

Having immunoglobulin therapy to treat your immune disorder (IVIg or fSCIg)

Department of Immunology

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Information for Patients

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Introduction

This leaflet aims to answer your questions about having intravenous immunoglobulin (IVIg) or facilitated subcutaneous (fSCIg) to treat your immunodeficiency.

If you have any questions or concerns please speak to the doctor or nurse caring for you.

What is IVIg/ fSCIg?

Immunoglobulin replacement therapy is a blood-based treatment. The immunoglobulin has antibodies that help to fight infection. It is usually given as an infusion into a vein (intravenous infusion). This is called IVIg.

fSCIg stands for facilitated subcutaneous infusion. It can be given under the skin (subcutaneously) into your tummy (abdomen) or thighs.

Your doctor has recommended this treatment because it has been found that your immune system is not making antibodies.

How is IVIg given?

It is given as an infusion into a vein in your arm through a small needle (cannula) every 3 weeks.

Treatment will take place on a ward 19 at Leicester General Hospital It will be done by medical staff.

The infusion will take a few hours as it has to be given slowly.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How is fSCIg given?

It is given as an infusion into either your tummy (abdomen) or thighs through a small butterfly needle. This is inserted at 45 degrees into your tummy or thighs every 3 weeks.

Treatment will take place on ward 19 at Leicester General Hospital , it will be given by medical staff.

The infusion will take a few hours as it needs to be given slowly.

On your first visit, before your infusion, you will need to have some tests to check your blood pressure, pulse, temperature, amount of oxygen in your blood (oxygen saturation) and blood test.

If you have no problems during the first hour of the infusion, the rate will be raised by the specialist nurse. When it has finished, after your first infusion only, you will need to stay on the ward for 1 hour so staff can observe you to check for any side effects.

On any visits after this you can leave right away.

Will I feel any pain?

IVIg: You may feel some discomfort when the needle is placed in a vein in your arm. This should only last for a few seconds and it will wear off. If you continue to feel discomfort or any swelling around the cannula please tell your nurse.

fSCIg: you may have redness, feel pain and discomfort on the infusion site. Some patients also have swelling. This usually improves a few hours after the infusion .

Are there any side effects or risks?

Although side effects or adverse reactions are rare they may still occur. These may include

- feeling sick (nausea),
- chills,
- chest pain and
- headaches.

If you have any symptoms during the infusion, it will be slowed down or stopped. The symptoms usually settle quickly.

You will be checked while you are having treatment. You should report any new symptoms during or after the infusion to the nursing team.

The immunoglobulin is made from a large amount of blood. It goes through different stages of preparation to find and make inactive viruses such as hepatitis B, hepatitis C and HIV. There is still a small risk that blood borne infection such as hepatitis, and others which have not yet been discovered, may be transmitted through treatment. This small risk is weighed against the benefits of treatment for you.

What happens if I am unwell on the day of infusion?

If you have an infection, extra care with IVIg treatment is needed because the risk of having a reaction increases.

It is important that you **do not** come to the hospital for your infusion if you have

- a temperature above 37.5°C,
- diarrhoea and being sick (vomiting),
- started antibiotics less than 48 hours before your appointment.

Please contact the specialist nurse if you need further advice, or to tell us if you cannot attend.

What are the benefits of having an IVIg or fSCIg?

IVIg or fSCIg both work in the same way. The benefit of having fSCIg rather than IVIg is it is given under the skin rather than into veins. Some patients have poor access to veins due to various reasons so it prevents extra usage on delicate veins

What kind of follow-up will I have for a review?

We aim to give you a follow-up appointment for a review about every 4 to 6 months, where you will be seen by the doctor. This will be when you attend for your infusion on Ward 1, Day Case Unit, at Leicester General Hospital. The appointment will be made for you by the nursing team.

Contact details

Specialist Nurse / Clinical Immunologist Consultant:

Telephone: 0116 258 6702 (Monday to Friday, 9am to 4pm)

Further information

Primary Immune-deficiency Patient Support Charity (UKPIPS) - you can get more information on this charity from their website: www.ukpips.org.uk

For more advice and support, visit the NHS website: www.nhs.uk or call the helpline on 111 for non-emergency medical advice.



If you have any questions, write them down here to remind you what to ask when you speak to your nurse/ consultant/ doctor:

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ اخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

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or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

