



IRON INFUSIONS

This factsheet provides answers to some commonly asked questions about iron infusions. It does not contain all available information and does not take the place of talking to your doctor, nurse or midwife about why iron infusion has been recommended in your particular case.

Why does my body need iron?

The body needs iron to make haemoglobin (Hb), a pigment that is found in red blood cells. Haemoglobin carries oxygen from the lungs to the rest of the body. Iron also helps our muscles store and use oxygen. If your iron levels are low, you may feel tired and not able to carry out your normal routine. When the amount of iron in the body gets too low, the haemoglobin levels fall below normal. This is known as 'iron deficiency anaemia' (IDA).

If you don't have enough iron, your body can't make enough healthy oxygen-carrying red blood cells.

Why do I need to have iron by an infusion?

The most common way to treat IDA is to take an oral iron supplement, either as a tablet or liquid. This works well for most people and is usually tried first. Some people with IDA find that iron supplements don't return their iron to adequate levels. This might be because the supplement has side effects which cause discomfort (e.g. stomach upsets, constipation) or it is not taken as prescribed so is not effective. Another possible reason is that the iron supplement is not being absorbed properly in the gut.

Iron infusions are prescribed for IDA when oral iron has not been tolerated, effective or thought not to work as quickly as necessary. Before prescribing an iron infusion, your doctor will consider if the benefits of the iron infusion outweigh the risks of side effects in your particular case.

How is the iron infusion given?

'Intravenous', 'infusion' or 'IV' all mean giving something directly into the bloodstream of the body through a vein.

When you are given an infusion, a needle is placed into a vein (usually in the back of your hand or arm) and attached to a drip that delivers the iron-containing medicine mixed with saline (a sterile saltwater solution). This fluid is slowly dripped (infused) into the vein and mixes with the blood in your body.

How long does the iron infusion take and how often it is given?

There are three types of iron infusions available in Australia.

- Iron polymaltose - given as a single treatment.
- Iron carboxymaltose - may need to be given as multiple treatments.
- Iron sucrose - may need to be given as multiple treatments.

Your doctor will give you more information about which type you need to replenish the iron stores in your body. This table shows how long the infusion takes for each type and the recommended dose.

Type	Duration	Dose
Iron polymaltose	75-90 minutes	One dose of up to 2000mg
Iron carboxymaltose (Ferrinject®)	15 minutes	Up to 1000mg per week
Iron sucrose (Venofer®)	3 hours	Given in a series of small doses (500mg) per week

Although some infusions do not take very long, be prepared to be in hospital or your doctor's surgery for 2-3 hours. After the infusion you will need to stay in the hospital or doctor's surgery for 15-30 minutes to make sure you don't have a reaction to it.

Are there any side effects from the iron infusion?

Side-effects and severe reactions are very rare. However, you should be aware of what they are.

The most common side-effects are:

- headache
- dizziness
- flushing
- feeling sick (nausea)
- reactions where the needle is inserted (site of the infusion).

Muscle spasms or muscle pain can happen but are uncommon.

Very rarely some women have an allergic reaction to the infusion called anaphylaxis. Anaphylaxis is rare but serious. Your doctor, nurse or midwife are trained to deal with this medical emergency.

You should tell your doctor, nurse or midwife if you have had an allergic reaction to iron infusion in the past. Medicines (called pre-medications) are usually prescribed for women who have had a previous reaction to iron or any infusion to stop the reaction from happening again.

There is also a small risk of permanent skin staining at site of the infusion. Skin staining occurs when there is a leakage of the infusion into the surrounding soft tissues.

The risks outlined in this section are lowered by close observation during the infusion; your pulse, breathing rate, the amount of oxygen in your blood, temperature and blood pressure are measured at the beginning and throughout the infusion. Your nurse or midwife will stop or slow the infusion if there are any concerns that you may be having a reaction to the infusion.

Is iron infusion safe in pregnancy?

- During pregnancy, your iron levels need to be high enough to ensure that your baby also gets the oxygen they need to grow properly.

Some women have low levels of iron during their pregnancy which leads to iron deficiency anaemia (IDA). IDA can be treated with oral iron supplements or an iron infusion.

You should try oral iron supplements and avoid iron infusion in first trimester of pregnancy where possible. Iron infusions are considered safe to use in second and third trimester of pregnancy. Speak with your doctor about which one is the best for you.

What do I need to do on the day of the iron infusion?

There is no particular preparation needed for the iron infusion.

- You do not need to fast, so have your usual breakfast or lunch.
- Take all of your regular medicines.
- Drink plenty of fluids; this makes it easier to find a vein for the drip/infusion.
- You will be able to drive home after the iron infusion.

If you experience any side effects during the iron infusion or after it is completed, inform your nurse or midwife immediately.

Is there anything I need to do after the iron infusion?

It's always important to monitor your own health after an iron infusion. If you experience any significant symptoms (for example, chest pain or difficulty breathing) contact your doctor/hospital as soon as possible or go to the nearest hospital emergency department.

Your doctor, nurse or midwife will advise you when to start taking your iron tablets again, usually ONE week after the infusion. You will need to have blood tests two to four weeks after the infusion to make sure it has worked.

Before you leave, make sure that:

- you have a contact number if you have any worries or questions
- you have the dates or request forms for any follow up tests or appointments.

If this fact sheet does not answer your questions or you are still unclear about what you should do, talk to your doctor, nurse or midwife.

For more information

Medicines Information Service

Royal Women's Hospital

Hours: 9am to 4pm Monday to Friday

T: (03) 8345 3190

E: drug.information@thewomens.org.au

Better Health Channel

www.betterhealth.vic.gov.au/health/ConditionsAnd
Treatments/iron-deficiency-adults

Oxford University Hospitals NHS Information

www.ouh.nhs.uk/patient-guide/leaflets/

Search for *Iron deficiency anaemia in pregnancy*

SA Health

www.sahealth.sa.gov.au/

Search for *Intravenous (IV) iron infusions*

Follow up appointments

Date	
Time	
Location	
Contact No.	

Your questions and queries

Use this section to write down any questions you may have for your doctor, nurse or midwife.

Disclaimer: The Royal Women's Hospital does not accept any liability to any person for the information or advice (or use of such information or advice) which is provided in this fact sheet or incorporated into it by reference. We provide this information on the understanding that all persons accessing it take responsibility for assessing its relevance and accuracy. Women are encouraged to discuss their health needs with a health practitioner. If you have concerns about your health, you should seek advice from your health care provider or if you require urgent care you should go to the nearest hospital Emergency Department. © The Royal Women's Hospital, July 2018