

## Patient information

# Intravenous Immunoglobulin (IVIg) Treatment

## Pharmacy Department

Immunoglobulin therapy given by intravenous injection (IVIg) can be used either to support an immune system that is not effective (immunodeficiency) or to help treat a condition resulting from an overactive immune system (immunomodulatory).

This leaflet aims to answer your questions about IVIg treatment for an overactive immune system. If you have any questions or concerns, please speak to a doctor or nurse caring for you.

### **What is intravenous immunoglobulin (IVIg)?**

Immunoglobulins are proteins produced by the immune system (the body's defence system). IVIg is a blood product made from donated plasma from many different people. Plasma is the clear fluid part of our blood. This protein is removed from the plasma and added to a solution which is used to treat your condition.

### **What is it used for?**

IVIg is recommended for lots of different conditions that may be caused by overactivity of your immune system. Some of these conditions may include: Immune Thrombocytopenia (ITP), Guillain-Barré syndrome (GBS), Myositis and Antibody-mediated Transplant Rejection. It may also be used to treat many other conditions not listed here.

Ask your treating team for a leaflet about your specific diagnosis if you would like more information, as this leaflet does not include specific details.

Please be aware that IVIg might not have a licence for the problem your doctor has recommended this treatment for. If you would like to know more, ask your doctor or nurse for an information leaflet about what this means.

### **How does it work?**

The way IVIg works in these rare conditions is not fully understood. What we do know is it can help to calm down some inflammatory processes that may be causing or worsening your condition. It probably blocks harmful antibodies and other immunological factors produced by the patient's own immune system.

## **How is It given?**

IVIg is given by injection into a vein through an infusion pump, the rate, dose and time is individualised for each patient but usually takes one to four hours. Depending on your reason for treatment, this may be given over several days. IVIg is given on the ward for patients admitted to hospital or on a day unit for outpatients.

## **What are the possible side effects?**

As with all treatments, there is a risk of side effects from IVIg. Everyone is different and may react differently and it is important to note that not everybody gets side effects.

Most IVIg side effects when they do happen are minor and more serious side effects are rare. Affecting five to twenty percent of people treated.

During the infusion: mild flu-like symptoms including headache, chills, fever, feeling hot or cold, flushing and mild ache in the back or joints. These are usually related to how quickly you are receiving the infusion and get better on slowing down the infusion rate or with paracetamol.

## **Please let the nurse know if you experience problems during the infusion.**

- Headache, especially if you already get migraines. May also be helped by slowing the infusion and being well hydrated before your infusion starts.

## **Uncommon (under five percent)**

- Itchy skin rash which can last for a few weeks.
- Infection in the skin or vein in your arm where the cannula needle was inserted, which may require antibiotics for a few days.

## **Rare but more serious problems (less than one percent) - all treatable**

- Inflammation of the brain's protective linings leading to a severe headache, called aseptic meningitis.
- Stroke, heart attack or blood clot in lung or leg. The risk of these complications is higher if you have already had one of these or if you have other risk factors like diabetes, heart problems or uncontrolled high blood pressure.
- Kidney problems. The risk of this is higher in people who already have kidney problems.
- A very rare, less than 0.01%, risk of severe allergic reaction (anaphylaxis) which leads to swelling of the face and throat, difficulty breathing, low blood pressure (feeling very faint) and widespread itchy skin rash.

## **Are there any other risks from IVIg?**

As IVIg is a blood product, after having it you cannot donate blood for the rest of your life. It is screened for all known transmissible agents (e.g. hepatitis B or C and HIV), but there could be other agents we have not discovered and despite stringent steps to avoid passing on infection there remains a remote theoretical risk. Variant Creutzfeldt-Jacob disease (vCJD) is a transmissible disease, but there is no evidence so far that it can be transmitted with IVIg.

## **Which IVIg product will I receive?**

IVIg is made by different manufacturers, so there are different brand names such as Intratect, Privigen, Octagam, Kiovig, Iqymune etc. These all contain the same active ingredient (immunoglobulins) but they have slightly different other ingredients which can affect the risk of side effects for some people. If you have had IVIg previously then inform your treating team which brand you received and whether you experienced any reactions.

## **Are there alternative treatments available?**

Some autoimmune illnesses, caused by an overactive immune system attacking the body, may also be treated with other options including steroid medication, non-steroid tablets or a medical procedure called plasma exchange which involves removing the liquid part of your blood (plasma) and replacing with a fluid that does not contain harmful immune substances. These other treatments might not be appropriate for all patients and like IVIg they all have potential benefits and potential risks. Your treating team will discuss these options with you and what might be most suitable in your individual case.

## **After the infusion**

If you feel unwell in the days that follow your infusion with headache it should settle after a few days, but if persistent or worsening then tell the ward team or your GP who may need to arrange blood tests. Some allergic reactions can be delayed, for example blistering rash or easy bruising, and you should discuss these with your GP if you are no longer in hospital.

## **Vaccinations**

IVIg may affect how your immune system reacts following vaccination, and this can make the vaccine less effective. You will need to avoid some live vaccines for three weeks before having IVIg, and for three months afterwards (i.e. measles, mumps, rubella (MMR), yellow fever). Speak to your doctor for advice before having any vaccinations.

It's recommended that you have the vaccination against COVID-19, the pneumonia vaccine and yearly flu vaccine injection while taking IVIg. These vaccines are not live, so it is safe for you to have them.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## **Further information**

**Medicines Information Patient Hotline**  
**Tel: 0151 529 3208**

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