2) in urology, available July 1983, have completed one year of general surgery internship. Mark J. Dykstra, M.D., (616) 396-1355.

PRACTICE for sale, high income, solo practice in scenic southeastern town, very reasonable purchase plan and introduction. Box 8337.

UROLOGIST, 31, American trained at major university, board eligible, FLEX, available July 1983, strong surgical background, seeks

partnership, group practice, solo; all areas. Box 8338.

SEEKING BE/BC urologist to join group in southeast Florida; association to lead to partnership. Send CV to Box 8339.

BC urologist, 34, married, American born and trained, FACS, 3 years solo (in multispecialty group) practice, wishes to relocate to Connecticut or New York City metro area; available immediately. Box 8339A.

UROLOGIST, FRCS(C), American BE, FLEX, seeks full-time position with institution, hospital, or group; excellent university training; good references; available immediately. Box 8339B.

WANTED, Urologist, BC/BE for salaried position in Queens, New York City. Box 8339C.

CANADIAN urologist, 33, FRCP(S), FLEX, board certified, has established practice, seeks relocation in SE or SW; private or academic, group or solo. Box 8339D.

WANTED, urologist, well trained, BC/BE, as associate in established practice, academically affiliated in the Philadelphia area. Box 8269D.

WANTED, BC/BE urologist in small New England community, 2 hours from major city; interest in pediatrics and oncology preferred; share small practice with good future, leading to partnership. Send CV to Box 8339E.

### Urology—Virginia

Excellent opportunity for a board certified/eligible urologist to establish a private practice in the upper Piedmont area of Virginia. This is a community of 10,000 with a service area of 50,000. A family oriented community with excellent schools is served by a 192 bed, full service acute care hospital. Easy access to a large lake and other outdoor activities. A major medical center is located within one hour's drive.

For more information, send your curriculum vita to  
Lee Nelson, HCA,  
P.O. Box 1575,  
Nashville, TN 37202  
or call toll-free 1-800-251-1537.

## CAREER OPPORTUNITIES

If you are looking for a position, a partner, an associate, please clip and mail the request form below. No charge, of course.

Ads received on or before the fifth of each month will appear in the next issue of publication. Ads received after the deadline will be held for the following issue.

To reply to a "blind" ad, mark your envelope with the box number designated in the ad. All responses will be forwarded promptly.

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Managing Editor

UROLOGY, P.O. Box 643, Ridgewood, N.J. 07451

MESSAGE: Please type or print — limit to 35 words

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## Duvoid® (bethanechol chloride—oral)

Tablets: 50mg, 25mg, 10mg

**to ensure greater bladder emptying  
and promote rehabilitation**

**Indications:** Acute postoperative and postpartum nonobstructive (functional) urinary retention, and neurogenic atony of the urinary bladder with retention.

**Contraindications:** Bethanechol chloride is contraindicated in the presence of mechanical obstruction of the gastrointestinal or urinary tracts, or in conditions where the integrity of the gastrointestinal or bladder wall is questionable. Also, it is contraindicated in spastic gastrointestinal disturbances, peptic ulcer, acute inflammatory conditions of the gastrointestinal tract, or peritonitis, or in marked vagotonia.

Other major contraindications to the use of bethanechol chloride are latent or active asthma, pregnancy, hyperthyroidism, and coronary occlusion. Additional contraindications are bradycardia, atrio-ventricular conduction defects, vasomotor instability, hypotension, hypertension, coronary artery disease, epilepsy, and parkinsonism.

**Precautions:** Special care and consideration are required when bethanechol chloride is administered to patients concomitantly being treated with other drugs with which pharmacologic interactions may occur. Examples of drugs with potentials for such interactions are: quinidine and procainamide, which may antagonize cholinergic effects; cholinergic drugs, particularly cholinesterase inhibitors, where additive effects may occur. When administered to patients receiving ganglionic blocking compounds a critical fall in blood pressure may occur which usually is preceded by severe abdominal symptoms.

In urinary retention, if the sphincter fails to relax as Duvoid (bethanechol chloride) contracts the bladder, urine may be forced up the ureter into the kidney pelvis. If there is bacteriuria, this may cause a reflux infection.

**Adverse Reactions:** Untoward effects are usually due to overdosage but occur infrequently with the oral administration of bethanechol chloride. Abdominal discomfort, salivation, flushing of the skin ("hot feeling"), sweating, nausea and vomiting are early signs of overdosage. Asthmatic attacks, especially in asthmatic individuals, may be precipitated. Substernal pressure or pain may occur, however, it is uncertain whether this is due to bronchoconstriction, or spasm of the esophagus. Myocardial hypoxia must be considered if a marked fall in blood pressure occurs.

Transient syncope with cardiac arrest, transient complete heart block, dyspnea, and orthostatic hypotension may be associated with large doses. Patients with hypertension may react to the drug with a precipitous fall in blood pressure. Short periods of atrial fibrillation have been observed in hyperthyroid individuals following the administration of cholinergic drugs. Also, involuntary defecation and urinary urgency may occur after large doses.

*Atropine sulfate is a specific antidote.* A dose of 0.6 mg-1.2 mg (1/100 grain-1/50 grain), for intramuscular or intravenous administration should be readily available to counteract severe toxic cardiovascular or bronchoconstrictor responses to bethanechol chloride.

**Dosage and Administration:** Dosage must be individualized, depending on type and severity of the conditions to be treated.

The usual adult oral dose is administered with 10-mg, 25-mg, and 50-mg tablets 2, 3, or 4 times daily up to a maximum dosage of 120 mg. The minimum effective dose is determined by giving 10 mg initially, and repeating with 25 mg, and then 50 mg at six hour intervals, until the desired response is obtained. The drug's effects appear within 60 to 90 minutes and persist for up to six hours. Individual doses should, therefore, be spaced at least six hours apart.

**How Supplied:** Duvoid (bethanechol chloride) is available in: 10-mg pale orange tablets (coded "Eaton 045"), supplied in Unit-of-Use bottles of 100 and unit dose 100's; 25-mg white tablets (coded "Eaton 046"), supplied in Unit-of-Use bottles of 100 and unit dose 100's; 50-mg tan tablets (coded "Eaton 047"), supplied in Unit-of-Use bottles of 100 and unit dose 100's.

**References:** 1. Lapidus J, et al: Further observations on pharmacologic reactions of the bladder. *J Urol* 79:707, 1958. 2. Kendall AR, Karafin L: Understanding and rehabilitating the atonic neurogenic bladder. *Geriatrics* 28:110, 1973. 3. Diokno AC, Koppenhoefer R: Bethanechol chloride in neurogenic bladder dysfunction. *Urology* 8:455, 1976. 4. Lapidus J: Neurogenic bladder. Principles of treatment. *Urol Clin North Am* 1:81, 1974. 5. Smith DR: The neurogenic bladder, in *General Urology*, ed 7. Los Altos, Calif. Lange Medical Publications, 1972, p 319. 6. Bors E, Cornarr AE: Disturbances of micturition, in *Neurological Urology*. Baltimore, Md, University Park Press, 1971, p 215. 7. Lapidus J, et al: Comparison of action of oral and parenteral bethanechol chloride upon the urinary bladder. *Invest Urol* 1:94-97, 1963.

**Norwich Eaton Pharmaceuticals, Inc.**  
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