



Treatment of iron deficiency anaemia with intravenous iron

Patient information factsheet

What treatment has been recommended?

- Your medical team has recommended intravenous (IV into the vein) iron to treat your Iron Deficiency Anaemia (IDA). This means that you have low levels of iron in your blood.
- The iron will be given as an infusion (or drip) through a small plastic tube (cannula) into your arm.
- The total time for the drip to be given will take from 30 minutes to a few hours. This will depend on the iron treatment you are given and if you are an inpatient or outpatient.
- If you are thinking about having this treatment, **it is good to ask questions**.
- You should ask about the **benefits** of the treatment. Ask about any **alternatives** that might be available (including doing **nothing**), and any potential **risks** that the treatment might have, including side effects.

Please read the following information before having your iron treatment. If you have any questions, ask the nurse/doctor caring for you.

Why do I need iron replacement?

- Because you have 'Iron Deficiency Anaemia' (IDA) you have a low haemoglobin level (blood count). An infusion of iron is now needed to help your blood bind to the oxygen and carry it around your body.
- Symptoms of IDA can include fatigue (tiredness and lack of energy), shortness of breath and noticeable heartbeats (palpitations).
- Some people do not have any symptoms, and it may be that your anaemia was diagnosed following a blood test.
- There are many causes of iron deficiency anaemia. The main reasons are low amounts of iron in your diet; a problem with how your body absorbs/uses iron; or as a result of blood loss.



- Both oral (pills swallowed in the mouth) and intravenous (in the vein) iron treatments can be used to treat IDA.

What are the benefits of intravenous iron replacement?

- Some people cannot have their iron treatment given orally because it gives them bad side effects. Other people find that their bodies do not absorb (take in) the iron very well if they take it orally. Intravenous iron treatment is very effective for these people.
- There are also some conditions for which intravenous iron (rather than oral) is the preferred treatment for anaemia, including kidney failure, inflammatory bowel disease and some types of heart failure.
- For these conditions, intravenous iron is an excellent way of quickly topping up the iron levels and increasing the blood count.
- Intravenous iron treatment can also give a much higher single dose than could be taken orally.
- Usually either one or two intravenous doses are given, one week apart.
- Whether or not you need two doses will depend on things like your body weight and how anaemic you are. Your clinical team will make this assessment either on the ward, or when you attend hospital.
- After you have had the infusion(s), your anaemia/blood count should improve within two weeks. You should feel less tired and/or breathless.

What are the alternatives to intravenous iron replacement?

- If taken regularly, oral iron treatment is just as effective at treating IDA as intravenous iron, but it can take longer (usually four weeks) for the body's haemoglobin levels (blood count) to rise.
- Blood transfusions are not usually recommended as an alternative to iron infusions in IDA (except in specific circumstances), due to the increased (but still low) risk of complications.

What if I do nothing?

- Most patients who have very low iron levels choose to have iron replacement treatment as it helps their symptoms.
- Research has shown that in some conditions, for example kidney failure and some types of heart failure, iron replacement treatment **lowers the risk** of hospital admissions and/or death.
- As with any medical treatment, patients who are able to make decisions about their care can choose whether or not to have that treatment. We will support you by giving you all the information you need.



What are the potential risks with intravenous iron replacement?

- All medications have side effects, including a risk of allergic reaction.
- In general, intravenous iron treatment is an extremely safe and effective therapy.
- Before having the treatment, it is important you are aware of the side effects/risks of having intravenous iron therapy.
- The nurse caring for you will ask if you understand the information below and are happy to begin the treatment:

Allergic reactions

- Older preparations of intravenous iron were associated with some hypersensitivity (allergic) reactions, ranging from mild symptoms including itchy skin to swelling of the lips and tongue (anaphylaxis), which can be life threatening. The risk of any allergic reaction is uncommon with newer formulations (1 in 100 to 1 in 1000 risk).
- If you have had an allergic reaction to intravenous iron replacement treatment before, **you must inform your nurse or doctor immediately**.
- It is very rare, but sometimes patients do have an allergic reaction to the treatment.
- We manage this risk by prescribing an intravenous antihistamine (anti-allergy medication) and a steroid (anti-inflammatory medication) to be given to the patient **if they need it**.
- If you have had any other allergic reactions to any other medications, you should also inform your nurse or doctor.

Please inform the nurse caring for you immediately if you experience any of the following during your treatment:

- swelling of lips, tongue, face or throat, shortness of breath, itching, a feeling of all over body heat, heart racing heat or faint like symptoms

Other reactions to iron replacement treatment

- **Staining**

If your cannula (small tube going into your arm with the treatment) moved from your vein, the drug could go into your skin, rather than into your bloodstream. This could result in a permanent brown stain to your skin. If you notice pain at the injection site during your treatment, please inform the nurse caring for you immediately. This will reduce any such risk. Tell your nurse if the cannula becomes dislodged and/or you notice any fluid leaking from the cannula site.

- **Change in total body skin colour**

This is very rare. Some patients have reported that their skin became temporarily darker (like a suntan) for a period of weeks after the treatment with intravenous iron.



- **Delayed reaction**

Although uncommon, some patients may experience muscle or joint pains and a fever in the days after treatment. This usually lasts for 2-4 days and can be managed with simple painkillers, like paracetamol.

- Other side effects may include a metallic taste in your mouth (although this disappears quickly). You might feel lightheaded, nauseous (sick) or dizzy.

Your temperature, pulse and blood pressure will be monitored throughout the procedure, and a nurse will be available if you experience any concerning symptoms.

What should I do before I come into hospital?

- If you are taking oral iron, you should stop taking it the day before you come into hospital for your iron infusion, and then for five days afterwards (if recommended by the medical team).

Where will the treatment take place?

- On the ward whilst you are an inpatient, or in Ambulatory Emergency Care (AEC), Same Day Emergency Care (SDEC), or the infusion unit.

How will I feel afterwards?

- Some people experience muscle or joint pains. These can be eased with simple painkillers, such as paracetamol.

How long will I be in hospital?

- You will need to come into hospital for a short period of time before the treatment.
- The treatment can take from 30 minutes up to several hours.
- After you have had your treatment, we will monitor you for 30 minutes.

What should I do when I go home?

- Out-patients should be able to go home the same day.
- We advise you to avoid any heavy lifting with the arm that had the treatment, for 24 hours.



How soon will I be able to resume normal activities/go back to work?

- Your treatment should not affect your ability to carry on with your usual activities, including work.

Will I have to come back to hospital?

- Your nurse or doctor will let you know if you need to come back for more treatments.

Consent

- You need to understand and agree (consent) to have this treatment. However, you may, at any time, decide that you do not want to have the treatment. Please discuss this with your medical team.

Sources of information

- Please speak to your nurse or doctor for any other information.

(Adapted from University Hospitals Sussex NHS Foundation Trust Patient Information Leaflet "Treatment of iron deficiency anaemia with intravenous iron")

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.PALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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