

INFORMATION FOR PATIENTS

Intravenous iron therapy

Why do I need intravenous iron?

You will have been diagnosed with iron deficiency anaemia by your GP or a hospital doctor. This may have caused you to feel tired and lacking in energy.

What does it involve?

At King's Mill Hospital we only give intravenous iron if you are an inpatient on a ward, or through the haematology day ward, based in the Welcome Treatment Centre.

We use a formulation of iron known as iron isomaltoside because of its relatively good safety record. You need a needle into a vein, and the infusion bag will be dripped into you slowly. Nurses will monitor your temperature, pulse and blood pressure before during and after the procedure. The infusion takes up to an hour and the nurses will want to keep an eye on you for half an hour afterwards.

Who cannot have intravenous iron?

We cannot give intravenous iron if you are known to be allergic to any of its constituents (particularly dextran). We do not recommend intravenous iron for people known to have certain liver or kidney diseases, asthma, eczema or other allergies. It should also not be used where anaemia is not due to iron deficiency. It is not recommended if you have any infections at the time, or if you have a current flare of rheumatoid arthritis.

If you have any of these problems but cannot take iron medicines by mouth you may have to have iron sucrose (see the 'alternatives' section).

What are the risks?

The major risk of intravenous iron is a severe allergic reaction. At its worst this has the potential to be life threatening (anaphylactic shock).

The nurse looking after you will ask you to report any strange feelings. In particular we want to know if you are getting tingling in your skin, a rash or itching. We need to know immediately if you are having breathing problems, your mouth or tongue is swelling up or you are getting wheezy. Sometimes your eyes can go very puffy as a sign of allergic reaction.

What are the alternatives?

There is another form of intravenous iron available (iron sucrose), which is often used for kidney dialysis patients. This has a similar safety record but cannot be given as a single dose, and is usually given three times each week for a number of weeks.

Iron isomaltoside can be given as several small injections into the buttocks, but can leave small brown marks this way. It will also require a treatment course over several weeks to administer the required amount of iron.

The usual medicine for increasing your iron levels is ferrous sulphate tablets. These work well in most people but can upset the bowels.

There are similar iron medicines to take by mouth, which can be used if you cannot take ferrous sulphate. Usually you will have tried one or several of these before the decision to use intravenous iron is made. You may have been asked to take vitamin C (ascorbic acid) tablets to increase iron absorption in the bowel.

It is sometimes advisable to continue tablet treatment once you have received intravenous iron – ask your doctor about this.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you need this information in a different language or format, please contact the PET (as above).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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