

Department of Allergy

Information for patients with latex allergy

What is latex?

Natural rubber latex is produced from the sap (liquid) of tropical rubber trees. This liquid is processed to make many household, industrial and medical rubber products.

Medical products containing latex include gloves, some urinary catheters, tourniquets and equipment for resuscitation. Non-latex substitutes can be found for all of these latex-containing items.

How does a latex allergy develop?

Latex allergy usually develops in people who have other allergies and who are exposed to latex regularly, often in the course of their work.

What is latex allergy?

There are two types of sensitivity to latex rubber. It is very important to distinguish these as the implications are different.

Type 1: this is a reaction to the sap proteins due to IgE antibody (true **latex allergy**)

The **symptoms** are:

On contact with latex goods, symptoms appear quickly. They vary from mild to more severe and include

- itching and a rash (urticaria or hives) and/or swelling (angioedema)
- watery and inflamed nose and eyes (rhinitis or conjunctivitis)
- Chest tightness and shortness of breath - in highly sensitive individuals.

In a small number of cases, anaphylaxis (a severe reaction) may occur; this may cause a fall in blood pressure, shock and severe difficulty breathing.

Type 4 reactions are known as **rubber dermatitis**: this is a reaction to chemicals such as thiurams or carbamates used in the production of rubber goods. This causes **contact dermatitis** (rash or inflammation) and is different from latex allergy.

The **symptoms** are:

After several hours of contact the skin may become itchy, red and inflamed and start to blister or scale, similar to eczema. The reaction requires longer exposure than type I reactions and begins hours after contact, reaching a maximum after 24 – 48 hours, then subsiding. This does not produce an immediate reaction; and the reaction only occurs locally at the site of contact with rubber. It is usually mild and is not potentially dangerous.

Food allergies

50% of people with a type 1 latex allergy also have a food allergy. The most common allergies are to bananas and nuts, although other fruits and vegetables can cause allergic reactions. You do not need to avoid fruits and vegetables unless you have had an allergic reaction to them.

Avoiding latex

Latex can usually be avoided successfully. Below are a few examples. More detailed lists of latex goods and alternatives are available via web sites (see further information).

1. Avoid contact with latex. Note: if you have a mild allergy brief exposure may cause no symptoms.
2. Some latex gloves are coated with cornstarch powder, the latex protein particles binds to the cornstarch producing an aerosol which can be inhaled. This mainly applies to healthcare and laboratory workers. This problem does not occur with powder-free latex gloves.
3. Medical and surgical procedures pose a high risk of exposure to latex for example, during surgery, dental work or vaginal examinations such as smear tests or in labour. The highest risk is from contact with surfaces that allow more absorption of latex eg inside the mouth or vagina, and inside the body during surgery. You should inform the medical staff that you have latex allergy and the type of reactions you have had. The procedure can be performed under latex-free conditions. Latex free conditions are not always required for patients with rubber dermatitis but prolonged rubber contact should be avoided.

- 4 .Rubber goods come in two different forms - the risk of each is different. In daily life thin stretchy rubber goods, for example, gloves, condoms, diaphragms and balloons as well as liquid latex, such as glues pose more of a risk than hard rubber goods such as hot water bottles or tyres, which may not cause symptoms.

Gloves

Latex sensitive individuals should never wear latex gloves. If the task is non-sterile, short in duration and does not lead to twisting or stretching of the glove, then vinyl gloves are a suitable alternative. For tasks that are more prolonged, complex or for sterile work you should wear nitrile gloves. For very complex procedures requiring fine dexterity neoprene is the glove of choice.

As described above, exposure can occur from the air if powdered latex gloves are worn by others. Highly sensitive individuals should work only in an environment where non-powdered latex gloves are worn.

Gloves marked as 'hypoallergenic' still contain latex. Latex allergic individuals should not use them. For patients who have contact dermatitis, nitrile or vinyl gloves are usually suitable.

Treatment

This will depend on the severity, which varies widely. The majority of patients only suffer from a mild allergy.

Treatment with an oral antihistamine, for example, cetirizine, Piriton or Telfast (fexofenadine) will be sufficient for most allergic reactions. Antihistamines are drugs which block the action of histamine, thus preventing or alleviating the major symptoms of an allergic response.

Patients with very severe reactions are usually given an adrenaline (epinephrine) pen, for example, Epipen. You will be given more details about this if this is appropriate for you.

A letter stating you have latex allergy will be provided and must be shown to medical staff prior to any treatment in hospital, at your GP's surgery or dentist. A Medic-Alert emblem to identify that you have latex allergy is also recommended.

Further Information

Latex Allergy Support Group
PO Box 27, Fily, YO14 9YH
Tel. 07071 225838
www.lasg.com

Health and Safety Executive
www.hse.gov.uk/latex

Anaphylaxis Campaign
PO Box 275, Farnborough, Hampshire GU14 6SX
Tel .01252 377140
www.anaphylaxis.org.uk

Medic-Alert
Tel.0800 581420
www.medicalert.org.uk

Please ask if you require this information in other languages, large print or audio format:
01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ
(ઓડીઓ ફોર્મેટ)માં જોઈતી હોય તો કૃપા કરીને પૂછો.

Gujarati

تکایہ پرسیار بگہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر ، بہ بیٹی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو ہمارے مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

Authors	Department of Allergy: Dr Ewan and Dr Nasser
Department	Department of Allergy, Box 40 Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.addenbrookes.org.uk
Contact number	01223 217777
Published	January 2007
Review date	January 2009
File name	Latex_allergy.doc
Version number	1
Ref	PIN 279