What is the immune system?
The immune system is a complex organ made up of many parts spread throughout the entire body designed to protect you from foreign, disease-causing organisms, such as bacteria or viruses. The body's immune response against infections involves the development of antibodies, also called immunoglobulins. Picture them as an army that is constantly circulating through your body's blood system always looking for foreign enemies and then attacking and destroying them before they can do any harm.

What is an autoimmune disease?
An autoimmune disease is a medical condition in which a person's immune system mistakes “self,” one's own body tissue, for “nonself” or a foreign organism and stimulates an inappropriate attack. Picture your body's "army" attacking itself by accident while trying to protect it.

Neurological autoimmune diseases
Some neurological conditions are caused by an autoimmune reaction with a resulting attack on either brain, spinal cord, peripheral nerve fibers, muscle cells or in the areas where the nerve communicates with the muscle (also called the neuromuscular junctions).

What is Ig?
Ig is a product made by taking blood or plasma from 1,000 or more healthy donors and, after mixing them all together, a sophisticated manufacturing process separates out and purifies the critical antibodies to create the very valuable prescription product, known as Ig. As with all blood products, the highest standards are met in purifying Ig to ensure there are no infections passed on from donors.

How does Ig work?
Ig has been shown to modify the autoimmune response that is directed against one's body tissue. You can receive more specific information about how Ig works from your treating physician.

Ig use in neurological autoimmune diseases?
Ig has been shown to be effective and is used successfully in the treatment of a number of autoimmune diseases including:
- Guillain-Barré Syndrome (GBS)
- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- Multifocal Motor Neuropathy (MMN)
- Myasthenia Gravis (MG)
- Dermatomyositis

Ig is available in two different formats
- IVIG (Intravenous Immunoglobulin) and
- SCIG (Subcutaneous Immunoglobulin).

How is IVIG administered?
IVIG is administered by infusion and supervised by a skilled nurse in the hospital (inpatient or outpatient). A small needle is placed into a vein and the solution drips slowly into your blood veins. IVIG is infused slowly over several hours and may be given over one or more days, depending on various factors including: your disease, other medical conditions, age, dose, weight and your tolerance to the product. The frequency of your IVIG treatments, if there is more than one, will be determined by your disease, your clinical response and tolerance to the treatment with IVIG.

How is SCIG administered?
SCIG is self-administered by subcutaneous infusion (SCIG) in which you infuse Ig treatment into the fatty tissue just below your skin's first layer. Patients are trained by a qualified healthcare professional on the correct method of self-infusion to ensure the patient is comfortable with the process before doing infusions at home. Patients are followed up on a regular basis to ensure continued patient competency.
Know the Side Effects

Are there side effects with IVIG and SCIG treatment?

Can you reduce the side effects?

IVIG:
There are potential side effects of treatment with IVIG. Common but mild side effects include: Headaches, rash, low grade fever, joint pains, muscle aches, chest and abdominal pain. Rarely, patients may experience severe headaches (usually aseptic Meningitis), allergic skin reactions, or severe systemic allergic reactions, including an auto-immune anemia.

SCIG:
There are potential side effects of treatment with SCIG. Reactions at the injection site are a common occurrence and this side effect is expected. Common but mild side effects can include: local reactions at the injection sites, headaches, diarrhea, back pain, nausea, pain in extremity, cough, rash, vomiting, abdominal pain (upper), migraine, pain, pruritus, urticaria, fatigue and nasopharyngitis.

IVIG:
Having the healthcare professional administer Tylenol or Benadryl before you start the infusion, or slowing the infusion rate may help reduce side effects. In some cases, giving a corticosteroid before IVIG can help reduce more serious side-effects.

SCIG:
Skin reactions at the infusion site are common and mostly mild. The amount of swelling usually relates to the volume of fluid being infused and should resolve slowly over 48 hours.

After Ig Treatment
Your reaction to Ig cannot be predicted. Although Ig is usually well tolerated when administered, it is helpful that you have someone with you for the first treatment. Individuals who are treated with Ig on a more regular basis are usually able to drive themselves to appointments.