This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

Anusol HC ® Ointment

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	The ointment contains benzyl benzoate 1.25%, bismuth oxide 0.875%, bismuth subgallate 2.25%, hydrocortisone 0.25%, Peru balsam 1.875%, and zinc oxide 10.75%. The proportion of these varies according to product. NB 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 apply a small amount of ointment in the morning and night and after bowel movement, up to a maximum of 4 times daily, using the applicator if internal administration is required. 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	▪ 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	▪ 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 ▪ check for and document any allergies ▪ check and document past medical and drug history and current medication to ascertain potential for overdose ▪ Visual disturbance – see SPC for further information. ▪ 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	▪ Insert interactions here or refer to BNF? ▪ 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	▪ *transient burning sensation occasionally, especially if the anoderm is not intact* ▪ *very rarely hypersensitivity reactions* ▪ *risk of skin atrophy and systemic corticosteroid effects following excessive use and prolonged therapy - use for periods longer than seven days is not recommended* ▪ *on labour* *Nil* ▪ *on the neonate* *Nil* ▪ *on breast feeding* *Nil* ▪ *if a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme http://yellowcard.mhra.gov.uk/*
Overdose	▪ 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	▪ refer to authorised prescriber or doctor ▪ document in maternity record
Additional advice and information	▪ 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. Summary of Product Characteristics Anusol HC ® Ointment Church & Dwight UK Ltd Revision of text 13.4.2018 Accessed 23.12.2109 https://www.medicines.org.uk/
2. http://www.bnf.org