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# Patient information

## **Somatostatin Analogues**

Imaging Department

Your Consultant / Doctor has advised you to commence on a Somatostatin Analogue. This may be Lanreotide or Octreotide, both come in the form of injections.

## **What are Somatostatin Analogues?**

Somatostatin is a protein made naturally in the body by:

- a gland in the brain (hypothalamus)
- the stomach
- the pancreas
- the bowel.

## **Somatostatin does several things:**

- it slows down hormone production, including many of the gut hormones
- it slows down the emptying of the stomach and bowel
- it controls the release of hormones made by the pancreas, including insulin
- it slows down or stops the release of growth hormones.

## **Why am I starting on Somatostatin Analogues?**

These injections are generally given to patients who have been diagnosed with a neuroendocrine tumour.

## **There are generally two reasons why we commence you on these injections :-**

- 1) For symptom control : these tumours may secrete a particular hormone; these hormones may cause you to have symptoms of flushing, diarrhoea, wheezing and palpitations, this is called carcinoid syndrome. The purpose of a somatostatin analogue is to try to reduce and even stop these symptoms by blocking the release of the hormone which your tumour is secreting.
- 2) For anti-tumour effect. Recent research has suggested that these injections may slow down the growth of the tumours in some cases.

There are two types of Somatostatin Analogues, Lanreotide and Octreotide, your consultant or nurse will decide which the best is for you.

You will be invited to attend a nurse led clinic in which you will have your first injection, usually administered into your buttock. You may have some side effects such as cramps and diarrhea with your first injection however these usually settle after the first few injections, if they don't please speak to your specialist nurse.

These injections are given every 28 days. We will administer the first two in the hospital and then we ask whether your GP practice will take over the administration of the injections. Sometimes this takes a little longer and we may need to ask you to come to the hospital for a few more.

If your practice agrees we will register you with a company who will deliver the injections to your own home.

## **What are the benefits of having Somatostatin Analogues?**

The aims of the injections are to reduce your symptoms of flushing, diarrhoea, shortness of breath and wheezing or to attempt to slow down the progression of your tumour.

Treatment with Somatostatin Analogues is usually very effective, but may take a little adjusting initially to find the correct dose for you.

## **What are the risks and side effects of having Somatostatin Analogues?**

Initially when you commence the injections you may find that for the first week your diarrhoea gets worse, you may experience more bloating and abdominal cramps; this should pass after the first week.

You may have raised or lowered blood sugar levels. If you have diabetes you need to check your blood sugar more often. You may also need fewer tablets for diabetes and less insulin.

You may get local reactions from your injections such as painful injection sites, swelling and bruising.

Due to the slowing down of hormone production and slowing of the gut you can develop steatorrhoea. Steatorrhoea is a reduction in the amount of pancreatic enzymes being produced which help you digest the fat in your food you may find you have diarrhoea and abdominal cramping, your stools may become pale in colour and greasy and you may find it difficult to flush the stool down the toilet.

If this happens let your specialist nurse know and we may commence you on an artificial enzyme called Creon to be taken with meals.

Long term you may get gallstones but this will be monitored by your doctor/nurse and any action taken if necessary.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

**Are there any alternative treatments available?**

There are two types of Somatostatin Analogues; if you find difficulty with one then maybe the other will suit you better.

If suitable your consultant may advise a treatment called radionuclide therapy which will be discussed with you if deemed appropriate.

**What will happen if I decide not to have this treatment?**

Your symptoms will persist and possibly get worse.

**Further Information**

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