

Information for patients and carers

Using Sucralfate Enemas

A step-by-step guide

Using sucralfate enemas

Your practitioner will have discussed with you treatments for the bleeding/mucus discharge/pain you are experiencing from your rectum (last part of the large bowel). They have recommended that you should use sucralfate enemas. This leaflet gives you some guidance on how to prepare and use a sucralfate enema.

Why do I need sucralfate enemas?

After radiotherapy, fragile blood vessels can develop in any part of the bowel exposed to the radiotherapy beam. Most commonly this affects the very last part of the large bowel, i.e. the rectum. This condition is known as radiation proctitis. These vessels can bleed in 50% of patients after pelvic radiotherapy, but this does not usually become a big problem unless you need to strain to open your bowels; you take blood thinning medicines like aspirin or warfarin; or you open your bowels very frequently. It is self-limiting in most people and often heals spontaneously over 5-10 years. Symptoms for a few people become troublesome and chronic which is why you have been recommended treatment with sucralfate. Research shows that improvements may be seen as early as 1 week after initiation of treatment. The recommended dose is one enema TWICE daily for at least FOUR weeks but may be continued as advised by your practitioner.

To use sucralfate as an enema means that it needs to be given directly into your lower bowel.

What is sucralfate and how does it work?

Sucralfate is a medication licensed for use in people with ulcers or inflammation in the stomach

We know that sucralfate is also a safe and effective treatment for bleeding from the lower bowel, which starts as a result of radiation treatment. This bleeding comes from fragile blood vessels in the bowel wall which can break and bleed easily. Sucralfate forms a protective layer over the bowel walls and protects the fragile blood vessels from breaking. Sucralfate enemas may also increase the rate of healing of these fragile blood vessels.

This treatment is recommended by leading experts in the field of radiotherapy late effects management and by the British Society of Gastroenterology.

At first the treatment may seem strange or difficult, but with perseverance it can make a big difference to your symptoms.

Preparing to use a sucralfate enema

The hospital pharmacy will dispense the sucralfate suspension (1gram in 5 millilitres). The late effects clinic will supply you with several large syringes, several catheters (plastic tubes) for giving the enema, a small plastic medicine pot and some lubricating jelly.

Please follow the instructions below, and **not the instructions that come with the medicine.** This is because for your condition, the sucralfate enema must be given directly into the lower bowel.

When you prepare an enema to use at home, start by washing your hands and clearing a clean surface in your bedroom or bathroom to work on.

- You will need a jug of warm (NOT HOT) tap water (40mls). It is best to set aside a particular jug which you are going to use for your enemas, and not to use it for any other purpose like drinking or food preparation.
- Shake the sucralfate suspension, open the bottle and pour just over 10mls of sucralfate suspension (contain/equivalent to 2 grams) into the small plastic medicine pot. Put the nozzle of the syringe into the sucralfate in the pot and draw up the syringe plunger until the syringe is at the 10mls level.

- Place the syringe on a clean surface while you replace the lid on the bottle.
- Now put the nozzle of the syringe into the jug of warm tap water and draw up water until the plunger is at 50mls. Carefully, covering the tip with your finger to prevent leaking, turn the syringe upside down so that the sucralfate mixes with the water.
- Put the nozzle of the syringe into the open end of the catheter and apply some lubricating jelly to the other end of the catheter.

Giving the enema

- Position a towel underneath yourself to catch any fluid leakage after administration.
- Lie down on your left side and bend your knees up towards your chest (this position will help the flow of liquid into the rectum). Holding the prepared enema in one hand, feel for your anus with the other, and gently guide the lubricated tip of the catheter into your anus so that approximately 4 inches (10cms) enter your lower bowel.
- Squeeze down the syringe plunger gently using a steady and even pressure, until all the solution goes into your lower bowel. Slowly withdraw the catheter, whilst retaining the solution in your bowel.
- Try to hold the solution inside for as long as possible, despite it
 making you feel like you really need to open your bowels. At least 15
 minutes is ideal. You will need to remain lying down during this time
 and roll over several times. Try to spend at least half the time lying on
 your tummy so that the solution has the chance to cover the parts of
 your bowel most likely to be worst affected.
- Once you have opened your bowels, remember to wash your hands afterwards.
- Wash and rinse out the medicine pot, with warm water. Discard the syringe and catheter.

You should follow this procedure twice a day for 4 WEEKS, until you have had a further consultation with your practitioner, at which time you will be given ongoing instructions.

Store the sucralfate and equipment in a safe place out of reach of children.

The information in this leaflet has been adapted from original documents from the Royal Marsden NHS Foundation Trust with their permission.

Contact details.

Should you require further advice or information please contact: RPH outpatient pharmacy on 01772 522257.

Sources of further information

www.lancsteachinghospitals.nhs.uk www.nhs.uk www.patient.co.uk www.accessable.co.uk www.prda.org.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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