



ALBANY ENT & ALLERGY SERVICES, P.C.

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Immunotherapy (Allergy Shots) Consent

SCIT: SubCutaneous ImmunoTherapy

The medical providers at Albany ENT and Allergy Services have recommended that you begin immunotherapy (allergy shots/SCIT) based on your allergy skin test results and medical history. This specialized treatment is individually designed for each patient based on the type and severity of their own specific allergic reactions to antigens tested.

GOAL

Immunotherapy is the only medical treatment for allergies that is “disease modifying” and can prevent progression of allergy related health problems. The goal of immunotherapy is to decrease long term allergy symptoms and reduce the need for allergy medications. Other potential benefits include the improvement of allergy related diseases, such as asthma, sinus disorders, nasal polyps, ear blockage, postnasal drip, chronic laryngitis and recurrent sore throat.

Procedure

Immunotherapy is started at the most concentrated level tolerated by the patient. If a patient is not able to start at the most concentrated level, a buildup will be done over time until the most concentrated level is reached, or the most concentrated level tolerated by the patient is reached. The injections are administered weekly at first to help improve the immune system and enable the body to be more desensitized to the specific allergens that have caused the patient’s symptoms. There is a mandatory waiting period of thirty minutes for at least the first ten weeks and for ten weeks any time your vial(s) are made stronger/adjusted.

Over time, treatment is spaced to every other week, then to every three weeks and then to every month. The recommended immunotherapy regimen is approximately 4-5 years. Typically, most patients receive maximum benefit when they reach their maintenance dose and longer duration of shots translates into more sustained improvement. Most clinical trials, as well as our own experience, show clinical improvement and decrease in medication requirements in approximately 80-90% of patients.

Side Effects

Although immunotherapy has been proven to be highly effective in treating the underlying cause of allergies, patients on immunotherapy may experience side effects such as itching, and/or redness at injection site(s), local swelling and soreness hours after injection(s). Although these local reactions may produce discomfort, they are not serious. Try not to scratch the site as this may cause an increased local reaction.

Serious systemic (anaphylaxis) reactions can occur, but these are rare, estimated at approximately 1 in 20,000 patients.

Signs of Anaphylaxis

- 1) Urticaria (hives)
- 2) Angioedema (swelling of any part of the body, such as tongue, lips, throat or face)
If swelling progresses, the principal danger lies in suffocation due to airway swelling.
- 3) Confusion, diarrhea, nausea and vomiting
- 4) Anaphylactic shock: This is the rarest complication. It is a serious event characterized by wheezing, low blood pressure, unconsciousness and potential death. This event requires immediate use of epinephrine auto injector (Epi Pen) and immediate emergency medical attention (call 911) and proceed to the emergency room.

Medications and Medical History

It is your responsibility to let us know if there are any changes in your medications. Some medications may conflict with your immunotherapy protocol and treatment, and potentially have side effects that may cause you harm. We try to take utmost care in providing safe treatment for you, but it is imperative that we know of any changes in your medications or medical treatment/condition.

It is also recommended that you continue all your allergy and asthma medications as previously discussed with your physicians and stop these only if recommended. It may take allergy shots 6-12 months or longer to be effective in some cases, and continuation of medications is important for your underlying medical condition. Please also be prepared to have your asthma inhaler with you during shots and administer antihistamines (such as Benadryl, Claritin, etc.) at home in case of localized reactions. Some patients may be required to carry an Epi Pen because of a history of anaphylaxis (life threatening reactions), and it is important to have these on hand, be educated in their use and renew them every year as recommended by the manufacturer.

General Guidelines

Appointments are not necessary for injections.

An appointment with a provider is necessary every 6-12 months in order to continue therapy.

It is important to avoid strenuous activity two hours prior to and two hours after injection(s).

Strenuous exercise can increase your risk of developing an allergic reaction to your injection(s).

Your injection(s) should not be given if you are ill; avoid receiving your injection(s) if you have a fever, current or recent rash or hives, asthma symptoms, shortness of breath, wheezing, tightness in chest, or recent use of a rescue inhaler. We normally have appointments available for you to be evaluated by a medical provider within 48 hours, if desired.

Always inform the allergy staff, prior to your injections, if you had any other injections or procedures that day. In certain cases, allergy injections would be contraindicated on the same day.

Pregnancy

There are no contraindications for SCIT, at maintenance dose, during pregnancy if approved by the patient's obstetrician. It is not recommended to start SCIT or increase dose of SCIT during pregnancy.

Consent

I understand that the administration of my allergy injections may have the ability to cause localized and even rare types of life-threatening reactions known as anaphylaxis. Allergy injections rarely may worsen chronic systemic illnesses, such as asthma. The allergy injection dosing schedule may be adjusted based on individual reactions and responses to therapy, trying to maximize therapeutic results while minimizing side effects. Overall, the benefits strongly outweigh any type of risk, and the physicians and staff at Albany ENT and Allergy Services strive to deliver allergy treatments in a safe environment.

Patient Name (print) _____ D.O.B. _____

Patient/Parent/Guardian's Signature _____ Date _____

Witness Signature _____