



Information for
patients and
carers

Sucralfate Enemas

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. This condition is known as radiation proctitis .Most commonly this affects the very last part of the large bowel, the rectum. These vessels can bleed in 50% of patients after pelvic radiotherapy, but it doesn't usually become a big problem unless you need to strain to open your bowels, you open your bowels very frequently, or if you take blood thinning medicines like aspirin or warfarin.

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

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. 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 important because for your condition the sucralfate enema must be given directly into the lower bowel.

Preparing the enema

- 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 (20-40 millilitres). 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 (2grams) 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 several inches enter your lower bowel (approximately 10cm).

- 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 of 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.

If you require more information or have questions, please contact:

RPH outpatient pharmacy on 01772 522257 or Liz Walne – Advanced Specialist Practitioner for the late effects of pelvic radiation on 07724 873138 (please note – messages may not be returned on the same day)

This information sheet is based on information from:

Guidance: The Practical Management of the gastrointestinal symptoms of pelvic radiation disease, 2014

Guidelines: Practice guidance on the management of acute and chronic gastrointestinal problems arising as a result of treatment for cancer, 2011

Adapted from those used in The Royal Marsden Hospital written by Dr J Andreyev and team

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.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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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو یی چھپا یں ییہ ابی دست بو یسکت ہے برا ئے مہر یان پو ے یچھہ ی۔ معلومات

Arabic:

مطبوعه بأ حرف كبير ة و بلغات إذا كنت تر يد مساعده في فهم هذه لمعلومات يُر جى أن تطلب أخرى يمكن تو فسير هذه المعلوما ت

Department: Radiotherapy

Division: Surgery

Production date: May 2021

Review date: May 2024

Document Code and version: CA17 V1