

Iron therapy



Why do I need iron?

Iron plays a key part in many of our body processes. One of those key processes is how iron enables red blood cells to be produced to carry oxygen all around the body. Without enough iron in our body our bone marrow cannot produce red blood cells, leading to iron deficiency anaemia which causes tiredness and shortness of breath.

Most people can get the required daily amount of iron that their body needs by eating a balanced nutritional diet. Some medical conditions can interfere with the absorption of iron or iron can be lost through bleeding.

Managing (IDA) iron deficiency anaemia

You may be prescribed iron tablets to help raise your iron level; this is a very safe and usually effective way of replacing iron. Occasionally oral iron tablets are not well tolerated or absorbed by the body. This is when an intravenous iron infusion may be necessary.

How will I have the iron?

Intravenous iron is given as an infusion through a vein. A nurse or a doctor will insert a cannula (small plastic tube) into a vein, usually in the back of your hand or your arm. Then you will have a 'drip' (sometimes called an infusion). Your observations will be monitored during the infusion.

The infusion normally takes between 30-60 minutes. Most patients treated with iron only need to have one dose, however you may need to return for further doses. Your nurse, midwife or doctor will discuss this with you.

Following your iron infusion you will need to have a blood sample taken to check that the iron is working. These have been ordered to be taken at your surgery on a system called ICE. You will need to contact your surgery to book this appointment.

Will my GP know I need iron supplements?

Yes, we will inform your GP that we are treating you with iron supplements. He or she may arrange to review you on discharge from hospital for further tests, if necessary.

What are the possible side effects?

Intravenous iron is usually well tolerated. The most common side effects include:

- headache
- skin flushing and discoloration at injection site
- oedema
- itching.

Although uncomfortable these will settle and taking simple painkillers may help. Severe allergic reactions are very rare. However, we currently undertake all iron infusions in a hospital setting. Low blood phosphate levels are sometimes a result of repeated iron infusions. If you are having repeated infusions (more than two in a year) it is a good idea to have blood phosphate level checked periodically.

Could I have a delayed reaction to the treatment?

Delayed reactions are possible but again very rare. If you experience any symptoms following your treatment call your GP, or in an emergency, dial 999 for an ambulance.

If you have any further questions then please ask the doctor, nurse or midwife caring for you.

Any questions?

If you have any questions or would like to discuss anything further, please contact:

Patient Blood Management Team

Royal Cornwall Hospital

Truro

01872 252979

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

