

Renal Services

Rituximab patient information leaflet

What is rituximab?

Rituximab (trade name: Truxima®) is a type of protein called a “monoclonal antibody”. It sticks to the surface of a type of white blood cell called B-cells.

What is it being prescribed for?

B-cells in the body are an important part of your immune system but can produce harmful autoantibodies which attack the body’s own tissues causing your illness. Rituximab works by depleting the B-cells for several months to reduce inflammation and improve your symptoms.

Rituximab has been shown to have a major benefit for 80% of patients including fewer hospital admissions and improved quality of life.

If you respond well to rituximab you will probably feel better within 4-6 weeks. The effect of rituximab usually lasts for between 6- 9 months.

How is rituximab given?

Rituximab is given through a drip into a vein (intravenous infusion) in hospital by a specially trained nurse. The first infusion takes around six hours, although following infusions will be a bit shorter.

Before you are given rituximab you will be prescribed other medications to reduce possible side effects from the infusion such as pain and fever.

Usually two infusions are given two weeks apart. If it works for you, your next doses will be given at 6, 12, 18 and 24 months. The consultant will then decide if further treatment is required.



Patient Information

Do not take rituximab if:

- You are allergic to rituximab, other proteins which are like rituximab, or any of the other ingredients of this medicine
- You have an active infection at the moment
- You have a weak immune system.
- You have severe heart failure or severe uncontrolled heart disease.

Risks and Side effects

For the majority of people, rituximab is safe and well-tolerated. However like all medicines, it can cause side effects, although not everybody gets them.

A few people experience a fever, wheeziness, a rash or fall in blood pressure during or shortly after the infusion, or you may feel unwell during infusions. If this happens, tell the person giving you the infusion so they can slow the rate down. If your symptoms are severe you may need to stop treatment, but this is rare.

Rituximab affects your immune system, so you may be more likely to pick up infections. Tell your doctor or specialist nurse straight away if you develop a sore throat, fever, burning pain when passing urine or other signs of infection, or any other new symptoms that concern you. You should also see your doctor if you develop chickenpox or shingles or come into contact with someone who has chickenpox or shingles. It is important to try to avoid any unnecessary contact with people known to have an infection.

Very rarely severe skin reactions have been reported with rituximab up to four months after the infusion. You should tell your doctor or renal nurse straight away if you develop a rash after starting rituximab.

In very rare cases (1 in 25000 cases) patients treated with rituximab have developed a serious condition called progressive multifocal leukoencephalopathy (PML), which can damage the brain and spinal cord and can be fatal.

Patient Information

You must see your doctor immediately if you experience any of the following:

- pins and needles
- weakness, shaky movements or unsteadiness
- loss of vision
- speech problems
- changes in behaviour or mood
- difficulty with movements (face, arms or legs).

If you notice any side effects not listed here, please tell the nurse or doctor immediately.

Pregnancy and breast-feeding

You must tell your doctor or nurse if you are pregnant, think that you might be pregnant or are planning to become pregnant. This is because rituximab can cross the placenta and may affect your baby.

If you can get pregnant, you and your partner must use an effective method of contraception while using rituximab. You must also do this for 12 months after your last treatment with rituximab.

Do not breast-feed while you are being treated with rituximab. Also do not breast-feed for 12 months after your last treatment with rituximab. This is because rituximab may pass into breast milk.

Vaccinations

It is usually recommended that people on rituximab avoid live vaccines such as yellow fever, BCG, rubella, oral typhoid and oral polio. Pneumococcal vaccine and yearly flu vaccines should be given at least one month before a course of rituximab.

Having an operation

Planned operations are usually scheduled at least a month after your last dose, so make sure your surgeon knows you're on rituximab.

Rituximab and other medicines

Always check with your doctor or pharmacist if you are taking any other medicine, including medicines on prescription from your GP, medicines bought from a pharmacy or any herbal or complementary medicines.

Driving and using machines

It is not known whether rituximab has an effect on you being able to drive or use any tools or machines.

Alert card

It is recommended that you carry a biological therapy alert card at all times. Then anyone treating you will know that you've had rituximab and that your antibody levels may be low. You can get this card from your renal team.

Consent

You will be asked to sign a consent form so we know you understand why you will be receiving rituximab and you understand the risks involved.

If you have any further questions, ask your doctor, pharmacist or nurse.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 02476966785 and we will do our best to meet your needs.

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