Treatment of Radiation Proctitis

Specialist Initaition and management only

Specialist to investigate with flexible endoscopy to determine the cause of the bleeding

Specialist to optimise bowel function and stool consistency which may reduce the amount of bleeding.

Does the bleeding affect the quality of life (e.g., staining clothes, causing anaemia, interfering with daily activities)?

No

Specialist to reassure and do nothing further.

Yes

Specialist to review medicines with increased risk of bleed and stop/reduce if possible.

Does the bleeding continue to affect the quality of life?

No

Specialist to stop Sucralfate enemas and consider other interventions

Yes

Specialist to start sucralfate enemas. Prescribe 12 weeks supply

Review patient. Have the bleeds reduced or stopped?

Yes

Primary care to continue after initiation by the specialist team in Gastroenterology.

Supply 2 weeks of Sucralfate Enemas and then patient will be discharged to primary care for long term use of sucralfate enemas.
To refer patient back to hospital specialist if bleeding increases or restarts.

General prescribing information

- Sucralfate enemas are to be initiated by the specialist and then recommended for continue prescribing in primary care and is considered a **Green drug** in SNEE.
- Sucralfate Enemas are an unlicensed product established in the treatment of radiation proctitis.
- It is one of two treatment options for chronic radiation proctitis the other one being hyperbaric oxygen therapy which is not widely available.
- The recommended dose is one enema TWICE daily for at least FOUR weeks but may be continued as advised by the specialist team.
- Prescribe the Sucralfate Enema 2g/50mL
- Specialist initiation- 12 weeks initially, if identified for long term then continue in primary are until not effective or symptoms progress as per the treatment guidance.
- Prescribing in Chronic radiation proctitis. If the patient is undergoing active treatment for cancer, this will need to be continued by the hospital.

References

1. Andreyev HJN, Davidson SE, Gillespie C, *et al.* Practice guidance on the management of acute and chronic gastrointestinal problems arising as a result of treatment for cancer *Gut* (2011) doi:10.1136/gutjnl-2011-300563

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