Should a suppository be inserted with the blunt end or the pointed end first, or does it not matter?

The rectal mucosa has a rich blood and lymph supply that aids systemic absorption. Suppositories are medicated solid preparations primarily for insertion into the rectum. They may be used for both local and systemic effect. This route of drug delivery is relatively painless and particularly useful for patients who are fasting or nil-by-mouth before or after surgery or who are unable to tolerate oral medication due to nausea and/or vomiting. It is also useful for children who have needle phobia and require medication.

Suppositories for local effect are useful in the management of chronic constipation, in bowel preparation prior to bowel investigations and for the treatment of itching and pain caused by haemorrhoids. Historically suppositories were inserted pointed end first but the publication of one study (Abd-El-Maeboud et al, 1991) changed nursing practice overnight. The authors’ study (Abd-El-Maeboud et al, 1991) changed the mode of insertion there is no guarantee it will come intact. If a suppository is inserted blunt end does seem to matter. Insertion has a cascading effect on nursing practice. Articles (Moppett, 2000) and textbooks on practical procedures (Mallett and Dougherty, 2005; Baillie, 2001) all support the view that suppositories should be inserted blunt end first, citing Abd-El-Maeboud et al (1991). Does it matter?

If a suppository is for the management of chronic constipation, it must be placed against the bowel wall so the way it is inserted does seem to matter. Insertion is usually required because the patient is experiencing extreme discomfort from constipation. An incorrect insertion will subject the patient to an undignified and invasive procedure that is also ineffective.

Suppositories need body heat in order to dissolve and become effective – placed in the middle of faecal matter they will remain intact. If a suppository is inserted blunt end first using the anal sphincter to assist with insertion there is no guarantee it will come into contact with the bowel wall. However, if it is inserted apex end first the fingertip is able to guide and place the suppository against the bowel wall.

Patients self-administering suppositories may find the blunt end more acceptable as, owing to the sucking action, there is no need to insert the finger into the anal canal (Abd-El-Maeboud et al, 1991). This lends weight to inserting the blunt end first – especially if the suppository is for a systemic effect, as rectal absorption is more effective lower in the rectum as veins draining from this part of the rectum join the internal iliac veins. This means medication returns directly to the inferior cava, bypassing the portal circulation (Waugh and Grant, 2007).

REFERENCES


