MEDICINE INFORMATION

# Rabbit antithymocyte globulin (Thymoglobuline)

A guide to this specialist hospital infusion, including what staff monitor during treatment and when to report a delayed reaction.

## At a glance

Rabbit antithymocyte globulin (rATG) is a medicine that lowers the activity of certain immune cells. It is given by drip in hospital under close supervision. Your team may use it as part of a donor stem cell transplant plan or in selected other specialist settings. Tell them about rabbit allergies, previous reactions to ATG and any current infection. Ask how long you will be monitored and who to call if a fever, rash or painful joints develop after you go home.

**How it is given.** You receive rabbit antithymocyte globulin as a drip into a vein.

## What this treatment is and how it works

Rabbit antithymocyte globulin contains antibodies made in rabbits. They attach to some of your immune cells, especially T cells, and reduce their numbers or activity. This can be useful when the team needs to reduce an immune reaction. Thymoglobuline is one rabbit-derived product. Horse ATG and other rabbit ATG products are distinct medicines with their own uses and precautions.

## When it may be used

In some donor stem cell transplant plans, rATG is given as part of conditioning. Conditioning prepares the body to receive the donor's cells. The team may use rATG to reduce the risk of graft-versus-host disease, when donor immune cells attack some of the recipient's tissues. Its use depends on the donor, transplant plan and your health.

A blood specialist may also discuss rabbit ATG in selected cases of severe aplastic anaemia, a condition in which the bone marrow makes too few blood cells. The choice depends on prior treatment and whether a transplant or another medicine is suitable. Product approvals differ by country and purpose. Ask why this specific product is being used in your plan. This guide focuses on blood and stem cell transplant care.

## Before treatment

Tell the team about allergies to rabbits or rabbit proteins, previous ATG treatment, reactions to other infusions, and any infection or fever. Mention all medicines and supplements and tell the team if you could be pregnant. The team checks blood counts and may check your kidneys, liver and tests for infection, depending on the treatment plan.

Ask how long you are likely to stay in hospital and whether you will need medicines before or after the infusions to prevent reactions or infection. Ask when you should report symptoms after discharge and what contact number to use at night.

## How treatment is given

The hospital gives rATG slowly through a drip into a vein. It may be given over several days. Staff usually give medicines before the drip to reduce reactions, such as a steroid and an antihistamine. They check your temperature, blood pressure, breathing and other observations before, during and after treatment.

Tell staff straight away if you feel hot, shivery, dizzy, itchy or breathless, or if you have a rash, chest tightness, nausea or swelling. The nurse can assess you and the team may change the infusion rate or pause it. Ask the team to explain the next step if an infusion is interrupted.

## Tests and monitoring during treatment

The team checks your blood counts because rATG can lower white cells and platelets. Staff may check liver tests and monitor for infection. The timing of tests after discharge depends on whether you are having a transplant, treatment for aplastic anaemia or another procedure.

The team may prescribe preventive medicines and check for certain viruses becoming active again. Ask how often you will have tests and how you will be told the results.

### If you need a blood transfusion

If you receive rabbit antithymocyte globulin for a donor stem cell transplant or for severe aplastic anaemia, you need irradiated blood components. If you need red cells or platelets, tell the transfusion team about your treatment so they can arrange irradiated components. These are specially treated before transfusion to prevent a rare, serious reaction. Ask how long the precaution applies and whether you should carry a transfusion alert card or letter.

## Side effects

### Common side effects

- **Fever, shivering or aching during the infusion.** Tell the nurse straight away so the team can check the cause.
- **Low white cells and platelets.** This can make infection or bleeding more likely. Report unusual bruising, bleeding or sudden illness.
- **Nausea, diarrhoea, itching or a rash.** Tell staff if symptoms start during the infusion or become worse afterwards.

### Less common and serious side effects

A severe infusion reaction can cause trouble breathing, swelling, chest tightness, low blood pressure or collapse. Alert staff immediately. The weakened immune system can make infections more serious, and some previous infections can become active again.

**Serum sickness** is a delayed immune reaction. It can develop in the days after treatment and cause fever, rash and aching or swollen joints. Tell the team about these symptoms even if your infusion was uneventful. The team needs to assess other possible causes, including infection.

## When to seek urgent help

If you are in hospital, tell your nurse immediately about fever, chills, a rash, breathing trouble, unusual bleeding or suddenly feeling unwell. At home, call your hospital's 24-hour haematology or transplant number for these symptoms or for new fever with joint pain. Follow the temperature instructions from your hospital. If you feel very unwell, call even if your temperature is normal.

Seek emergency care for severe breathing difficulty, swelling of the face or throat, chest pain, collapse or bleeding that will not stop. Tell staff you recently received rabbit ATG and give the date if you know it.

## Practical advice for this treatment

### Know how the infusion is monitored

Rabbit antithymocyte globulin is usually given in hospital with checks during the drip. Ask about medicines given beforehand and the expected length of observation. Tell staff immediately about chills, flushing, breathing changes or dizziness.

### Remember that reactions can also begin later

Fever, a rash and aching joints several days after treatment may be signs of a reaction called serum sickness. They can also have other causes. Contact your team so it can assess you and rule out infection.

### Keep the infection and blood count plan with you

Your transplant or haematology team may prescribe medicines to prevent infection and schedule extra blood tests. Ask what precautions apply at home, when to use the urgent number, and how to arrange refills.

## Medicines, interactions and vaccinations

Check new medicines and supplements with your haematology or transplant pharmacist. Follow the instructions for medicines that prevent infection or reduce inflammation. Ask before having any vaccination, especially a live vaccine. If you are having a transplant, your team will plan vaccinations as part of follow-up.

## Everyday life

Keep the hospital number, treatment dates and medicine list where you and your caregiver can find them. Ask for specific advice about visitors, infection precautions, food and activity after discharge. Make sure you know which tests are due before the next appointment.

## Pregnancy, fertility and breastfeeding

Tell your team if you are pregnant, planning pregnancy or breastfeeding. Ask what precautions apply to the full treatment plan, including other medicines or transplant treatment, and when those precautions can end.

## After treatment

Keep the follow-up appointments and blood tests arranged by your team. Ask which infection prevention medicines to continue and when to call for a rash, fever or painful joints. The follow-up plan will depend on why you had rATG.

## Frequently asked questions

### Is rabbit ATG the same as horse ATG?

They are different products. Your specialist chooses a product based on the reason for treatment and your clinical situation.

### Is this a chemotherapy drug?

It is an immune-suppressing medicine. In transplant care, it may be given alongside other treatments that have different roles.

### Why do I need to mention a rabbit allergy?

The medicine contains antibodies made in rabbits. The team needs to consider the allergy before giving it.

### Why do I have medicines before the drip?

They can reduce the chance or severity of some infusion reactions. Tell staff about any symptoms while the drip is running.

### Will I have to stay in hospital?

It is given under close hospital supervision. The unit will tell you the expected length of your stay.

### What is serum sickness?

It is a delayed reaction that can cause fever, rash and joint pain days after treatment. Call the transplant or treatment unit if these symptoms occur. The team needs to check for infection and other causes as well.

### Why are blood counts checked so often?

The medicine can lower infection-fighting cells and platelets. Tests help your team decide what support you need.

### Why might I be taking antiviral or other preventive medicines?

Reducing immune activity can increase the risk of certain infections. The team will tell you which medicines to take and for how long.

### What if I feel shivery during the infusion?

Tell your nurse immediately. The team will check your observations and decide what to do.

### Can I have a live vaccine?

Ask your specialist. Your immune system may be weakened and the timing depends on the rest of your treatment.

### Can a caregiver help after discharge?

Yes. They can keep the medicine and appointment list, help you notice changes and call the hospital with you.

### Is fever always a reaction to the medicine?

Fever can also be a sign of infection. Follow the hospital's instructions and call promptly.

### What should I bring if I need urgent care?

If available, bring your medicine list and the date of the last infusion. Get help first if your symptoms are severe.

### Why should I bring the full product name to hospital?

Rabbit and horse preparations come from different sources and have different instructions. The team needs to know the exact medicine and date to assess any reaction correctly.

### 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

- Rabbit antithymocyte globulin (Thymoglobuline) - UK SmPC

### Clinical protocols and other references

- Thymoglobuline UK patient information leaflet
- British Society for Haematology guideline on irradiated blood components
- Canadian National Advisory Committee recommendations on irradiated blood components

### Additional sources

- eviQ, antithymocyte globulin in donor stem cell transplantation
- eviQ, patient information for a transplant plan that includes Thymoglobuline
- British Society for Haematology, adult aplastic anaemia guideline

Editorially approved by Dr (Prof) Vijay Agarwal

Professor and Lead Consultant - Medical Oncology

Review record updated: 14 November 2026 · Editorial review policy