NHS
Suffolk and
North East Essex

Interim Position Statement for Oral Sucralfate Products

SUCRALFATE 1g/5ml ORAL SUSPENSION SUGAR FREE
SUCRALFATE 1g TABLETS

Summary

The Suffolk and North East Essex Integrated Care Board (SNEE ICB) supports the prescribing of sucralfate oral preparations in primary care if it has been initiated or recommended by secondary care for a recognised condition (indications listed below). The licensed sucralfate 1g/5ml oral suspension sugar-free should be used first line. Sucralfate 1g tablets (unlicensed) should be used second line if the patient is unable to tolerate the oral suspension.

Sucralfate is a complex of aluminium hydroxide and sulphated sucrose which forms a barrier to protect the mucosa from acid, pepsin and bile attack. Sucralfate is licensed for short-term use (no more than 12 weeks) for treatment of benign gastric ulceration, benign duodenal ulceration and chronic gastritis. It is not recommended for use in the treatment of gastro-oesophageal reflux disease (GORD). There is some evidence for beneficial effects in bile reflux, chronic bile reflux, stomal ulceration especially post-bariatric surgery and physiology proven weak or non-acid reflux.

LICENSED INDICATIONS FOR ORAL THERAPY

Recommended or initiated by a specialist in secondary care for one of the following indications

- Bile reflux/chronic bile reflux
- Stomal ulceration especially post-bariatric surgery (Short term use only, no more than 12 weeks)
- Physiology proven weak or non-acid reflux
- Benign gastric or duodenal ulceration
- Chronic gastritis

The indication and course length must be stipulated on discharge or in the clinic letter from secondary care.

COMMON USES OFF LICENCE

- Radiation induced oesophagitis
- Prevention of bleeding after oesophageal or gastric variceal banding
- For mucosal protection in palliative care
- As an adjunct in the treatment of caustic injury of the oesophagus
- As an adjunct for mucosal protection in erosive oesophagitis and with peptic oesophageal strictures.

For use in the oesophagus, patients are often advised to mix the liquid with thick, sticky solutions (e.g. honey) to maximise exposure to the oesophageal mucosa.

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DEPRESCRIBING ADVICE

- Sucralfate is licensed for short courses only.
- Stop prescribing if no benefit is being achieved after a four-to-eight-week course.

NEW PATIENTS

Do not initiate in primary care without a recommendation from a specialist in secondary care.

- Prescriptions must include the indication and the course length.
- First line prescriptions should be for the 1g/5ml oral suspension sugar free (licensed). This is available in bottles containing 200ml.
- Use with caution in patients with renal impairment as there is a risk of aluminium accumulation. Seek advice from nephrology if concerned.
- The most common side effect is constipation; less common side effects include diarrhoea, abdominal pain, nausea and vomiting.
- The tablets should be considered second line only if the patient is unable to tolerate the oral suspension. The tablets are unlicensed.
- The oral suspension will block fine-bore feeding tubes. Refer to the NEWT guidelines for further information.
- Separate doses of sucralfate from enteral feeds by 1 hour where these are co-prescribed.

FURTHER SUPPORT

- Patients who wish to seek further clarification can be directed to Patient Advice and Liaison Service (PALS) via: E-mail: pals@snee.nhs.uk or Telephone: 0800 389 6819

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