

Having an Insuflon™

This information sheet explains what an Insuflon is and what you can expect when your child needs to have one. It should be read together with any information provided by the manufacturer.

What is an Insuflon?

An Insuflon is a device designed for delivering small volumes of medicine subcutaneously (into the tissue just underneath the skin). It is a small, soft, plastic catheter (tube) with a self-sealing membrane at one end.



When is an Insuflon used?

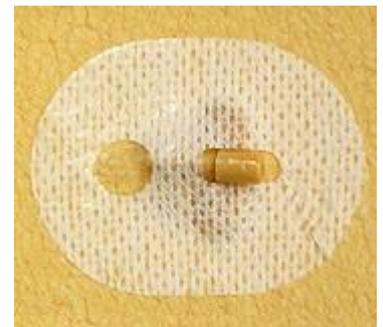
An Insuflon is used for giving medicines by subcutaneous injection including morphine, heparin, interferon, GCSF and insulin.

Where is an Insuflon inserted?

Insuflons are usually inserted into the upper arm, thigh or abdomen. Following a discussion with you and your child, the most appropriate site is chosen so that the Insuflon does not interfere with your child's clothing or daily activities but remains accessible.

How is an Insuflon inserted?

Insuflons are best inserted when in a standing or sitting position. Emla/Ametop anaesthetic cream can be applied to the skin to numb the area. The skin site is cleaned before inserting the device. The skin is lifted gently and a tiny needle inside the Insuflon is used to insert it at a 45 degree angle. As soon as the Insuflon is in place, the needle is removed. The self-sealing membrane allows for injections to be given whilst still maintaining a seal. The Insuflon is held in place with an adhesive dressing. An additional adhesive dressing may be used on top of this if needed.



How should I explain this to my child?

Use simple words to explain why an Insuflon is needed. How much detail you share will depend on the age of your child and their anxiety about the procedure. You can explain to your child 'your job is to hold still while we put in the tube'.

How long can an Insuflon stay in place?

An Insuflon can remain in the same place for up to seven days which means that your child will need to have their skin injected once a week. Occasionally it may need changing after three or four days (especially if insulin is used). After seven days, a new device should be inserted into a new skin site.

During the first few hours after insertion of an Insuflon, your child may feel a slight irritation at the place of insertion - this is quite normal and should disappear. However, if the discomfort continues, please inform your hospital or community nurse as the device may need to be removed. If this occurs, carefully peel back the adhesive plaster starting at the catheter end and pull the catheter out. If the tube is soiled with blood, dispose of it in the sharps bin, otherwise it can be placed in the household rubbish bin.

How are medicines given into the Insuflon?

Medicines are given into the Insuflon using a needle and syringe through the rubber membrane. The needle does not enter the skin. The end of the Insuflon is always cleaned with a swab before the needle is inserted.

When giving medicine, a blue or green needle is recommended. Excessive force should not be used to insert the needle which should be rotated gently as it goes in. The Insuflon does not need flushing after or between administrations of medicines.

Bathing and swimming with an Insuflon

To ensure the Insuflon is securely in place after insertion, it is best if it is left undisturbed for a few hours before bathing or exercising. It is fine to bath and shower with an Insuflon in place, as long as it is covered with a waterproof dressing. As the device is made from soft plastic and flexes with the body, even with very quick or sudden movement, swimming is safe. It is best to go when the Insuflon is due to be changed; otherwise a waterproof dressing needs to be applied.

What problems may occur when an Insuflon is in use?

Infection

As long as the usual skin cleansing is carried out, the risk of infection is low. Any redness, swelling or warmth around the Insuflon site should be reported to your doctor or nurse. The skin site should be checked daily for signs of redness, swelling, skin irritation or discomfort using the transparent window of the adhesive tape.

Blockage

Blockage can happen but is rare. If a blockage does not clear itself during injection, the Insuflon should be replaced.

Leakage

The two most common reasons why the device may leak are due to injection technique - not injecting deep enough (less than 3mm), or injecting more than 10mm (which could puncture the device).



Itching or eczema

If itching or eczema occurs from the enclosed adhesive tape, seek medical advice about using hydrocortisone cream 0.5%-1%. Itching can also be caused by sweating in hot weather and the itch usually disappears when sweating stops. Padding underneath the plastic wings on the Insuflon may help resolve discomfort or irritation. If the problem persists, extra thin Duoderm can be prescribed for use beneath the insertion site. Cut a hole for the Insuflon tip before applying the Duoderm.

Bruising

Oozing of blood around the device occurs in a small number of children treated with low molecular weight heparin (Tinzaparin) and appears independent of dose. This is not a cause for concern. Bruising at the device insertion site is common but can be reduced by applying pressure following injection.

Contact details

If you have any questions about this information, please contact:

Children's Daycare Unit at The Royal Marsden: 020 8661 3601
(Monday to Friday 8am - 7pm)

Or

The Paediatric Unit Helpline: 020 8915 6248
Available 24 hours a day, 7 days a week

