

TREATING YOUR ULCERATIVE COLITIS WITH YOUR PENTASA (MESALAZINE) ENEMA

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

Enema for Ulcerative Colitis: getting the most out of

What is Ulcerative Colitis?

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. If colitis only affects the rectum, it is called 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

your treatment

Why is it important to use your PENTASA enema?

You have been prescribed PENTASA enema for the treatment of your UC. Your PENTASA enema contains the anti-inflammatory active ingredient called mesalazine, also known as 5-ASA.

People with life-long diseases, such as UC, may not always take their medicines as instructed by their IBD Team. This is possibly due to embarrassment or concerns of side effects or of the potential discomfort of using an enema.

However, many studies have proven that using your enema, as prescribed by your IBD Team, plays an important role in achieving and maintaining remission in mild to moderate UC.¹

The PENTASA enema's 100 mL liquid helps reach more of the colon, allowing the active ingredient to act locally and reduce the inflammation where it is needed most.²



95%

of patients who used both an enema coupled with oral therapy achieved mucosal healing compared with 83% of patients receiving just oral therapy.³

How does 'top and tailing' help me?

The benefits of 'top and tailing'

Depending on the type of UC you have been diagnosed with, you may be asked to use a mesalazine enema 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.^{4,5}

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:^{1,6}



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

What will this mean for me?

In a PENTASA clinical study where UC is patients where treated with ether 'top and tail' treatment or just oral treatment alone, the results showed the following benefits for those receiving 'top and tail':³



Rectal bleeding stopped quicker



More patients achieved mucosal healing



84% of patients who received PENTASA 'top and tail' therapy said that they found using the treatment acceptable

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 PENTASA enema

Watch and download our 'how to use your PENTASA enema' video

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

Scan QR code to watch the video



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

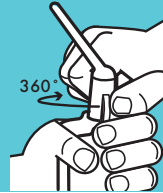
Preparing your enema

1



Immediately before use, take the enema bottle out of the aluminium foil pack and shake it well.

2



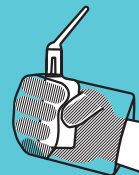
To break the seal, twist the nozzle clockwise one full turn (the nozzle should then be in the same direction as before turning).

3



Put your hand in one of the plastic disposal bags provided in the pack.

4



Hold the container as shown in the picture.

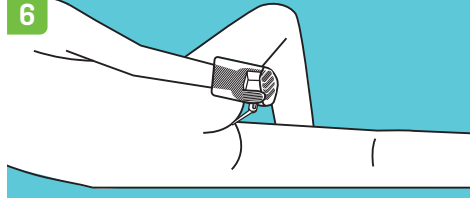
Inserting your enema

5



If this is your first time, put a towel or similar underneath you in case of any failed retention.

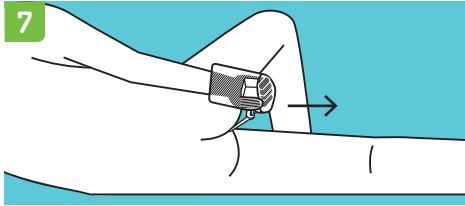
6



To administer the enema, lie on your left side with the left leg straight and the right leg bent forward for balance. Carefully insert the applicator tip fully into the rectum. Maintain sufficient hand pressure while dispersing the bottle content. The bottle content should be applied within max. 30-40 seconds.

If it feels uncomfortable, simply pause and try again.

7



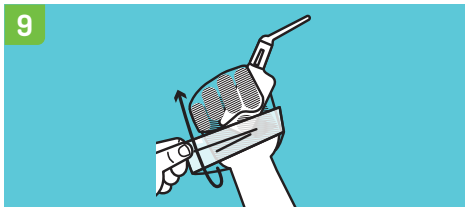
Once the bottle is empty, withdraw the tip with the bottle still compressed.

8



The enema should be retained in the bowel. Remain relaxed in the administration position for 5-10 minutes or until the urge to pass the enema has disappeared.

9



To dispose, roll the plastic disposal bag over the empty bottle. Discard it and wash your hands.

References

1. 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).
2. Van Bodegraven AA, *et al.* *Aliment Pharmacol Ther.* 1996;10(3):327–332.
3. Probert CSJ, *et al.* *J Crohns Colitis.* 2014;8(3):200–207.
4. Seibold F, *et al.* *J Crohns Colitis.* 2014;8(1):56–63.
5. Carvalho PB, *et al.* *Drugs.* 2017;77(2):159–173.
6. Flourie B, *et al.* *Aliment Pharmacol Ther.* 2013;37(8):767–775.

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.



www.ferring.co.uk
Ferring Pharmaceuticals Ltd.
Drayton Hall, Church Road,
West Drayton UB7 7PS.
Telephone: +44 (0)844 931 0050.

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