

Patient information

Subcutaneous Immunoglobulin Therapy and Home Treatment SCIg

Allergy and Immunology Department

An overview of subcutaneous infusion of Immunoglobulin

Many patients with primary immunodeficiency require regular replacement therapy with Immunoglobulin (Ig). This treatment can either be given intravenously (IVIg) or subcutaneously (SCIg). SCIg is a rapid infusion of Immunoglobulin under the skin of the abdomen or thighs.

SCIg is a method of administering immunoglobulins which can be done at home by yourself, or a family member. By this method the immunoglobulin is slowly absorbed. Only small volumes are given at any one time, so it must be given more frequently than intravenous immunoglobulin. This is usually weekly, and each treatment typically lasts between 45-90 minutes.

SCIg is a blood product made from the separated clear fluid part of blood (called plasma), pooled from many different blood donations. It is made so that it is suitable for subcutaneous injection (i.e., injection under the skin). Most products contain additives to help keep the antibody molecules stable during storage.

Benefits of home therapy

- The treatment is more convenient.
- It is particularly good for people with poor veins.
- It does not require a trip to the hospital or a nurse to administer it.
- You can choose the day of the week to administer it, although we do recommend you stick to same day each week.
- It is quick and easy to do.
- You will not need to take time off work to attend the hospital for infusions.
- There are lower instances of reactions than Intravenous Immunoglobulin
- Patients usually see more stable levels of immunoglobulin because smaller doses are given more frequently.

Risks / Disadvantages of home therapy

- Local site reaction; can feel mildly painful, itchy, swollen or unpleasant following the infusion. This usually recovers within an hour or two; and most people find that this effect stops after a few weeks as the skin adapts.
- You will need to find adequate space to store the immunoglobulin safely (this may require storage in a fridge) which can be provided by the hospital if required.

Several companies manufacture subcutaneous Immunoglobulin. These products are made to the same strict specifications, with specific virus inactivation processes, as the intravenous products, you may have already been treated with.

How is the immunoglobulin given?

For subcutaneous treatment, the immunoglobulin solutions are more concentrated than those used for intravenous infusion, therefore smaller volumes are given.

A portable pump is used to deliver the infusion through fine needles under the skin on the abdomen, thighs or buttocks or the immunoglobulin can be administered as a slow push injection under the skin.

Usually, two - four sites are used simultaneously. The immunoglobulin is infused at a steady rate and usually takes between 45-90, depending on the dose required.

Training

The aim of home therapy is to make you or your family member as independent as possible, therefore you will be given a short training programme of approximately one-four weeks, where you will be taught the background to this therapy and will be shown how to safely administer subcutaneous immunoglobulin. If a relative or carer is to be trained to help you administer SCIg, then they will need to accompany you for all weekly training sessions. At the end of this training period, when both you and the trainer are happy with your progress, you will be signed competent to self-administer SCIg at home.

Supplies

The home care provider will supply you with all the medication and equipment you need for your infusions and will be delivered to you at regular intervals. The SCIg comes in a variety of bottle sizes; usually 2g (10ml) or 4gm (20ml) but this can vary depending on the product.

What happens once I am self-administering at home?

The care of your condition and its treatment will remain under the supervision of the Immunology team. You will be sent appointments to attend the Immunology clinic every 6-12 months. It is important that you attend these appointments as the treatment and its effectiveness need regular monitoring. We will need to do bloods tests every six months which can be done at your appointment or blood forms can be sent to your address for you to arrange a convenient time.

You will need to be assessed in how you give yourself the Immunoglobulin every one-two years after your initial training is complete. This allows us to monitor your progress and check you are administering your infusions correctly.

Adverse Reactions

Subcutaneous Immunoglobulin is known to have a lower risk of side effects and allergic reaction than when given intravenously. However, it is important to be aware of the risks and how to recognise and manage any problems should they arise.

As with IVIg treatment in the hospital we recommend that you ensure good fluid intake during and after treatment, ideally between two to three litres of fluid on the day of treatment, and on the day before and the day after treatment.

The most common side effect is local itching and irritation at the site of the injection. This usually resolves on its own, but taking antihistamines and paracetamol before or shortly afterward can help.

If you have any symptoms which affect other parts of your body, such as headaches, shivering, or nausea, if the symptoms are mild and go away after you have taken antihistamines and paracetamol, it is safe to continue your infusion. It is important to always have antihistamines and paracetamol in your house; they are cheap and readily available from your local supermarket or pharmacy. However, if the symptoms continue you should stop the infusion immediately. If the symptoms become worse, or if you experience chest pain or shortness of breath, then seek immediate medical advice by calling 999.

Remember - you must not infuse if you have an infection. If you are unsure, delay your infusion and contact the Immunology Specialist Nurse for advice.

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 can be obtained by contacting the Immunology Clinical Nurse Specialists:

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