



# Intravenous Iron Infusions

## Patient Information Sheet

This pamphlet provides some information about iron infusions. It does not provide all the information that is available.

We ask you to talk to your own doctor about why they have referred you for an iron infusion before your appointment at the Clinic. You and your doctor should discuss the benefits and risks of an iron infusion for your personal circumstances.

Your own doctor has the best knowledge of whether this is the most appropriate treatment for you and what risks and benefits this may mean for you personally.

You should only have an intravenous iron infusion after discussing this with your doctor and agreeing that the benefits outweigh the potential risks for you.

### Why is iron important?

Iron is used by your body to make the molecule called haemoglobin. Haemoglobin within your red blood cells carries oxygen from the lungs to the rest of the body. If your iron or haemoglobin are low, you can feel tired and have reduced energy. If your body is not able to make haemoglobin because your iron is too low, then you can have what is called *iron deficiency anaemia*.

### What is intravenous iron?

Intravenous iron means delivering iron directly into your blood stream through a cannula inserted in your vein. The cannula is attached to a drip that contains iron and sterile salt solution. This fluid then enters your system through an infusion pump which pushes the iron solution into your blood stream for absorption.

### What are the alternatives to intravenous iron?

#### Dietary iron

For someone with low haemoglobin or anaemia or very low iron stores, it is hard to eat enough dietary iron to correct these problems.

#### Oral iron

If you are able to take iron tablets this is usually tried first (unless a rapid increase in iron and/or haemoglobin is needed).

#### Intramuscular iron

Intramuscular (IM) injections of iron can be painful, cause skin staining and scarring so this line of treatment is not recommended.

#### Blood transfusion

A blood transfusion carries more risk than an intravenous iron treatment and is only used if there is severe anaemia or active bleeding, where a rapid improvement in haemoglobin is needed.

Transfusions can be life saving and if your doctor is referring you for a blood transfusion, we suggest you discuss the risks and benefits with them.

### How do you prepare for your iron infusion?

Make sure you have discussed the risks and benefits with your own doctor and have had all your questions answered. The benefit of intravenous iron (like any treatment) should be considered to be greater than the risks of this treatment.

- **Stop** any iron tablets one week before your scheduled infusion, as they can limit the effectiveness of the infused iron being absorbed

We cannot accept referrals for patients with the following conditions:

- 1) You should **not** have an iron infusion if you are currently trying for pregnancy, or within the first 16 weeks of pregnancy
- 2) You should **not** have an iron infusion if you have previously had a bad reaction (hypersensitivity or allergic reaction) to any intravenous iron therapy - ask your doctor to refer you to an inpatient hospital setting
- 3) You should **not** have an iron infusion if you have severe liver disease, severe infection or inflammation of the kidney or liver
- 4) You should **not** have an iron infusion if your anaemia is not due to iron deficiency or if you have iron overload (haemochromatosis or hemosiderosis). Your doctor can advise you on these conditions
- 5) We do **not** accept minors under 16 years at our Clinic

### What are the risks of intravenous iron?

#### **Anaphylaxis / Allergic reaction**

Iron infusions, like most treatments and medications, carry some risks. The most significant risk of intravenous iron is a small chance of having an allergic reaction (anaphylaxis) which can very occasionally be life threatening. The risk of this reaction is ~ 1 in 200,000 people.

Although severe allergic or anaphylactic reactions are rare, it is important you recognise the signs and symptoms. These include:

- Shortness of breath, wheezing, difficulty breathing, feeling 'flushed' or dizzy
- Itching, rash (urticarial)
- Vomiting
- Intense pain along the back of your legs
- Rapid changes to blood pressure and heart rate

You will be closely monitored throughout your iron infusion by our clinic nurses. However, ensure you alert the staff if you experience any of these symptoms so they can assess you immediately.

### **Pregnancy**

**Intravenous iron can be a risk to a very early pregnancy, and should not be given in the first 16 weeks.**

- We do not offer treatment on patients > 35 weeks gestation.
- We do not provide foetal monitoring during the treatment.

You should discuss this with your Obstetrician or referring doctor.

### **Extravasation**

The other important risk to consider is that of tissue infiltration (extravasation) of iron which can lead to permanent staining of the skin around the insertion site. This can happen if the iron solution leaks under the skin at the needle insertion site. If you start to feel increasing pain, burning or swelling around the cannula site during the infusion, let the nurse know immediately.

### **Other conditions to consider**

- If you have any allergies (including medication allergies), asthma, eczema or atopic allergies including allergic rhinitis, these may increase the chance of a reaction.
- Patients with acute or chronic infections, liver or renal impairment are also at increased risk for a reaction to intravenous iron.

You should discuss this with your referring doctor. It may still be possible for you to have intravenous iron, however, the infusion may need to be given more slowly, and other medication administered.

### **Side effects of intravenous iron**

Some patients having intravenous iron can experience some minor side effects up to 48 hours post infusion. These include:

- Flu-like symptoms such as headache, slight fever, feeling sick or nauseous, joint pain and muscle pain
- Temporary change in taste (metallic taste in the mouth)
- Low Phosphate in the blood causing bone pains, weakness and lack of energy. This can occur some days after infusion

### **On the day**

You do not need to fast. Have your breakfast or lunch as usual. We recommend you bring a snack into the clinic.

Take your usual medications (but do not take any iron supplements).

After the infusion finishes you will need to wait for 15 minutes, so the nurses can observe you for any reactions.

You can drive home after that, unless you have had any adverse reactions.

### **After your iron infusion**

Please discuss recommencing your iron tablets at your follow up GP appointment.

Sometimes side effects can start 1-2 days after the infusion. These might include headache, mild fever type symptoms, mild joint pain and muscle aches. These usually settle down over a few days, but you should consult your own doctor if you are concerned.

If you have any side effects which concern you or stop you from doing your usual activities contact your doctor immediately.

- It is best to avoid physical exercise for 48 hours after your IV iron to avoid muscle pains. Also check your IV site for the first 1-2 days for any signs of infection and alert your GP if you are concerned.
- If you have any difficulty breathing, chest pains, dizziness or neck/mouth swelling you should seek urgent medical help and call an ambulance on 000.
- You should see your Dr after 3-4 weeks, to have your Iron levels checked. We will provide you a blood test request, to be completed prior to your appointment.

### **Support Person**

Unfortunately, due to our clinic size, we cannot cater for visitors with every patient. If you require assistance, please phone and discuss with our clinic staff.

### **Contact**

Monday to Friday 8am to 5pm

Referral Bookings: 08 9371 4544

email : [clinicbookings@clinipath.net](mailto:clinicbookings@clinipath.net)

Clinic Reception: 08 9371 4530

### **Location**

We are at 302 Selby Street North, Osborne Park.

Free patient parking is located in front of the building; overflow parking is next door, at 310 Selby Street.