MEDICINE INFORMATION

Intravenous immunoglobulin (IVIG)

A guide to immunoglobulin infusions in cancer and blood care, including why they may be offered, what happens during the infusion and what to report afterwards.

At a glance

Intravenous immunoglobulin (IVIG) contains antibodies collected from donated human plasma. You receive it through a drip into a vein. Your team may offer it to replace antibodies when levels are low or for a separate immune-related problem. Ask why it is being given, which product you will receive and what tests will show whether it is helping. Tell the team about kidney problems, blood clots and any previous reaction to immunoglobulin.

How it is given. You receive intravenous immunoglobulin as a drip into a vein.

What this treatment is and how it works

Antibodies are proteins that help the body recognise and fight infections. IVIG provides a mixture of antibodies, mainly immunoglobulin G (IgG), prepared from the liquid part of donated blood. Manufacturers screen donations and use steps to reduce infection risk. The hospital keeps a record of the product and batch used.

When IVIG replaces antibodies, the aim is to reduce certain infections. In other settings, specialists use it to change how the immune system acts, for example when the immune system is destroying platelets. The reason for giving it affects how much you receive, how often and what follow-up is needed.

When it may be used

Some blood cancers and cancer treatments can lower antibody levels. Your team may consider replacement IVIG if you have significant antibody deficiency and recurrent or serious infections. Some people also need it after specific cellular treatments. The decision depends on more than one blood test. The team considers your infection history, previous treatment and the expected benefit for you.

IVIG may be used for other immune-related conditions. Ask which purpose applies to you and whether the treatment is a one-off course or will be repeated.

Before treatment

Tell the team if you have kidney disease, a previous blood clot, stroke or heart problem, diabetes, fluid restrictions or a previous reaction to an immunoglobulin product. Mention a known immunoglobulin A (IgA) deficiency or any severe reaction to a blood product. Bring a list of medicines and supplements. The team may check kidney function, blood count and antibody levels depending on the reason you need it.

Ask how much to drink before and after the infusion. The team should take account of any limit on your fluids. Confirm the brand on your plan and ask what to do if you are unwell on the day.

How treatment is given

You usually receive IVIG in a day unit or as part of hospital care. Staff place a small tube in a vein or use an existing line if suitable. The infusion usually starts slowly. The nurse may increase the rate if you are comfortable and your observations are satisfactory. The first infusion, a change of brand or a long gap since the last treatment can mean closer monitoring.

Tell the nurse straight away about headache, chills, flushing, back pain, dizziness, wheezing or feeling suddenly unwell. The nurse can check you and decide whether to slow or stop the infusion. Ask how long you will need to stay afterwards and whom to call at home.

Tests and monitoring during treatment

The team may check your blood pressure, pulse and temperature during the infusion. For antibody replacement, it may measure IgG before a later infusion and review how many infections or courses of antibiotics you have needed. If IVIG is being given for a different reason, the follow-up may include other tests, such as a platelet count.

Ask when you should have repeat kidney or blood tests. Report a marked change in urine, swelling, unusual fatigue or dark urine after treatment.

Side effects

Common side effects

- **Headache, tiredness or aching.** These can occur during or after a drip. Ask which pain relief is suitable and when a headache needs assessment.
- **Chills, flushing, nausea or dizziness.** Tell staff while the infusion is running. Call the unit if the symptoms persist or worsen after you leave.
- **Discomfort at the drip site.** Tell the nurse if it stings, swells or becomes painful.

Less common and serious side effects

IVIG can rarely cause a serious allergic reaction, blood clot, kidney problem or breakdown of red blood cells. Tell the team about new swelling in one leg, reduced urine, yellowing of the eyes or dark urine. A severe headache with a stiff neck, fever or sensitivity to light needs urgent assessment. Rarely, new breathing difficulty after an infusion can reflect a serious lung reaction.

When to seek urgent help

Call your treating hospital promptly for a severe or persistent headache, shaking chills, fever, dark urine, passing much less urine, or pain and swelling in one leg. If you are also receiving cancer treatment, follow the temperature and contact instructions from your cancer team.

Seek emergency care for severe breathing difficulty, chest pain, swelling of the face or throat, collapse, sudden weakness or trouble speaking, or a severe headache with stiff neck or confusion. Tell staff you had IVIG and, if you know it, give the brand and date.

Practical advice for this treatment

Tell the team about earlier infusions

Intravenous immunoglobulin (IVIG) brands can differ. Give the nurse the brand name, date and details of any earlier reaction. The team can decide whether it needs to start slowly, give extra observation or choose a different product.

Discuss hydration and clot risk

Mention kidney or heart problems, poor fluid intake, reduced mobility and previous clots. Ask what to drink before and after treatment if you have a fluid limit. Tell the nurse promptly about a new headache, chills, rash or dizziness during the drip.

Check the timing of some vaccines

Immunoglobulin may affect how well certain live vaccines work. Tell the clinician arranging vaccines the date and reason for your infusion. Ask which vaccines you can have and when.

Medicines, interactions and vaccinations

Tell any clinician giving a vaccine that you have recently received IVIG. It can reduce the effectiveness of some live vaccines, including measles and chickenpox vaccines, for a period of time. Your team can advise on the timing. It can also affect some blood test results. Keep a record of your last infusion and show it to clinicians arranging tests.

Everyday life

Ask when you can return to work or other activities if you feel tired or have a headache after an infusion. Follow your fluid instructions. Keep your next visit and contact number handy. Continue any other infection precautions your team has advised.

Pregnancy, fertility and breastfeeding

Tell your team if you are pregnant, planning a pregnancy or breastfeeding. The decision and any precautions depend on the condition being treated, the product and other medicines you receive.

After treatment

Ask when to repeat tests and what results or symptoms the team will use to decide whether further infusions are needed. Keep a record of infections and antibiotic courses if you receive IVIG as replacement.

Frequently asked questions

Is IVIG a cancer treatment?

In cancer care, IVIG is usually given to support the immune system or treat a particular immune-related problem. Your team can explain why it is part of your care.

What does IgG mean?

Immunoglobulin G is one of the main types of antibody in blood. A blood test can measure its level.

Will an infusion stop every infection?

It may reduce certain infections in people with antibody deficiency. Continue to follow the infection advice from your hospital.

Will I have one infusion or a course?

That depends on why it is being given and how you respond. Ask when the plan will be reviewed.

Why does the first drip start slowly?

The nurse checks how you tolerate it before increasing the rate. Tell staff immediately if you feel unwell.

What if I have reacted to IVIG before?

Tell the team before the infusion. It may need to review the product, rate or precautions.

Why does the team ask about clots or kidney disease?

These can affect your risk of complications and how staff plan the infusion.

What should I do about a headache after I get home?

Contact the team urgently if a headache is severe or comes with a stiff neck, fever, vomiting or sensitivity to light. These symptoms need assessment even if the infusion seemed uneventful. Seek emergency care if you also have new confusion, weakness or a seizure.

Can I have vaccinations?

Ask about the specific vaccine and timing. IVIG can interfere with some live vaccines.

Why does the hospital record the brand and batch?

The record lets the team identify what you received if a reaction or product issue needs investigation.

Will I still need antibiotics?

Some people do. Continue the medicines prescribed by your team and check before changing them.

Does a low antibody level always mean I need IVIG?

The team considers the level, your infections and your treatment history together.

Can I go home straight after an infusion?

Follow the unit's observation and transport advice. Tell the nurse if you feel unwell before leaving.

What if I cannot attend my next appointment?

Call the unit so it can advise on the timing and any blood tests you need.

Sources and further reading

Read this guide alongside your hospital's plan. Ask your pharmacist to confirm the exact product dispensed in India and follow the instructions for that product.

Summary of Product Characteristics (SmPC) and prescribing information

- Intravenous immunoglobulin (Privigen) - EU SmPC

- Intravenous immunoglobulin (Kiovig) - EU SmPC

Additional sources

- Royal Free London, immunoglobulin replacement therapy
- Cambridge University Hospitals, immunoglobulin therapy
- NHS England, therapeutic immunoglobulin policy

Editorially approved by Dr (Prof) Vijay Agarwal

Professor and Lead Consultant - Medical Oncology

Review record updated: 14 November 2026 · Editorial review policy