

# Information for Patients requiring Intravenous Iron Infusions

Your Doctor has referred you for an intravenous iron infusion. This may be because you are deficient in iron or you are about to undergo surgery.

## Iron Deficiency and Anaemia.

Iron is required for the bone marrow to make red blood cells. When severe, iron deficiency can cause anaemia and tiredness even without anaemia.

## Causes of iron deficiency

Causes include;

- a lack in the diet (meat is the best source of iron)
- poor absorption of iron from the gut
- bleeding

It is VERY important that the cause of the iron deficiency is investigated. In particular, bleeding needs to be excluded.

## Iron and Surgery

In major surgery blood loss may occur. Your body needs sufficient iron to replace the blood that is lost. If you are having an iron infusion before planned surgery, your iron stores will have been tested and it has been suggested that increasing your iron stores before surgery would be helpful. Having adequate iron stores before an operation has been shown to reduce anaemia and the need for red blood cell transfusions after the operation.

If major surgery is anticipated within four weeks, there is insufficient time to replace the iron by tablets and an intravenous iron infusion is preferred.

## Replacing iron

### Diet

Dietary sources include beef, lamb, liver, kidney, pork, poultry, seafood, vegetables, bread, beans and lentils, eggs, nuts and fruit.

Vitamin C helps iron absorption, whilst drinking tea reduces iron absorption

### Iron Tablets

In many cases iron tablets are an effective way to replace iron but sometimes these don't work very well because they cause side effects (usually stomach upset or constipation), are not absorbed by the gut, or are not taken regularly enough to make a difference.

Many over-the-counter iron preparations (e.g. Vitamin Tablets) do not contain enough iron to make a difference.

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## **Intramuscular Injections**

Injections of iron into the muscle are not recommended.

## **Intravenous Iron**

Iron can be given into the vein as an infusion. A single intravenous iron infusion rapidly replenishes your body's iron stores and allows you to make red blood cells. Blood tests show significant improvement within two weeks and most patients feel much better within a few days.

## **Intravenous Iron Procedure**

There are different iron preparations. Both require a needle to be placed in the vein.

**Iron carboxymaltose** is given over 15 minutes in a small bag of fluid (250ml). The maximum dose that can be given this way is 1000mg. A repeat infusion can be given a week later if necessary.

**Iron polymaltose** is given over 3 hours in a bigger bag of fluid (500mls). If needed, a higher dose of this preparation can be given all at once, avoiding the need for a second visit the following week.

During the infusion the nurses will monitor your blood pressure, pulse and temperature and **it is important to tell the nurses if you are feeling unwell during the infusion.**

### **Possible Side Effects of Intravenous Iron:**

Intravenous iron is commonly used and has been shown to be very safe.

However a small number of reactions/side effects can occur. These include headaches, vomiting, muscle ache and flushing.

A rare but significant complication of Ferinject is permanent skin staining or discoloration. This can occur if some of the drug leaks outside the vein during the infusion. To reduce the risk, a flush of water or saline (salt solution) is given into your vein before the intravenous iron is given. Please let the nurse know if you experience any pain or burning in the arm during the infusion.

Rarely, more serious reactions can occur such as breathing difficulties, low blood pressure, and collapse (anaphylaxis). On very rare instances medication may need to be given to help if breathing or blood pressure problems occur.

It is not uncommon to feel a bit tired and achy for up to 24 hours after an iron infusion.