Iloprost is used to treat scleroderma and Raynaud’s phenomenon.
Iloprost should effectively treat your condition, and improve the circulation to your fingers and toes. It has been tested and has helped many people. However, as with all drugs some people will have side-effects. This leaflet sets out what you need to know.

**What is iloprost and how is it used?**

Iloprost is a man-made form of a substance called prostacyclin which is produced naturally in the body. Iloprost is used to improve blood flow in people with severe circulatory problems.

Epoprostenol is another form of prostacyclin, used by some doctors for the same reasons and in the same way. The information in this leaflet refers to both iloprost and epoprostenol.

Iloprost or epoprostenol may be prescribed if you have ulcers of the fingers resulting from systemic sclerosis (scleroderma) or related conditions. They may also be used for severe Raynaud’s phenomenon or when there is gangrene due to very poor circulation.

Iloprost improves the circulation of the blood by:

- opening up the blood vessels, which helps them to carry more blood to all areas of the body
- reducing clumping of the red cells in the blood, which reduces the tendency of the blood to clot
- helping to prevent or repair damage to blood vessels.

Iloprost usually starts to work immediately, although it can sometimes take up to six weeks. If you’ve been suffering with very cold hands or feet they may feel warmer straight away. Ulcers may begin to improve within a few days. Iloprost’s beneficial effects may carry on for weeks and sometimes even months after the infusion.

Usually, iloprost is prescribed if other drugs such as nifedipine haven’t worked for you. Your doctor will discuss other treatment options with you if need be.
When and how do I take iloprost?

Iloprost is given through a drip (infusion) into your arm, usually continuously for about six hours a day for 3–5 days in a row in hospital or a clinic. It can sometimes be given continuously over 24 hours. In some hospitals you stay on the ward for five days and in others you attend the day-case unit during the day and go home in the evenings.

The infusion will be started at a low dose and then increased gradually to make sure you can tolerate the higher doses. If you develop side-effects, your dose will generally be reduced again. The rate at which iloprost is given depends on your weight, but can also be adjusted if you have side-effects.

Sometimes longer-term or continuous prostacyclin is prescribed, for example in people with pulmonary hypertension (a condition sometimes associated with scleroderma that leads to raised pressure in the arteries supplying the lungs).

Possible risks and side-effects

The main side-effects of iloprost are facial flushing, headaches and a fall in blood pressure – therefore your blood pressure will be carefully monitored during your treatment.

Less common side-effects include:

- nausea (feeling sick)
- vomiting
- diarrhoea
- muscle cramps
- pain in the jaw.

Paracetamol and an anti-sickness drug can be given if you experience side-effects. All side-effects disappear very quickly once the iloprost infusion is stopped or reduced.

Taking other medicines alongside iloprost

You can take all your usual medications before and after a course of iloprost. However, during a course of iloprost, your doctor will probably recommend that you don’t take certain other medications which also widen the blood vessels or lower blood pressure.
If you’ve had cold hands or feet, iloprost can improve these symptoms.

**Vaccinations**

Iloprost doesn’t affect vaccinations, so you can have them before or after a course of iloprost treatment. In the unlikely event that you need a vaccination during a course of iloprost, your specialist will advise you.

**Alcohol**

There’s no particular reason to avoid alcohol before or after a course of iloprost treatment. However, in the evenings after your infusions you should limit your alcohol intake as it may make the side-effects of iloprost worse.

**Fertility, pregnancy and breastfeeding**

We don’t know whether iloprost has any effect on fertility. Current guidelines state that iloprost will only be prescribed to pregnant women in special circumstances if their disease is severe. If you’re pregnant or planning to start a family you should tell your doctor before you start the treatment.

There is no research on use of this drug in breastfeeding so it’s probably best avoided while on iloprost.
Further information

A five-day course of iloprost may be prescribed for you every year, often at the beginning of winter, though it may be given more often if needed. When treatment is successful, improvements to the circulation can be effective immediately.

If you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse or specialist pharmacist.

Arthritis Research UK publishes a wide range of information on conditions, treatments, surgery and everyday living. You may be particularly interested in our booklets on:

- Raynaud’s phenomenon
- Systemic sclerosis (scleroderma).

You can order these free of charge by visiting our website, calling the number on the back of this leaflet or writing to us.
We’re dedicated to funding research into the cause, treatment and cure of arthritis so that people can live pain-free lives.

For more expert information visit our website or if you would like to tell us what you think about our booklets email bookletfeedback@arthritisresearchuk.org or write to the address below.

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Please note: we have made every effort to ensure that this content is correct at time of publication, but remember that information about drugs may change. This information sheet is for general education only and does not list all the uses and side-effects associated with this drug.