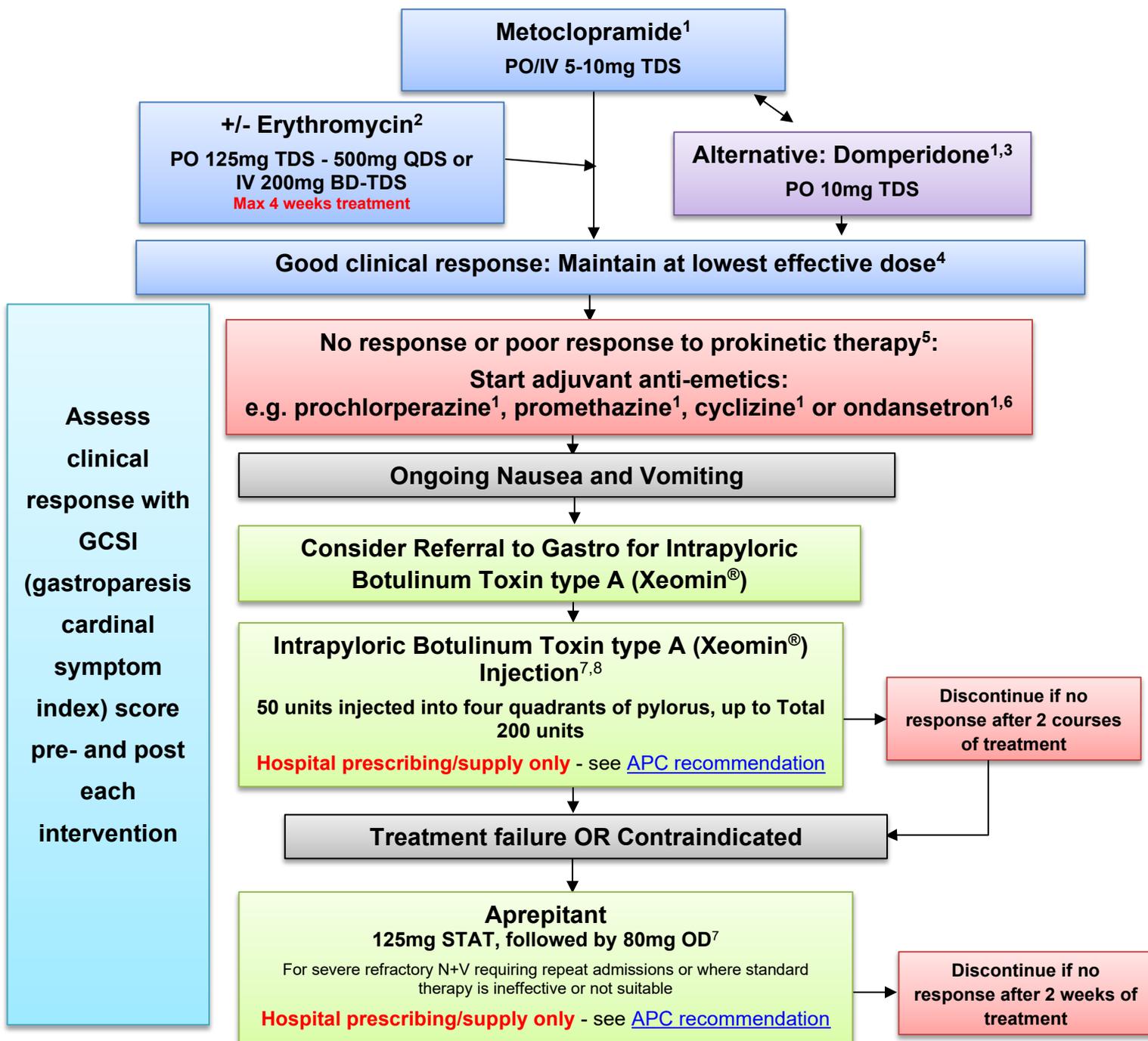


South East London pathway for the pharmacological management of gastroparesis initiated in secondary care¹

This document outlines the general strategy for the use of pharmacological agents for the management of acute gastroparesis in secondary care. Patients responding to treatment often require ongoing prescribing to prevent re-escalation of symptoms, thus after discharge, primary care might be asked to provide ongoing supplies. Those drugs which are for hospital prescribing only (“red” category) are clearly detailed below.



Additional Information:

- Once stabilised, GP may be requested to prescribe ongoing requirements if required. Monitoring, and potential course length will be clearly documented in the clinical letter in this case. **Botulinum toxin and aprepitant, are for hospital specialist use only.**
- Max. duration of erythromycin is **4 weeks** (risk of tachyphylaxis)
- Concomitant use of domperidone with metoclopramide or erythromycin is **contraindicated**, its use is as an alternative
- Consider rotating prokinetic therapy.
- Use liquid formulations where possible.
- Perform baseline ECG and at each follow up (or minimum every 12 weeks) while on prokinetic therapy.
- Aprepitant and Botulinum toxin type A (Xeomin[®]) are for hospital specialist use only. They are both red listed – prescribing and supply from hospital only.
- Intrapyloric Botulinum toxin type A (Xeomin[®]) can be repeated at 4 monthly intervals, if no response to 2nd treatment interval – discontinue.

Approval date: October 2020

Review date: October 2022 (or sooner if evidence or practice changes)

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London: South East London Clinical Commissioning Group (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

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