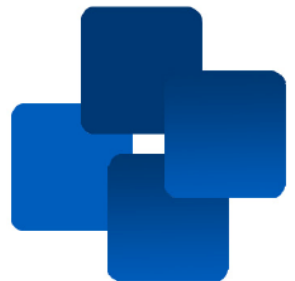


# **Patient Information**

## **Intravenous Iron Therapy**

Renal Department



## Introduction

This leaflet is intended to provide you with information regarding treatment required for iron deficiency anaemia.

### What is iron deficiency anaemia?

Iron deficiency anaemia occurs when there is a reduced number of red blood cells because the body does not have enough iron to produce them. If you have iron deficiency anaemia:

- you will have lower levels of haemoglobin (a protein that transports oxygen) than normal; this is diagnosed from a full blood count (FBC) test
- you will have fewer red blood cells (cells that contain haemoglobin) than normal
- your red blood cells may be smaller and paler than usual
- your ferritin level (a protein that stores iron) may be low

Anaemia means that you have less red blood cells to carry oxygen around your body.

### What are the symptoms of anaemia?

The most common symptoms of iron deficiency anaemia include:

- tiredness
- lack of energy (lethargy)
- shortness of breath (dyspnoea)
- irregular heartbeat (palpitations)

### What alternative is there to an iron infusion?

You may wish to continue taking iron tablets only, however, this alone may not be enough to treat your iron deficiency anaemia. In severe cases, blood transfusions can be given with the added risk of sensitisation of your blood (antibody production), which in turn can compromise the success of any future kidney transplant for those patients who have kidney disease.

### Where will I get the iron infusions?

Haemodialysis (HD) patients will normally receive a maintenance, lower dose intravenous iron injection during their dialysis treatment. All other patients will receive an appointment to attend the hospital where intravenous iron infusions are administered.

## **What should I do if I take iron tablets?**

If you are prescribed iron tablets, you should stop these 2 days prior to the first iron infusion and discuss with your doctor about restarting them. If you are unsure, please check this with the attending nurse.

## **Iron clinic**

The iron infusion is part of your prescribed medical care and it is important that you attend your iron clinic appointment. It is important that you tell the staff if you feel unwell or have an infection on the day you attend for the infusion. In this case the infusion will be postponed until you are better.

## **How will the iron be given in clinic?**

The iron will be administered to you as a intravenous drip infusion. This normally takes approximately 15-60 minutes. A needle will be inserted into a vein in the back of your hand or your arm so that the infusion can be given. Your blood pressure will be checked before and after your iron administration. You will be observed during and for 30 minutes after the iron administration by the attending nurse. The entire procedure usually lasts about 90 minutes.

## **What are the unwanted effects of an iron infusion?**

Intravenous iron is generally well tolerated. However, like many drugs, iron infusions can cause adverse reactions in some patients and there is a very small risk of an allergic type reaction or discolouration of the skin around the injection site. If you feel unwell during the treatment tell your doctor or nurse. Unwanted effects that people may experience are:

- headache
- metallic taste
- injection site reaction
- allergic reaction
- achy joints or limbs, these usually settle after a few days

If you become aware of any of these symptoms or feel unwell during the administration of intravenous iron please tell the attending nurse.

## **What other drugs are used to treat anaemia?**

A healthy kidney produces a hormone called erythropoietin (EPO) which signals the body to produce red blood cells. With kidney

disease this hormone production usually diminishes and an erythropoiesis stimulating agent (ESA) may be prescribed. If you are looked after by the nephrologists or haematologists, often iron therapy, ESAs or a combination of both are required to treat anaemia.

HIF inhibitors are another newer medicine sometimes used to treat anaemia due to chronic kidney disease. This is a tablet which increases the production of red blood cells and levels of haemoglobin in the blood.

Intravenous iron is used for patients who cannot tolerate iron tablets or who need an increase in their blood iron levels.

Iron is often given before starting treatment of renal anaemia with an ESA or HIF medication. ESA and HIF therapies require significant quantities of iron and do not work effectively if the iron stores within your body are low.

### Follow-up

Once you have finished the prescribed course of intravenous iron, you will be given a form for pathology to have your blood tested, usually 2 weeks later. This is to check your body's response to the intravenous iron therapy. We will continue to monitor you regularly and refer you again for more iron infusions if necessary.

### What if I feel unwell at home?

If you feel unwell at home and think it may be due to the iron infusion, please contact the appropriate telephone number below:

### Useful contact telephone numbers

**Renal Treatment Area (RITA)** ☎ 01438 284775

Monday to Friday, 9am - 4pm

**Ward 6B (Nephrology Ward)** ☎ 01438 285063

Renal enquiries outside above times

[www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)

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