

This information was up to date at the time of release to the Heads of Midwifery.

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Updating arrangements for the formulary should be decided upon and implemented at a local level.

Anusol HC® suppositories

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| Legal status (GSL, P or POM on exemption list, or PGD) | P - midwife may supply |
| Patient group | Antenatal and postnatal women until discharged from midwifery care. |
| Clinical indication | Severe haemorrhoids and associated conditions or if unresponsive to Anusol® after three days. |
| Pharmacology (Onset and duration of action where appropriate) | The product provides antiseptic, astringent, emollient and anti-inflammatory actions. The bismuth oxide, bismuth subgallate and zinc oxide are astringent and antiseptic. Zinc oxide also decreases friction and discourages bacterial growth. Balsam Peru is a very mild antiseptic. It is also thought to promote epithelial cell growth. Hydrocortisone is a corticosteroid and is an anti-inflammatory. |
| Pharmaceutical form, strength, route of administration | Each suppository contains: benzyl benzoate 33mg, bismuth oxide 24mg, bismuth subgallate 59mg, hydrocortisone acetate 10mg, Peru balsam 49mg, zinc oxide 296mg. For rectal administration. The suppositories are preferable for internal haemorrhoids. |
| Dose, frequency and maximum number of doses or period of time for administration or supply | Thoroughly cleanse and dry the affected area then insert one suppository in the morning and night and after a bowel movement to a maximum of 3 per day.. Maximum length of treatment 7 days. The ointment can be used to lubricate the suppository when both suppository and ointment are used. |
| Contra-indications/exclusion criteria | <ul style="list-style-type: none"> ▪ known primary viral, bacterial and fungal infections in the treatment area ▪ during first trimester - there is inadequate evidence of safety in human pregnancy and there may be a very small risk of cleft palate and intrauterine growth retardation as well as suppression of the neonatal HPA axis (there is evidence of harmful effects in animals) - use in pregnancy only where there is no safe alternative and when the disease itself carries risks for the mother or child ▪ known hypersensitivity to any component of the medicine |

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| Cautions and action that will be taken if a caution applies | <ul style="list-style-type: none"> ▪ reserve for occasional short-term use (no more than 7 days) after exclusion of infections such as herpes simplex and other viral, bacterial and fungal infections ▪ caution with frequent and liberal use during pregnancy as this product contains hydrocortisone ▪ Visual disturbance - see SPC for further information ▪ check for and document any allergies ▪ check and document past medical and drug history and current medication to ascertain potential for overdose ▪ if a caution applies consult with a doctor ▪ document consultation in maternity record |
| Medicine interactions and action that will be taken if a patient is taking a medicine that may interact | <ul style="list-style-type: none"> ▪ if there is a clinically significant drug interaction, consult with a doctor before administration or supply ▪ document consultation in maternity record ▪ refer to current BNF for latest information on interactions |
| Potential adverse reactions and side effects including actions to be taken if adverse medicine reaction is suspected | <ul style="list-style-type: none"> ▪ <i>transient burning sensation occasionally especially if the anoderm is not intact</i> ▪ <i>very rarely hypersensitivity reactions</i> ▪ <i>risk of skin atrophy and systemic corticosteroid effects following excessive use and prolonged therapy - use for periods longer than seven days is not recommended</i> ▪ <i>on labour</i> Nil ▪ <i>on the neonate</i> Nil ▪ <i>on breast feeding</i> Nil ▪ <i>if a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme http://yellowcard.mhra.gov.uk/</i> |
| Overdose | <ul style="list-style-type: none"> ▪ unlikely to occur via the rectal route but oral ingestion requires treatment ▪ if swallowed symptoms such as fever, nausea, vomiting, stomach cramps and diarrhoea may develop after 3 to 12 hours ▪ immediate assessment/treatment is essential - refer to medical staff ▪ manage in accordance with established treatment guidelines or see BNF overdose section ▪ for further advice contact National Poisons Centre 0344 892 0111 |
| Action if patient declines | <ul style="list-style-type: none"> ▪ refer to authorised prescriber or doctor ▪ document in maternity record |
| Additional advice and information | <ul style="list-style-type: none"> ▪ advise to contact midwife/GP if condition worsens or symptoms persist after 3 days ▪ give the manufacturer's patient information leaflet to the woman |

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| Patient monitoring arrangements during and after treatment and follow-up required | If no improvement after 3 days treatment, refer to medical staff. |
| Particular storage requirements | - |
| References 1. Anusol HC® suppositories. Church & Dwight UK Ltd. Revision of text 13.4.2018 Accessed 23.12.19 https://www.medicines.org.uk/ 2. http://www.bnf.org | |