

**PEARSON, Richard (SHREWSBURY AND TELFORD HOSPITAL NHS TRUST)**

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**From:** SATHCOMMSTEAM (SHREWSBURY AND TELFORD HOSPITAL NHS TRUST)  
**Sent:** 22 September 2020 08:34  
**Subject:** Use of Octreotide instead of Terlipressin

**To colleagues at The Shrewsbury and Telford Hospital NHS Trust:**

Message from Dr Ulrich Thalheimer, Consultant Gastroenterologist and Hepatologist: Use of Octreotide instead of Terlipressin

Dear all,

It has been brought to my attention that we have run out of Terlipressin. There is a national shortage which is expected to last until the end of October at least.

I have worked with Pete McGinness to draft the following guidance on the use of **Octreotide** as a substitute.

**Gastroesophageal variceal hemorrhage (off-label use):**

IV bolus: 50 mcg, followed by continuous IV infusion of 50 mcg/hour for 2 to 5 days; may repeat bolus in first hour if hemorrhage not controlled

**Hepatorenal syndrome (off-label use):**

Initial: 100 mcg s.c. 3 times daily; may increase to 200 mcg 3 times daily (with a goal to increase mean arterial pressure [MAP] by at least 15 mm Hg from baseline). NB In hepatorenal syndrome, octreotide is used in conjunction with **Midodrine**, to be started at 2.5-7.5 mg p.o. 3 times daily and to be increased to 12.5 mg p.o. 3 times daily if necessary, and **human albumin solution (HAS)**, 20-40g per day.

Please feel free to approach me for any further advice as necessary.

Kind regards  
Ulrich

Dr Ulrich Thalheimer  
Consultant Gastroenterologist and Hepatologist