



*Better
Together*

Patient information

Subcutaneous Immunoglobulin Therapy and Home Treatment (SCIG)

Infection and Immunity Directorate

An overview of subcutaneous infusion of Immunoglobulin

Many patients with primary immunodeficiency require regular replacement therapy with Immunoglobulin (Ig). This treatment is often given intravenously but it may also be given by rapid subcutaneous infusions under the skin.

Subcutaneous treatment has been used extensively for some years in Sweden and is now being used increasingly in specialist centres in the UK. It is particularly good for adults who have difficult venous access. There are four licensed SCIG products in the UK, Subgam (BPL), Subcuvia (Baxter), Gammanorm (Octapharma) and Hizentra (CSL Behring).

Immunoglobulin products and safety

As with all immunoglobulin products, there is a small risk of viral infections, but all products are strictly monitored to minimise this risk. The benefits of the treatment in preventing life-threatening infections is considered to outweigh these risks.

Several companies are now manufacturing products for subcutaneous use. These products are made to the same strict specifications, with specific virus inactivation processes, as the intravenous products.

The infusions are extremely well tolerated and give good immunoglobulin replacement levels, with a lower incidence of adverse reactions than with intravenous preparations. Subcutaneous therapy may also give more stable immunoglobulin levels, as smaller doses are given more frequently, thus avoiding the initial high levels given when intravenous infusions are given every three or four weeks.

How is the immunoglobulin given?

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

A portable pump is used to deliver the infusion through fine butterfly needles under the skin on the abdomen, thighs or buttocks.

Sometimes, two or more sites are used simultaneously. The pump can be strapped to the person's body or put into a pocket. The immunoglobulin is infused at a steady rate over one to two hours, depending on the dose required.

How often is the immunoglobulin given?

In general, subcutaneous infusions are given weekly.

How is the treatment monitored?

To make sure that the dose is correct, regular blood tests should be taken for immunoglobulin levels. Other blood tests will also be checked from time to time, to monitor your health.

Home therapy

Home therapy of immunoglobulin by the subcutaneous route is available for suitable patients. A careful assessment of the patient must be made before he or she is accepted on a training programme, and antibody-deficient patients should be trained at a recognised training centre where they are taught all aspects of the infusions.

Home therapy has proved to be advantageous in saving time missed from work and school, reducing time spent travelling to and from hospital and by giving greater freedom and autonomy to the family.

Home infusions are considerably more cost effective to the National Health Service and minimise the stress associated with repeated hospital visits. Subcutaneous therapy is safe and easy to administer and therefore an ideal treatment for home therapy.

Training

The aim of home therapy is to make the patient or family as independent as possible and the home therapy centre will provide training in all aspects of subcutaneous immunoglobulin infusions. Training for home therapy can be started once the patient is stable on treatment.

Written instructions and a training record are given to the family. The local community team may be invited to attend with the family if they are unfamiliar with the treatment.

The patient or family is expected to keep written records of the home infusions, which are returned to the home therapy centre. A specialist immunology nurse is available at these centres to monitor the treatment and to ensure the patient has regular medical follow-ups with a consultant immunologist.

Community support

The community nurses and family doctor (GP) need to be in support of immunoglobulin being given at home as they will be called if there are any adverse reactions.

Adverse reactions

Adverse reactions occur more frequently during the first few infusions but they may occur at any time. The most common cause of an adverse reaction is infection, so immunoglobulin should not be given when you have an infection. If you are unwell, the infection should be treated with antibiotics first and

the immunoglobulin given once your temperature has settled and your infection is under control.

There may be redness, slight swelling and some tenderness at the site of the infusion, but these usually disappear within a few hours, although it may take longer in people receiving larger doses.

Headaches or dizziness occasionally occur during or after an infusion, but paracetamol tablets often relieves the symptoms. No severe reactions have been reported with subcutaneous infusion.

Most reactions are mild and if a reaction does occur the infusion should be stopped and you should take paracetamol and an antihistamine as instructed by your immunology team.

Further Information

Further information can be obtained by contacting the Immunology Clinical Nurse Specialist Craig Simon :

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Text phone number: 18001 0151 706 2000 Ext 4359 or bleep 4455

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