

Total dose intravenous (IV) iron therapy

Please read this factsheet carefully. It is a summary of the information available on intravenous (IV) iron therapy.

What is iron?

Iron is an essential nutrient for your body. It is an important part of haemoglobin (Hb), the red pigment which gives blood its colour and which carries oxygen around your body.

Why do I need iron injections?

Your blood results have shown that the amount of iron you have in your blood is low. You need iron so your body can make new haemoglobin and red blood cells to carry the oxygen your body requires. Therefore, it is very important to have enough iron in your blood.

What are the likely benefits of iron injections?

Your blood iron level will increase and this may result in your haemoglobin increasing as well. You may notice that you are less tired, have more energy, better concentration and become less breathless when taking exercise.

If you are due to have surgery and are deficient in iron, having an iron infusion leads to less blood transfusions, better wound healing and faster recovery.

Before you receive iron injections

Please stop taking your iron tablets (if you are currently on those tablets) the day before coming to your appointment.

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Make sure you are well hydrated on the day as this will make it easier to find a vein.

You should not receive iron injections if:

- You are known to be severely sensitive (allergic) to any iron preparations intended for intramuscular or intravenous administration
- You are known to have significant damage to your liver
- You have any acute or chronic active infections.

How will the iron be administered?

A small needle will be placed in a vein in your hand or arm. The total dose iron will be given through a pump which takes approximately 30 minutes.

What happens after the procedure?

If you feel well, you will be allowed to go home within 15 to 20 minutes.

How long will I need to have the infusions?

The total dose infusion is usually one injection only. In some instances you may have to come back after one week for an additional infusion. Unless you

have ongoing blood loss issues you will not require another injection for up to six months.

Target range

- Haemoglobin (Hb) > 130g/L
- Ferritin > 100mcg/L
- Transferrin Saturation (T.Sats) > 20% (minimum) target 30%-40%

Are there any risks?

There are some potential side effects to having this injection. The most common is a metallic taste in your mouth. This normally disappears within 15 minutes of you having the injections. You might feel lightheaded, sick or dizzy. If you have these symptoms, please tell the person giving the injection.

Other effects you may notice following treatment of iron include:

- Lowering of blood pressure
- Tingling or numbness of the limbs
- Chest or back tightness
- Muscular aches and pains
- Fever
- Rashes
- Skin flushing
- Swelling of the hands and feet.

Very rarely, anaphylactic-like reactions (such as paleness, swollen lips, itchiness, weakness, sweating, dizziness, feeling of tightness in the chest, chest pain, fast pulse, difficulty in breathing) may occur. Most of these hypersensitivity reactions subside within a few minutes and are not a true anaphylaxis reaction. If you experience these symptoms the nurse will immediately stop the infusion and the doctor will assess you. If the symptoms settle the iron infusion can be safely restarted but at a slower rate.

If this happens after you have left the clinic, please go to your nearest Emergency Department or your GP and tell them that you have had an iron injection. This may be an allergic reaction to the iron and you will be given antihistamine medication.

There is also a very rare case of iron extravasation (one in 600 patients) which could stain your skin if the needle is displaced and the infusion fluid goes into the surrounding tissues just under the skin. While this does not cause any damage to the soft tissue, it may lead to permanent staining. Therefore if there is any pain at the injection site, it is important to let your nurse know immediately in order to limit any extravasation. In the rare event that this occurs, a nurse will arrange to take pictures of any staining (with your consent) and document this appropriately so that it may be monitored further.

Are there any alternatives?

You can take iron tablets. This will take at least 12 weeks to show any improvement in haemoglobin, whereas iron infusion will start to show an increase in haemoglobin after one week with peak effect in two to four weeks after infusion. Oral preparations are currently available but have shown to be poorly tolerated due to side effects. This is why you have been asked to have the iron injection.

To aid the iron absorption from your food, research has shown that it is best to avoid tea and coffee for at least 30 minutes either side of having your food. Iron absorption can be reduced by up to 67% if you have tea or coffee at mealtimes. To encourage the absorption of iron, a fruit juice, fruit squash, or fruit at mealtimes will help. If you have any dietary concerns, please ask.

Further Investigation

Occasionally it may be advised by the Iron Clinic Consultant that further investigation is needed to understand what has caused your anaemia. The consultant will discuss with you at the time of your appointment whether you wish to be referred to one of our Cromwell Specialists directly or if you would prefer for your GP to arrange investigation and referral.

Contact details

If you have any queries or concerns, call 020 7460 2000 (extension 7200) or email Ironclinic@cromwellhospital.com

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