



ISCO3/MET/00/17 Subcutaneous infiltration of hands (Glove technic)

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Title

ISCO3/MET/00/17 Subcutaneous infiltration of hands (Glove technic)

1.1. Brief background

Pain relief is one of the major objectives in medicine; more than 80% of patients who come to the doctor do for pain. For painful conditions affecting muscle skeletal system, such as arthritis, tendinitis, post-traumatic pain, sports injuries, repetitive motion pain or improper postures at work and at home ozone infiltrations are very useful. The analgesic effect of subcutaneous administration of oxygen-ozone has been described (Ceccherelli *et al.*, 1998).

1.2. Purpose

The purpose of this SOP is to describe the procedure of the subcutaneous infiltration on hands.

1.3. Scope

This procedure specified the infiltration technique, doses, volume of gas and frequency of application of ozone in hands.

1.4. Acronyms, abbreviations and definitions

MAHT	Mayor autohemotherapy
DQT	Quervain's tenosynovitis
PI	Peroxide index
SOP	Standard Operation Procedure

2. Responsibility

Physician	Clinical records registration Assessment of the indication, contraindications Request the informed consent (ISCO3/QAU/00/21) and the privacy consent Applications and monitoring Recording all data on medical records Prescription of investigations to assess the effectiveness of the treatment (e.g. microbiology) Reporting any late complications Patient follow-up
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Nurses Accommodate the patients
Preparation of the clinical procedure
Supervision of patients, and vital signs control (temperature and pressure)
Detects and alerts the doctor to anomalies due to possible reactions
Notification of possible complications

3. Procedure

3.1 Indications

This infiltration is efficient in the treatment of neuropathic pain and osteoarthritis, Quervain's Syndrome (DQT), rizarthrosis, tendinitis, etc.

3.2 Contraindications

Sepsis of the joints
High fever
Patients that can not actively cooperate.

3.3 Recommended doses intervals

Concentrations of (5 - 20) $\mu\text{gN/mL}$ with a volume of (10-40) mL Dose: (50-200) mg / (200-800) mg of the mixture of oxygen-ozone. Infiltrate twice a week or till the pain is over (around 6 sessions). This procedure is in line with the Madrid Declaration (ISCO3/QAU/01/03).

3.4 Preliminary operations

The practitioner will be well trained in this method.
Fill all medical records of the patient, get the informed consent (ISCO3/QAU/00/21) and the privacy consent.
Make the appropriate diagnose and verify the indication and contraindication.
Prepare the appropriate dose of ozone using and adequate device (ISCO3/DEV/00/01).

3.5 Main procedure

- 1) Ask to the patient to put their hands on top of a cushion. Clean the top of the hands with an antiseptic.
- 2) Use a 20 mL syringe, needle 30 G (0.3 mm) x 13 mm and reliable ozone generator.
- 3) Start with low concentration such as 5-8 $\mu\text{g/NmL}$ and increase gradually in every session.
- 4) With two fingers pinch the skin of the dorsum of the hand, insert the needle and very slowly infiltrate pushing the ozone with the other hand in the direction of the fingers.



- 5) In addition is recommended: a) When finish the infiltration make a massage with ozonated oil at 600 PI. b) To accompany this local application of the ozone with a systemic administration of ozone: AHT Mayor (ISCO3/MET/00/01) or Rectal insufflation (ISCO3/MET/00/23).

3.7 Frequent side effects

Local pain, Bruises.

3.8 Patients Follow-up

Check the patients once a week.

4. Contingencies; Corrective Actions

In case of bruises use a natural bases anti-inflammatory, e.g. a mixture of Traumeel® plus Thrombocid forte® 0,5% ointment (sodium polysulphate pentosan).

In case of pain reduce the speed of infiltration.

In case of other side effect follow the procedure ISCO3/CLI/00/01 "Fist Aids in ozone therapy (Inhalatory exposition and accidental over dose)" and report the side effect using ISCO3/REC/00/03 "The ISCO3 Safety Information and Adverse Event Reporting Program Form".

5. References

5.1 SOP References

ISCO3/QAU/00/21. Informed Consent Form in Ozone Therapy.

ISCO3/QAU/01/03. Madrid Declaration on Ozone Therapy 2015-2020 Eng. Schwartz-Tapia A, Martínez-Sánchez G, Sabah F, Alvarado-Guómez F, Bazzano-Mastrelli N, Bikina O, Borroto-Rodríguez V, Cakir R, Clavo B, González-Sánchez E, Grechkanov G, Najm Dawood A H, Izzo A, Konrad H, Masini M, Peretiagyn S, Pereyra, V R, Ruiz Reyes D, Shallenberger F, Vongay V, Xirezhati A, Quintero-Marino, R. Madrid Declaration on Ozone Therapy. 2th ed. Madrid: ISCO3; ISBN 978-84-606-8312-4; 2015. 50 p.

ISCO3/DEV/00/01 Guidelines and Recommendations for Medical Professionals Planning to Acquire a Medical Ozone Generator.

ISCO3/CLI/00/01. Fist Aids in ozone therapy (Inhalatory exposition and accidental over dose)

ISCO3/MET/00/01 Major Autohemotherapy (MAHT)

ISCO3/MET/00/02. Rectal insufflation

ISCO3/REC/00/03 The ISCO3 Safety Information and Adverse Event Reporting Program Form.



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5.2 Other References

Ceccherelli F, Gagliardi G, Faggian L, Loprete F, Giron G. Analgesic effect of subcutaneous administration of oxygen-ozone. A blind study in the rat on the modulation of the capsaicin-induced edema. *Acupunct Electrother Res.* 1998;**23**(3-4):171-84.

6. Documentation and Attachments

6.1 List of recommended medical disposables

Needle 30 G (0.3 mm) x 13 mm
Siliconated Luer lock syringe of 20 mL
Ozonated oil 600 PI
Gloves and disinfectant solution

7. Change History

SOP no.	Effective Date	Significant Changes	Previous SOP no.
ISCO3/MET/00/17	1/09/2015	Draft.	First version
ISCO3/MET/00/17	3/02/2016	Approved version with minor corrections	Version 1

8. Document Records

	Name	Title	Signature	Date
Author	Adriana Schwartz T. E.mail: adriana@aepromo.org	Elected secretary M.D.		3/02/2016
Authoriser / Approved	ISCO3 Board and members 2015-2020	All members		3/02/2016