collagenase clostridium histolyticum

(kol-la-gen-ase clo-strid-ee-um his-tol-yt-ik-um)

Sulfur

Classification
Therapeutic: tissue-enzymatic
Pregnancy Category B

Indications
Treatment of Dupuytren’s contracture with a palpable cord in adults.

Action
Enzymatic lysis of collagen deposits present in Dupuytren’s contracture. Therapeutic Effects: Enzymatic disruption of Dupuytren’s contracture.

Pharmacokinetics
Absorption: Unknown.
Distribution: Unknown.
Metabolism and Excretion: Unknown.
Half-life: Unknown.

TIME/ACTION PROFILE (cord disruption)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>Intralesional</td>
<td>within 24 hr</td>
<td>unknown</td>
<td>unknown</td>
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Contraindications/Precautions
Contraindicated in: None known.
Use Cautiously in: Abnormal coagulation, including concurrent anticoagulants other than low-dose aspirin within 7 days of treatment; OB: Use only if clearly needed; Lactation: Use cautiously; Pedi: Safety and effectiveness not established.

Adverse Reactions/Side Effects
CV: vasovagal syncope.
MS: ligament injury, complex regional pain syndrome (CRPS), sensory abnormality of hand, tendon rupture.
Local: contusion, hemorrhage, structuresまいりする zone reaction, pruritus, swelling.
Misc: allergic reactions including ANAPHYLAXIS.

Interactions
Drug-Drug: Concurrent use of anticoagulants may ↑ risk of local bleeding.

NURSING IMPLICATIONS

Assessment
- Assess severity of Dupuytren’s contracture prior to and following injection.

Potential Nursing Diagnoses
Injury (real, potential) (Indications)
Acute pain (Adverse Reactions)

Implementation
- Allow powder and diluent vials to stand at room temperature for 15–60 min prior to mixing. Use only diluent supplied for reconstitution. Use a syringe with 0.01 mL graduations with a 27 gauge, 1/2 inch needle to withdraw diluent. Withdraw 0.39 mL for cords affecting a MP joint and 0.31 mL for cords affecting a PIP joint. Inject diluent slowly into sides of vial, do not invert or shake vial. Slowly swirl solution to ensure all powder is in solution. Reconstituted solution should be clear without particulate matter. Solution is stable for 1 hr at room temperature or up to 4 hrs if refrigerated. If refrigerated, allow to stand at room temperature for 30 min before administering.
- IL: Do not administer local anesthetic prior to injection, may interfere with placement of medication. Use a new hubless syringe with 0.01 graduations with a permanently fixed, 27 gauge, 1/2 inch needle to withdraw volume to be injected. For MP joint, withdraw 0.25 mL. For PIP joint, withdraw 0.20 mL. Follow manufacturer’s instructions for injection procedure.
- Wrap hand with bulk dressing following injection.

Patient/Family Teaching
- Instruct patient to return to health care professional’s office the next day for an examination of the injected hand and for possible finger extension procedure to disrupt the cord.
- Instruct patient not to flex fingers of injected hand to reduce extravasation of medication out of the cord.
Advise patient not to disrupt injected cord by manipulation.

Instruct patient to elevate hand as much as possible until bedtime.

Advise patient that injection is likely to result in swelling, bruising, bleeding, and/or pain of the injected site and surrounding tissue.

Advise patient to promptly notify health care professional if signs of infection (fever, chills, increasing redness or swelling), sensory changes in the treated finger, trouble bending the finger after swelling goes down occur.

Evaluation/Desired Outcomes

Reduction in Dupuytren's contracture.

Why was this drug prescribed for your patient?