

Where will your intravenous iron be given?

You will be contacted to organise having your treatment with the nursing team in a clinical environment. You will be closely monitored during the infusion and for a short while after the infusion.

The dose of Ferinject© will be dependent on your haemoglobin level and body weight. Some people may therefore need to have the dose split over two infusions, a week apart.

Can I drive afterwards?

If you are well enough to go home you can be discharged and should be well enough to drive home, use public transport or travel home alone.

What do I do if I feel unwell after I have gone home?

If you feel unwell after your treatment contact your local GP or out of hours service (111) telling them that you have had an intravenous iron infusion. They will advise whether you require further medication or should attend an emergency department.

What happens next?

Your body will need time to use the iron and make new red blood cells. Your haemoglobin levels should increase within 4-8 weeks, and you may be asked to get a repeat blood test around this time to see how you have responded to the iron. You may require further monitoring of your haemoglobin and ferritin levels in the future.

You can receive help with queries about NHS services from our
Patient Advice and Liaison Service

Telephone: **0800 088 4449**
Email: pals@nchc.nhs.uk



If you would like this leaflet in large print, audio, Braille, alternative format or in a different language please contact **0800 088 4449**

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**Norfolk Community
Health and Care**
NHS Trust

Intravenous iron therapy

Patient information leaflet

Please read this leaflet carefully. It has been written to provide you with information about your treatment with intravenous iron therapy. At Priscilla Bacon Centre, we most commonly administer Ferinject® (Ferric Carboxymaltose).

What is iron?

Iron is an important mineral 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. A lack of iron (iron deficiency) is the main cause of anaemia (low Hb).

Why do we give intravenous iron?

Left untreated, iron deficiency can lead to anaemia, which can make you feel very tired. You can become short of breath and your heart can beat very fast. You may feel it beating in your chest (palpitations). Untreated anaemia can increase the chance of needing a blood transfusion should you become unwell.

Ferrinject® is usually given when your blood tests show that your haemoglobin (Hb) and ferritin (iron stores) are low.

Intravenous iron is suggested as an alternative to iron tablets or liquid because they have not worked for you or may have given you side effects. Some patients are given intravenous iron so that their iron levels improve quickly.

How is intravenous iron given?

Intravenous (IV) iron is an infusion of iron directly in to your blood stream. This is achieved by inserting a small tube (cannula) into a vein in your arm. The liquid iron is a dark brown coloured solution which is then given as an infusion (a drip). The intravenous iron will be given through a pump and takes approximately 15 minutes to infuse. You will be asked to wait for 30 minutes after the procedure to ensure you feel well enough to leave.

What are the likely benefits of intravenous iron?

Your blood iron levels 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.

What are the risks of having intravenous iron?

All drugs have risks of unwanted side-effects; however, IV iron is usually very safe. Potential side effects can occur. Common side effects can include:

- Headache
- Dizziness
- Raising or lowering of blood pressure
- Nausea
- Hypophosphatemia (low phosphate levels)

The side effects are temporary and normally resolve within a few days, but it may take longer for your phosphate levels to return to normal.

Less than 1% of patients can experience: vomiting, fainting, tingling or numbness of the limbs, abdominal discomfort, constipation, diarrhoea, shortness of breath, muscular and joint aches, fever, rashes, skin flushing, swelling of hands and feet and - rarely - a significant allergic reaction called an anaphylactic reaction. On rare occasions fluid can leak out of the cannula during the infusion and this can cause long term or even permanent staining of the skin.

Please inform the nurse immediately if you should feel unwell or have any pain around your cannula during the infusion.

You should not receive intravenous iron if:

- You are known to be sensitive (allergic) to any iron preparations intended for intramuscular or intravenous administration.
- You are known to have damage to your liver
- You have any acute or chronic infections
- You are within the first 12 weeks of pregnancy
- You have iron overload