Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

Neurology

Intravenous Immunoglobulin in Neurological conditions

About Immunoglobulin

Immunoglobulin (IVIg) is made from the liquid part of blood, called plasma. It comes from the donations of many people (donors).

Everyone has immunoglobulins in their blood. These are proteins that are part of the immune system. They help protect against infection and control inflammation.

There are different brands of IVIg, but the differences between them are small. Because there is a severe worldwide shortage of this product, even people already on this treatment may see their brand change. We will try to keep the same brand where possible. The risk of side effects when switching brands is very small.

The brand of Immunoglobulin provided to hospitals is decided by NHS England.

Neurological conditions treated with immunoglobulin

Immunoglobulin (IVIg) is used to treat Guillain-Barre Syndrome, an inflammatory condition that affects the nerves. It is also used for other neurological conditions, including:

- Multifocal motor neuropathy
- Chronic inflammatory demyelinating polyneuropathy (CIDP)

- Myasthenia gravis
- Multiple sclerosis
- Other muscle and nerve conditions
- Rare immune disorders of the brain, such as autoimmune encephalitis

Your doctor will discuss with you if IVIg is suitable for your condition.

How Immunoglobulin works

Immunoglobulin helps your body fight disease and control inflammation.

How Immunoglobulin is given

It is given as a drip into a vein. A doctor or nurse will insert a small needle into your vein and start the drip.

How long the treatment takes

The length of treatment depends on each patient. Your doctor will explain how your treatment will be given. The drip is started slowly and can take most of the day to complete.

Where you will have your treatment

If you are already admitted to hospital, you will receive your treatment on the ward. If you are an outpatient, you will get a letter asking you to come to the Neurology Day case unit. A doctor will explain the treatment and you will be asked to sign a consent form. The treatment will then start.

How often the treatment is given

The frequency depends on your condition. Some people need it more than once, and some may need it regularly every few months.

Potential side effects of immunoglobulin

Everyone reacts differently to this treatment. Side effects are usually mild and rarely mean the treatment has to stop. Please tell your doctor or nurse if you feel unwell during treatment.

- Some people get a headache. This usually improves if the drip is slowed and with paracetamol.
- Occasionally, blood pressure may rise. Slowing the drip usually helps, though sometimes extra treatment for high blood pressure is needed.
- A rash or mild fever can happen and usually settles with anti-allergy medicines.
- Serious complications are rare. These can include allergic reactions, kidney problems, severe headache, or a form of non-infective meningitis.
- IVIg is made from donated blood, which is carefully screened for known infections (for example, hepatitis A, B, C, and HIV). Despite these safety steps, there is a very small theoretical risk of infection. Rare cases of variant Creutzfeldt-Jakob disease (vCJD) have been transmitted by blood transfusion. The risk of vCJD from IVIg is extremely low because only plasma from countries free of the disease is used. There is currently no test to check vCJD is blood.

Safety of Immunoglobulins

Immunoglobulin is very safe for most people. Currently, most donors are from outside the UK, mainly North America, though in the future UK donors will be used as the risk of variant Creutzfeldt-Jakob disease (vCJD) in the UK is extremely low.

The main factors that are screened for are hepatitis B, hepatitis C and HIV.

- The risk of getting hepatitis from this treatment is very low.
- The risk of HIV infection is less than 1 in several million.

The exact risk of vCJD being transmitted by blood products is not known. However, a number of safety measures are in place to minimise this risk.

Monitoring during treatment

You may need blood tests before your treatment, and sometimes afterwards. Often, recent blood tests done by your GP or the hospital are enough. Your doctor will discuss what is needed for you.

Information your doctor needs before treatment

Always tell your doctor about any medicines you are taking. Let them know if you have high blood pressure, diabetes, kidney problems, heart problems, a history of strokes, or blood clots.

If you are pregnant or breast feeding, you must tell your doctor before starting treatment.

Driving after treatment

Talk to your doctor about driving after your treatment. You may feel unwell, so if you drove to the hospital, make sure someone can drive you home.

More information

If you have any questions, please ask your doctor or contact:

- Ward 42: 024 7696 7798
- 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.

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