Am I allowed to drive after iron infusion?

Yes you are allowed to drive after receiving an intravenous iron infusion.

What happens next?

It is common practice to check the response to intravenous iron by repeating blood tests 4-6 weeks after the infusion.

Make sure you have blood forms and know who is going to check the results and feed back to you. This may be your GP, referring Clinician or the Anaemia Team.

What about oral iron?

If you are taking oral iron, stop it the day before the iron infusion.

Restart your iron tablets 5 days after the IV iron, where advised to by a Healthcare Professional.

There is a UHNM patient information leaflet available on how best to take oral iron - please ask.

Who should I contact if I have questions?

IV iron is used by lots of different Healthcare Professionals. If you would like to contact your team please use the telephone numbers provided at the top of your most recent outpatient letter.

Hospital Transfusion Committee

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University Hospitals of North Midlands NHS
NHS Trust

Patient Information Leaflet

Treatment with Intravenous Iron

Please speak to a member of staff if you need this leaflet in large print, braille, audio or another language

Why do I need to receive intravenous iron?

Iron is needed for the production of haemoglobin, which is an essential part of red blood cells.

Haemoglobin is very important as it carries oxygen from the lungs to the rest of the body.

We have recommended that you receive iron treatment because the iron stores (and/or iron availability) in your body are low.

You may be anaemic, at risk of developing anaemia or have symptoms caused by your low iron stores.

Intravenous (IV) iron is used when oral iron is not effective enough, is not tolerated or you need to receive iron very quickly to build up your stores.

What is anaemia?

When your haemoglobin (the part of the red cell that carries oxygen) is below a certain level, this is called anaemia. Anaemia may cause you to feel:

- Breathless.
- Tired.
- More aware of your heartbeat (palpitations).

The symptoms you experience will depend on how quickly the anaemia develops and your underlying health problems.

How long does it take to receive IV iron?

The iron infusion itself takes 15-30 minutes depending on the dose required.

You will be asked to remain in the department for 30 minutes after the infusion.

This is so staff can monitor you for the very small risk of allergic type reactions developing. You should therefore allow at least an hour for treatment.

What if I don’t feel well following the infusion?

Side effects from the IV iron infusion may occur hours or even days after treatment.

Although rare, these are most likely to be muscle aches and headaches (flu-like symptoms), which should respond to simple pain killers such as paracetamol or ibuprofen.

If you experience significant side effects or are in anyway concerned please see a Healthcare Professional immediately.

If you seek medical attention following your infusion please let the Anaemia Service know by leaving a message on 01782 672576.

We may need to contact you so that any adverse events can be reported to the medicines regulatory authority (MHRA).

- Known to have severe asthma, eczema or allergies; or inflammatory conditions such as rheumatoid arthritis or systemic lupus (SLE).
- Receiving antibiotics for infection or have recently had an infection.
- Acutely unwell with liver or kidney damage.
- Receiving medication with beta blockers (Bisoprolol) or ACE inhibitors (Ramipril).
- Post bariatric or gastric surgery, or have a history of inflammatory bowel disease.

If any of the above apply to you, administration of IV iron may have to be delayed, given a little more slowly or additional medications given.

How is IV iron given?

Intravenous iron is given through a small plastic tube called a cannula that is positioned in a vein in your arm or hand.

- The cannula is checked by first infusing normal saline, a colourless fluid.
- The intravenous iron is a dark liquid and infusion normally takes between 15 to 30 minutes.
- If this liquid leaks out of the vein into the surrounding soft tissue it can cause staining of the skin. This may be permanent.

Let a Healthcare Professional know immediately if the cannula or infusion causes discomfort at any time.

Why am I anaemic?

Anaemia is not a diagnosis on its own, but is the result of another problem.

There are lots of different reasons why people may be anaemic. The most common reason is being low in iron, this is called iron deficiency anaemia.

Sometimes the problem is apparent e.g. heavy menstrual bleeding and, on other occasions, further blood tests or investigations may be necessary.

How is anaemia diagnosed?

Anaemia (low haemoglobin) is diagnosed from a blood test; the full blood count (FBC).

The FBC also looks at the number, size and shape of your blood cells; including white blood cells, red blood cells and platelets.

How is iron deficiency diagnosed?

Iron deficiency is most often detected through blood tests. When your iron stores (Ferritin) and/or your iron transport (TSATS) are low, this often indicates that the body has limited iron available for use.

What intravenous (IV) iron will I receive?

At UHNM we use ferric derisomaltose (Monofer®) and ferric carboxymaltose (Ferinject®), depending on which department administers the medication. Both medications are equally effective.

We will need an up-to-date weight and height to determine an accurate dose of IV iron for you.

How often will I need to receive IV iron?

Most patients require a single dose of intravenous iron followed by blood tests 4-6 weeks later to assess how well the iron has worked.

Some patients may require more than one infusion. These are given at least 7 days apart.

Some patients require infusions on a regular basis. It all depends on the cause of iron deficiency and individual patient characteristics. Your Healthcare Professional will advise you.

What side effects may I experience during the infusion?

Sometimes people can experience 'infusion reactions' or 'hypersensitivity reactions' (HSR) whilst receiving intravenous iron. This occurs in less than 1 in 100 people and causes symptoms such as:

- Facial flushing.
- Back/loin pain.
- Itching and/or rashes.
- Light-headedness.

Pausing the infusion and then continuing more slowly normally resolves these symptoms.

Very rarely, less than 1 in 250,000 administrations, intravenous iron can be associated with life threatening allergic reactions.

This may cause symptoms such as:

- Difficulty in breathing.
- Wheezing and/or swelling of the lips, tongue, throat or body.
- Chest pain.

You will be monitored very closely by experienced Healthcare Professionals throughout your infusion. If you feel unwell at any point let them know.

When should I not receive IV iron?

Intravenous iron is very safe, however, all procedures involve an element of risk. Some people are at a slightly higher risk of experiencing side effects, and others should avoid IV iron (either temporarily or permanently).

Each time you attend for an IV iron infusion you will be assessed by a Healthcare Professional, who will ask if you are:

- In the first trimester (14 weeks) of pregnancy.
- Allergic to any of the active ingredients or have previously experienced serious allergic reactions to IV iron preparations.