

Suppositories and enemas for Crohn's disease and Ulcerative Colitis

Your doctor has discussed the use of suppositories and/or enemas with you.

This leaflet will give you information and tips on how to use these. However, it is not a substitute for the patient information leaflet included with the medicine.

If you have any questions after reading this leaflet, please ask your doctor or IBD nurse.

General

The cause of Crohn's disease and Ulcerative Colitis is not known yet. All medications are intended to suppress inflammatory reactions. This leads to a reduction in symptoms and reduces the risk of complications that can occur with this illness. The illness cannot be cured by medications. After reducing or stopping these medications, the symptoms can return.

Suppositories and enemas

Your doctor has prescribed your medicine in the form of a suppository or enema. There are several reasons why medicines are prescribed as a suppository or enema. The main reason for people with Crohn's disease or Ulcerative Colitis, is that the medicine is released directly into the intestines, where it can start to work. This means that it only ends up at the end of the large intestine and therefore hardly in the rest of the body. As a result, the risk of any side-effects from that particular medicine is greatly reduced.

Suppositories and enemas are particularly suitable if the condition is concentrated at the end of the large intestine.

Administration

Suppositories

- Make sure that your rectum is empty before you insert the suppository, so go to the toilet beforehand.
- Always wash your hands before and after inserting the suppository.
- Remove the foil from the suppository (see pharmacy's information leaflet).
- Insert the suppository into the anus. It doesn't matter whether you insert the suppository using the pointed or blunt side first. If you moisten the suppository with a little water, it will be easier to insert. Using a finger, push the suppository all the way in, otherwise your sphincter could push the suppository back out.
- After inserting the suppository, you might feel an urge to go to the toilet. Try not to give in to that feeling, as the suppository needs some time to melt and the active substance must be absorbed via the rectum.
- If you lose the suppository within 10 minutes because you had to go to the toilet, you can insert a new one.

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Enema

- Always follow the instructions for preparing the enema as described in the pharmacy's information leaflet enclosed with your medicine.
- Allow the enema to reach body temperature before you administer it by placing it in lukewarm water, for example.

By bringing the enema to body temperature, the enema will be tolerated better, and with less abdominal cramping.

- Make sure that your rectum is empty before you insert the enema, so go to the toilet beforehand.
- Always wash your hands before and after administration.
- Lie on your left side, because the fluid is easily absorbed by the intestines in this position.
- Shake the enema well. Carefully insert the enema's spout into the anus.
- If inserting the enema's spout into the anus is a little difficult, try pushing slightly. When you push, the anus opens a little and it will therefore be easier to insert.
- Squeeze the bottle empty as much as possible and remove it from the anus. Keep the bottle in the squeezed position when you remove it, as this prevents the liquid from being drawn back into the bottle. A bit of liquid will always remain in the bottle. This is normal: the amount you have inserted is sufficient to be effective.
- Stay on your left side or, if you prefer, roll onto your belly, and remain in this position for 5-10 minutes to prevent the liquid from spilling out.
- Please be aware that if you are spilling a bit of liquid, or if liquid comes out, the liquid can cause brown stains on the bedding. These stains are difficult to remove in the laundry. You can avoid this by lying on an absorbent pad, for instance.

When to administer?

Suppositories

- Spread out the use of the suppositories throughout the day. Try to use 1 suppository before bedtime, in any case. It can then remain in the intestines for a long period of time and therefore continue to work for longer.

Enema

- Spread out the use of the enemas throughout the day. Try to use 1 enema before bedtime, in any case. The medicine can then remain in the intestines throughout the night and therefore continue to work longer.

In order to prevent a flare-up, the doctor can sometimes prescribe using the medicine every two to three days. If the suppository or enema is prescribed for once a day, administer the suppository or enema before bedtime.

Side-effects

For information regarding side-effects of the medicine, please read the patient information leaflet that your pharmacy included with your suppositories/enemas.

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Complications

In principle, administering an enema does not lead to complications. Filling the rectum with the liquid from the enema can cause abdominal cramps and an uncomfortable feeling. This is more likely to happen when cold liquids are used.

Be careful when inserting the "spout" of the enema: inserting the enema roughly can cause damage to a lesser or greater extent to the intestinal mucous membrane, which can be painful or cause bleeding.

Which suppositories and enemas are prescribed for Crohn's disease and Ulcerative Colitis?

- **Mesalazine (5-amino salicylic acid)** Mesalazine is used for inflammation of the large intestine and in some cases for inflammation of the small intestine. If the medicine is prescribed in the form of a suppository or enema, this means there is an inflammation of the large intestine.

When using an enema, the active substances are released in the area where it is administered. It will start to work gradually. Mesalazine is used to calm an inflammation. Mesalazine suppositories are known under the following brand names: Pentasa, Asacol, Salofalk.

- **Adrenal cortex hormones/corticosteroids (Beclometasone and Budesonide)** Corticosteroids are anti-inflammatory and therefore reduce the symptoms of inflammatory bowel diseases.

Inflammatory bowel symptoms such as pain, diarrhoea and blood in the stool will be reduced. You can usually expect an improvement within a few weeks after starting the corticosteroid enemas. Corticosteroid enemas are often prescribed in combination with other medicines for inflammatory bowel diseases. Corticosteroid enemas are known under the following brand names: Entocort, Budenofalk.

- **A combination of both medicines** These combination enemas are known under the name Beclometasone-Mesalazine Enema FNA

Any questions?

If you have any questions after reading this leaflet, please contact the IBD nurse.

Important telephone numbers

- Amstelland Hospital Telephone number 020-755 7000
- Gastroenterology outpatient clinic Telephone number 020-755 7023
- IBD nurse, to make a (telephone) appointment Telephone number 020-755 7023
- GP Centre Amstelland Telephone number 020-456 2000
- Daycare ward Telephone number 020-755 6637