

TREATING YOUR ULCERATIVE COLITIS WITH PENTASA (MESALAZINE) SUPPOSITORY

This leaflet is for patients who have been prescribed PENTASA for the treatment of mild to moderate Ulcerative Colitis.



RECTAL THERAPY:
GETTING THE MOST
OUT OF YOUR
TREATMENT



PENTASA®
MESALAZINE

Suppositories for Ulcerative Colitis: getting the most

What is Ulcerative Colitis and Ulcerative Proctitis?

Ulcerative Colitis (UC) is a lifelong condition that causes inflammation and ulceration of the inner lining of the colon (the large bowel) and rectum (the lowest part of the large bowel). In UC, ulcers develop on the lining of the colon and these may bleed and produce pus. The inflammation usually begins in the rectum and lower colon, but it may affect the entire colon. When UC only affects the rectum, this is known as Ulcerative Proctitis.

UC is generally categorised according to how much of the colon is affected:

Proctitis



Proctosigmoiditis



Left-sided or distal colitis



Total or pancolitis



What symptoms can I expect to experience?

The main symptoms include:

- Diarrhoea
- Abdominal pain
- Rectal bleeding
- Extreme tiredness
- Feeling generally unwell
- Loss of appetite and weight

out of your treatment

Why it is important to use your PENTASA suppository?



You have been prescribed PENTASA suppositories for the treatment of your UC and Ulcerative Proctitis. PENTASA suppositories contain the active anti-inflammatory ingredient called mesalazine, also known as 5-ASA.

The suppository releases the active anti-inflammatory ingredient slowly into the rectum, which then acts locally to reduce the inflammation and helps relieve or stop the pain where it is needed most.

People with life-long diseases, such as UC and Ulcerative Proctitis, may not always take their medicines as instructed by their IBD Team. This is possibly due to embarrassment, concerns of side effects or of the potential discomfort of using a suppository. However, many studies have proven that using a suppository, as prescribed by your IBD Team, plays an important role in achieving and maintaining remission and stopping rectal bleeding.¹



How does using a PENTASA suppository help me?

The benefits of 'top and tailing' when treating UC

Depending on the type of UC you have been diagnosed with, you may be asked to use a mesalazine suppository alongside your oral mesalazine. This is commonly referred to as 'top and tailing'.

'Top and tailing' helps the active ingredient to reach the parts of the colon where it is needed most. This will increase your chance of a longer remission and of achieving mucosal healing, compared with either treatment alone.^{2,3}

Mucosal healing is when the colon is completely free of inflammation and ulcers, and is an important treatment goal recommended by The British Society of Gastroenterology. It has been linked with the following benefits:^{4,5}



Helps to keep you in remission longer



Reduces the chance of you needing surgery (colectomy)



Reduces the risk of you developing colorectal cancer



Improves your quality of life by helping you resume your usual activities and reducing any anxiety and depression

"We suggest that symptomatic remission combined with mucosal healing should be the target of medical therapy in Ulcerative Colitis"⁴

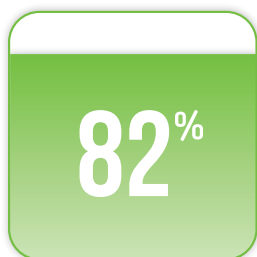
– British Society of Gastroenterology Guidelines 2019

Using one PENTASA suppository a day will help your Ulcerative Proctitis^{1,6}

Using one PENTASA suppository a day can help achieve both **endoscopic remission** and **clinical remission** after 4 weeks.¹

Endoscopic remission is when there is no longer any inflammation in the intestines, and clinical remission is when your symptoms of the disease go away, for example, you no longer have any blood in your stool and you no longer need to go to the toilet more frequently than usual.

After using one PENTASA suppository a day:



**82% of patients
achieved endoscopic
remission after 4 weeks**



**63% of patients
achieved clinical
remission after 4 weeks**

It is important to remember to take your medication as advised by your IBD Team. Failing to do so means you may not receive the full therapeutic benefits of the medication.

How to use your PENTASA suppository

Watch and download our 'how to use your PENTASA suppository' video here

Using your suppository for the first time can be daunting, but with practice and patience, it will get easier.

Please note: Finger protectors are provided in each pack.

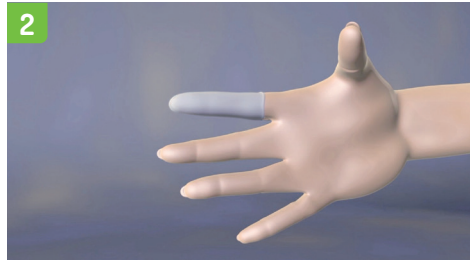
Scan QR code to watch the video



Preparing your suppository



1 Tear along the perforation to remove one suppository blister from a blister strip.



2 Put a protector on the finger with which you will insert the suppository.

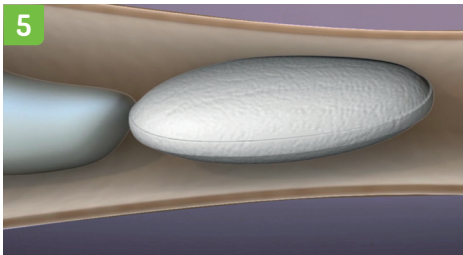


3 Remove the suppository from the blister before insertion. This is done by pushing the suppository through the printed foil.

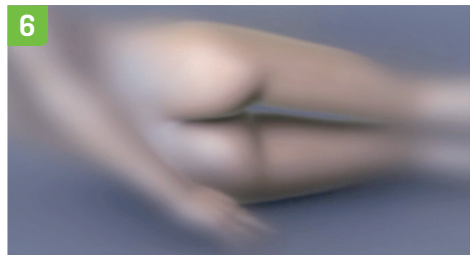


4 Insertion may be made easier if you moisten the suppository with water first.

**You should make sure that you empty your bowels
before inserting the suppository**



Insert the suppository gently and fully into the back passage. It may help to lie down on one side and raise the other knee.



Remain still for a few minutes after insertion to help keep the suppository in place. If it comes out within 10 minutes, a new one should be inserted.



Dispose of the empty blister and used finger protector safely.



Wash your hands.

References

1. Watanabe M, *et al. Aliment Pharmacol Ther.* 2013;38:264–273.
2. Seibold F, *et al. J Crohns Colitis.* 2014;8(1):56–63.
3. Carvalho PB, *et al. Drugs.* 2017;77(2):159–173.
4. Lamb CA, *et al.* British Society of Gastroenterology consensus guidelines on the management of inflammatory bowel disease in adults. June 2019. Available at: <https://www.bsg.org.uk/wp-content/uploads/2019/12/BSG-IBD-Guidelines-2019.pdf> (accessed February 2022).
5. Flourie B, *et al. Aliment Pharmacol Ther.* 2013;37(8):767–75.
6. Pentasa Suppositories 1 g. SmPC.

Reporting of side effects:

If you get any side effects, talk to your doctor, pharmacist or nurse.

This includes any possible side effects not listed in the package leaflet.

You can also report side effects directly via the Yellow Card Scheme at:

www.mhra.gov.uk/yellowcard

By reporting side effects, you can help provide more information on the safety of this medicine.

This information leaflet is not intended to be a substitute for medical advice. You should consult your doctor for specific advice about your condition. You should also read through the Patient Information Leaflet, which can be found in your PENTASA medication pack.



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