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 (through a vein) iron if you are an inpatient on a ward, or through one of the day case units, such as the Ambulatory Emergency Care Unit or Welcome Treatment Centre.

There are a number of various different types of intravenous iron available, such as Iron Dextran, or Iron Isomaltoside. Your doctor will select the one best suited to you.

The procedure involved inserting a needle into a vein, and the infusion bag containing the iron solution will be dripped into your vein, through the needle, slowly. Nurses will monitor your temperature, pulse and blood pressure before, during and after the procedure. The infusion takes between 15 minutes 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 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).

In case of a reaction, and in order to get you immediate treatment, 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; it 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 are iron tablets. These come in several varieties including Ferrous Sulphate, Ferrous Fumarate, or Ferrous Gluconate tablets. These work well in most people but can upset the bowels. Different formulations often suit different people.

We also sometimes use iron syrup (Sytron), especially for those who cannot take tablets easily.

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 would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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

To be completed by the Communications office
Leaflet code: PIL202502-06-ITT
Created: May 2017 / Revised: February 2025 / Review Date: February 2027