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Metronidazole 0.75% Gel

Prescriber Criteria: Consultant Dermatologist
Consultant Oncologist
Consultant Palliative Care

Outpatient and Inpatient use:

1. Malignant Diseases

Palliative treatment of overgrowths and malodorous fungating wounds in cancer patients.

Duration of Approval:
1 year

In-Patient use only:
Reduction of foul smell in extensive wounds of non-malignant origin that are characterised by significant malodour.