

Neurology Department

Intravenous Immunoglobulin in Neurological Conditions

What is Immunoglobulin?

Immunoglobulin (IVIg) is made from the liquid part of blood called plasma. It is made from the blood of many people (donors). All of us have immunoglobulins in our blood. These are proteins which form part of our body's immune system which provides defence against infection and controls inflammation. There are many different brands of IVIg, the differences between them are very small. Because of a severe worldwide shortage of this product even individuals established on this treatment may see their brand change although we will try our best to maintain continuity wherever possible (the likelihood of side effects when switching brands is however very small).

In which neurological conditions is immunoglobulin used?

Immunoglobulin is used in Guillain Barre Syndrome, an inflammatory condition affecting the nerves and also in other neurological conditions. These are: multifocal motor neuropathy, chronic inflammatory demyelinating polyneuropathy, myasthenia gravis, multiple sclerosis, some other muscle and nerve conditions, as well as rare immune disorders of the brain (such as autoimmune encephalitis). Your doctor will discuss this with you.

How does immunoglobulin work?

Immunoglobulin helps the body fight disease and control inflammation.



Patient Information

How is it given?

Immunoglobulin is made up as a drip and given into a vein. Your doctor or nurse will insert a needle into a vein and then the drip is started.

How long will the treatment take?

Treatment usually depends on the individual patient. Your doctor will discuss with you how you are to have your treatment. It takes time to build up the optimum drip flow and the drip can last most of the day.

Where will I have this treatment?

You may already be admitted in which case you will receive your treatment on the ward. If you are an outpatient you will receive a letter in the post asking you to come to the Neurology Day Case Unit. You will be seen by a doctor who will explain the treatment. You will be asked to sign a consent form. Treatment will then commence.

How often should I have this treatment?

This will depend on your specific condition. In some cases it may have to be given more than once. Sometimes you may need it regularly every few months.

What potential side effects does this treatment have?

Everyone is different and may react differently to this treatment. Side effects are usually mild and do not usually require the treatment to be stopped. You must tell your doctor if you are feeling unwell while having the treatment.

- Some people develop headache. This usually responds to slowing the rate of the drip flow and Paracetamol.
- Occasionally immunoglobulin treatment can cause a rise in blood pressure. This also usually responds to slowing the rate of the drip flow although sometimes extra treatment of the increased blood pressure may be needed.
- A rash or mild fever can develop and this settles with anti allergy medications.

Patient Information

- Serious complications are rare; they include allergic reactions, kidney problems, more severe headache and a form of non-infective meningitis.
- As IVIg is a blood product; the blood from which it is made is checked for all known transmissible agents that can be screened (e.g. hepatitis A, B and C, and HIV). Although stringent steps are taken to avoid virus transmission, there remains a remote theoretical risk of this occurring. Rare cases of variant Creutzfeldt-Jakob disease (vCJD) have been transmitted by blood transfusion. The theoretical risk that IVIg may transmit vCJD has been greatly minimised by the use of plasma from countries free of the disease. At present there is no test to see if vCJD is present in blood.

Are Immunoglobulins safe?

Almost always, yes. Donors are at present still from outside the UK, mostly North America though this will change in the future to include UK donors because of the very greatly diminished risk of variant Creutzfeldt-Jakob disease (vCJD) in this country. The most important possible infections are hepatitis B, hepatitis C and HIV (the virus that causes AIDS).

The risk of catching hepatitis from this infusion is very low. The chance of HIV infection is less than 1 in several million. As yet, we don't know the level of risk of variant Creutzfeldt - Jakob Disease (vCJD) being transmitted by blood products. However, a number of precautions minimise this risk.

Will I need any tests to monitor treatment?

You will need blood tests before, and sometimes after treatment (often blood tests done by your own doctor or the hospital in the recent past are sufficient). Your doctor will discuss this with you.

Is there something I should tell my doctor before starting treatment?

You should always tell your doctor what medications you are taking. Please mention if you have high blood pressure, diabetes or kidney problems. It is also important for your doctor to know if you have a history of heart problems, strokes or blood clots.

Patient Information

If you are pregnant or breast feeding you must tell your doctor before the treatment is started.

Can I drive after treatment?

Please discuss this with your doctor. You may feel under the weather after therapy so if you have driven to the hospital please make sure there is someone to drive you back home.

Further Information

If you have any more questions please feel free to ask your doctor or contact Ward 42: Tel 024 7696 7798 or the Day Case Unit 024 7696 5233.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7798 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History	
Department:	Neurology
Contact:	27798
Updated:	March 2022
Review:	March 2025
Version:	5.2
Reference:	HIC/LFT/267/06