



# Intravenous Iron

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**For people who have been advised that they may need Intravenous Iron (IV iron).**

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## What is IV Iron?

IV iron is an iron solution that is used to treat iron deficiency anaemia. IV iron is given via a drip straight into the vein ('infusion').

It has been suggested to you as an alternative to iron tablets because either they are not working or you have side effects that are making you unwell.

## Why do we give it?

If left untreated, anaemia can make you feel very tired and lethargic. You can get very short of breath and your heartbeat can become very fast (palpitations). It can also make you more prone to infection. If you have any cuts/incisions, they may take longer to heal. In some cases, anaemia may make your recovery after surgery more difficult and increase your chance of needing a blood transfusion.

IV iron can help optimise you before surgery. This ensures your procedure is as safe as possible and will also support your recovery.

## When do we give it?

IV Iron is given when your blood tests have shown that your haemoglobin level and ferritin level (iron stores) are low, and you have tried iron tablets, but they have not improved your blood results.

## Are there any risks?

IV iron is usually very safe to have, but like all medication there can be some unwanted effects.

Potential mild side effects occur in 1% to 10% of patients. These can include headache, dizziness, nausea, and raising or lowering of blood pressure.

Less than 1% of patients can experience more

serious side effects such as vomiting, fainting, tingling, numbness of the limbs, abdominal discomfort, constipation, diarrhoea, shortness of breath, muscular aches and pains, fever, rashes, skin flushing, swelling of the hands and feet, or, very rarely a significant allergic reaction called an anaphylactic reaction. On rare occasions fluid can leak out of the cannula (the needle that goes into the vein) during the infusion. If this happens it could cause long-term, or even permanent, discolouration or staining of your skin.

If you feel unwell after your treatment you should contact your GP or your local emergency department and tell them you have had intravenous iron as you may be having an allergic reaction and will need antihistamine medication.

## When should IV iron not be given?

IV iron should not be given if:

- You do not have iron deficiency anaemia
- You have had an allergic reaction to any other iron drip or injection
- You are known to have iron overload
- You are in the first trimester of pregnancy

Please tell the doctor/nurse/healthcare assistant if you have a current infection, asthma, eczema, an immune or inflammatory condition (e.g. rheumatoid arthritis) or any condition that means your liver does not function as it should.

## How is it given?

IV iron will be given to you in our Admissions and Day Case Unit (ADCU).

Before receiving your IV iron the nurse will check your 'observations'. This will include your temperature, blood pressure, heart rate (pulse),



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breathing rate (respiratory rate), and oxygen saturation.

You will then have a cannula (needle) inserted into an appropriate vein. This will be flushed with a small amount of sodium chloride (sterile salty water) to make sure that it is in the vein properly. You may feel the cool liquid going up your arm.

Please inform the staff member if this is painful in any way.

The doctor/nurse will then attach the iron drip to your cannula. IV Iron is a brown-coloured liquid in a bag that is attached to your cannula by a long tube. The tube will go through an electronic pump that is usually programmed to give you the drip over 30 minutes.

Once it is completed, your cannula will be flushed again with sodium chloride (sterile salty water).

The doctor/nurse will then take your observations again, and you will need to stay to be observed for about 30 minutes after the drip has finished for any immediate side effects.

If there are no other reasons for you to remain in hospital, and you remain well, you can be discharged home.

### **Will I need any follow-up?**

You will need to provide another blood sample approximately 2 weeks later to make sure iron levels have improved so we can proceed with your surgery.

If you need more advice, please contact:

The Royal Orthopaedic Hospital Admissions  
and Day Case Unit:

0121 685 4000 extension 55323