



## Intravenous (IV) iron therapy for renal patients

---

**Your blood test results show that the amount of iron you have in your blood is low. You need iron so that your body can make new haemoglobin and red blood cells to carry the oxygen your body requires.**

---

### **What is iron?**

Iron is an essential part of haemoglobin (Hb), the red pigment which gives blood its colour and which carries oxygen around your body. Over time, low levels of iron can lead to anaemia, where red blood cells are either smaller and/or fewer than normal.

### **How will the iron be administered?**

You will receive the iron by intravenous (IV) infusion – via a drip and pump, which takes approximately 15-30mins with an additional 30 min wait after the infusion is complete.

### **What are the likely benefits of intravenous iron?**

You may notice that you are less tired, have more energy, better concentration and become less breathless when taking exercise.

### **Who is not suitable for intravenous iron?**

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

### **What are the risks / side effects of intravenous iron?**

There are some potential side effects to having this injection.

- A metallic taste in your mouth. This normally disappears within 15 minutes.
- You might feel light headed, sick or dizzy. If you have these symptoms, please tell the person giving the injection.
- Other effects that you may notice 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 and 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 (A&E) or your GP and tell them that you have had an iron infusion. This may be an allergic reaction to the iron and you will be given antihistamine medication.

## **Are there any alternatives?**

Oral iron can cause gastrointestinal upsets and is not well absorbed by patients with Chronic Kidney disease, administering the Iron intravenously avoids this.

## **How long will I need to have the infusions?**

You may need only a single dose of iron or you may need to return for further treatments to complete your course. At the end of treatment, you are likely to need a further blood test to assess your progress. You may also need further courses of treatment in the future.

## **Other important information**

- If you are being treated for an infection in the led up or on the day of the Infusion please inform us so we can rearrange. It is not appropriate to receive Intravenous Iron during an episode of infection.
- 30 mins after your treatment, if you feel well, you will be allowed to go home.
- To monitor the effectiveness of the Iron Infusion you will be required to have a blood test usually at 2, 4 & 6 weeks. The nursing team will ensure these are requested. If you need assistance arranging these blood tests please discuss with the nurses post infusion so they can assist.

## **Who can I contact with queries or concerns?**

Albert Ward – Renal Home Therapy Team 0118 322 8555 (Mon-Fri 9am – 5pm).

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Renal Medicine, April 2024. Next review due: April 2026.