

Patient Instructions

Thank you for choosing this practice for your allergy needs. Allergy testing is the first step. Upon completion of your allergy test, we apply a soothing antihistamine cream to your arms. You should feel relief with this, but if not, you may re-apply some Benadryl cream or cortisone cream once you leave the office. The raised areas on your arms should decrease in size, but should you experience a delayed increase in size, please call our office. We will suggest that you take Benadryl (25mg) and apply ice to the site. Over the next couple of days when you are bathing, you may notice increased redness at the testing site. This is normal, and will cease in 2-3 days. Ibuprofen will help with any swelling or redness, although this is usually not needed.

Allergy shots (immunotherapy) are most effective if given year round. You will receive a steady increasing amount of the substances that cause your allergies. The usual time between injections is about every 7 days. Over the next few months your dosage will increase until you reach your maintenance level. When an effective dose is reached, allergy symptoms will decrease after an injection, and may start to return when the next injection is due. Many patients notice symptom relief in the first 2-3 months of treatment. The results are worth the wait! Try not to miss a weekly allergy injection, the more regular you receive your shots, the quicker you reach your maintenance level. Communication from each patient with the nurse and the physician is a vital link in treatment success, so always talk with us about your progress. If you are involved in an extraordinary activity that may have increased your total allergy load, (i.e. cleaned the attic, raked leaves, mowed the lawn) the day before or, the day of your injection, please inform the nurse. Your dose may have to be reduced, as your exposure was increased.

When a stable maintenance dose has been reached, (maintenance phase) injections may be given every 7-21 days apart. We choose to keep our patients on weekly allergy injections for 2 years, then every 2 weeks for the 3rd year. At the end of 3-5 years, your physician will determine if stopping shots is indicated. Some patients continue with shots every 3-4 weeks.

It is important to remember that allergy shots are not a cure, but they can improve your quality of life. Eventually, you will need less medication. Our hope is that you will use your medications only during peak allergy season, instead of daily.

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Important Points to Know When Taking Allergy Shots

You will remain in our office for 30 minutes after your shot. This is very important! If a severe allergic reaction happens, it is likely to occur within the first 20-30 minutes. Reactions are rare, but can occur. Please don't ask to leave early. We only give shots when we have a physician in the office. You have been asked to fill a prescription for an EpiPen®. You are required to bring that with you each day you receive an allergy shot. A delayed allergic reaction can occur up to 2- 6 hours after your injection. We will teach you how to use an EpiPen®, should that ever be necessary to use.

If you skip an injection, we may not be able to advance on your dose.

There will be circumstances in which we will not give you an allergy injection.

- If you have a fever of 100 degrees F or higher
- If you are experiencing wheezing
- If you have an active rash or hives
- If you have received an immunization on the same day. Allow 2 days between an immunization (i.e. flu shot) and your allergy shot.

DO NOT EXERCISE 1-1/2 hrs before or after receiving an allergy injection.

There is a chance that you may have a mild reaction to your weekly allergy shot, your reaction can include, but is not limited to:

1. **Delayed reaction:** As a normal variation, some persons may develop swelling, itching, or bruising, several hours or three days after the injection. If this occurs, it can be minimized by taking a long-lasting antihistamine before the injection (Claritin®, Clarinex®, Allegra®, Zyrtec®, Xyzal®).
2. **Large local reaction:** Immediate or delayed swelling (or redness) larger than a 50 cent piece lasting over 24 hours. You may apply ice to the site and take an antihistamine such as Benadryl® (25-50mg.). We don't want you to drive an automobile if you take 50 mg. of Benadryl®.
3. **General or Systemic reaction:** These are extremely rare. Usually they occur within minutes. Hives, generalized itching or flushing, coughing, wheezing, chest tightness, or difficult breathing, mouth or throat swelling, fainting or collapse, are all potentially serious symptoms. Use immediate emergency medical treatment!
First, give the EpiPen® into the leg, then call 911, and then take 2 Benadryl®. Notify our office immediately.

If you become pregnant while under allergy treatment, please inform the allergy nurse and your physician. Allergy injections can be continued during pregnancy, but not advancement of the dose until delivery. You must also seek the approval from your OB/GYN.

Beta Blocker drugs: These are medications commonly prescribed for high blood pressure, heart conditions, migraine headaches and eye drops for the treatment of glaucoma. We keep a list of current Beta Blockers, in our allergy room, please review this list. **If you start taking a Beta Blocker, notify our physician and allergy nurse. We cannot continue giving your allergy injections while you are also taking Beta- Blockers.** Do not stop taking your Beta- Blocker without talking to your medical doctor.

Follow-up appointments are crucial! You will see the physician 2-3 months and then again 8 months from your first allergy injection. After that, you will be seen yearly for your allergy follow-ups.