

Patient Information for Nephrology Patients Requiring Intravenous (IV) Iron Therapy

Please read this carefully. It is a summary of the information available on intravenous (IV) iron therapy which is part of your hospital treatment.

What is Iron

Iron is an essential nutrient for your body. It is an important part of haemoglobin (Hb), the red pigment which gives blood its colour and which carries oxygen around your body.

Why do I need Iron infusions?

Your blood results have shown that the amount of iron you have in your blood is low. You need iron so your body can make new haemoglobin and red blood cells to carry the oxygen your body requires. Therefore, it is very important to have enough iron in your blood.

What are the likely benefits of Iron infusions?

Your blood iron level will increase and this may result in your haemoglobin increasing as well. You may notice that you are less tired, have more energy, better concentration and become less breathless when taking exercise.

Before you receive Iron infusions

Please **stop taking your iron tablets** the day before coming to your first appointment. You may restart your oral iron 7 days post iron infusion as prescribed by your doctor.

You should not receive Iron infusions if:-

- You are known to be sensitive (allergic) to any iron preparations intended for intramuscular or intravenous administration.
- You are known to have damage to your liver.
- You have any acute or chronic infections.

How will the Iron be administered?

A small needle will be placed in a vein in your hand or arm. The iron will be given through a pump which takes approximately 15 minutes.

What happens after the procedure?

You will be asked to wait for **30 minutes post procedure** to ensure that you feel well enough to leave the unit.

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How long will I need to have the infusions?

You may need to have the infusions regularly, dependent on your blood results. You will need to have a blood sample taken 4 weeks and 8 weeks following your first infusion to ascertain whether or not you require more iron and the dose required.

If your blood results are within range, the iron infusions will stop and you will need to have another blood sample taken after a further 6 weeks with your GP. You may need more iron to maintain the levels expected. You will continue to have the iron infusions until your blood levels come into target range.

If the iron therapy does not bring your blood levels into range, the doctors may request further investigations.

Target Range for Renal Patients

Haemoglobin (Hb) 100 – 120g/L

Ferritin – 100mcg/L (minimum) – 500mcg/L

Transferrin Saturation (T.Sats) – 20% (minimum) target 30% - 40%

Are there any risks?

There are some potential side effects to having this injection.

- The most common is a metallic taste in your mouth. This normally disappears within 15 minutes of you having the injections.
- You might feel light headed, sick or dizzy. If you have these symptoms, please tell the person giving the injection.
- Other effects you may notice following treatment of iron include;
 - lowering of blood pressure
 - tingling or numbness of the limbs
 - abdominal discomfort
 - muscular aches and pains
 - fever, rashes
 - skin flushing
 - swelling of the hands and feet
 - Very rarely, anaphylactic like reactions (e.g. paleness, swollen lips, itchiness, weakness, sweating, dizziness, feeling of tightness in the chest, chest pain, fast pulse, difficulty in breathing).
- If this happens after you have left the clinic, please go to your nearest Emergency Department or your GP and tell them that you have had an iron injection. This may be an allergic reaction to the iron and you will be given antihistamine medication.

Are there any alternatives?

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You can take iron tablets. But the latest research shows that they are not very effective in patients with any degree of kidney failure. This is why you have been asked to have the iron injection.

To aid the iron absorption from your food, research has shown that it is best to avoid tea and coffee for at least 30 minutes either side of having your food. Iron absorption can be reduced by up to 67% if you have tea or coffee at meal times.

To encourage the absorption of iron at meal times a fruit squash, or fruit at meal times will help. If you have any dietary concerns please ask.

Who can I contact with queries or concerns?

Medical Day Unit, NNUH – 01603 286286 Ext. 2426

