

**Patient
Information**

Having an iron infusion

The Medical Day Unit is currently based at Cheltenham General Hospital

Introduction

You have been given this leaflet as you are anaemic with low iron levels in your body.

Your doctor has suggested that you receive an iron infusion. This is a special type of iron preparation given through a cannula (drip) inserted into a vein in your arm. An iron infusion is given instead of iron tablets.

If you are taking iron tablets, please do not take them on the day of your infusion.

Reasons for giving an iron infusion

- Before having surgery. This is to reduce the risk of needing a blood transfusion around the time of surgery, and may also speed your recovery.
- You are anaemic and have not responded to the iron tablets or the tablets have made you unwell.
- An iron infusion may be given instead of blood unless there is an urgent need for blood. Iron infusions are not blood products and do not have the risks associated with blood transfusions.

Suitability for an iron infusion

You should not have an iron infusion if you:

- have anaemia caused by deficiencies other than iron (such as B12 deficiency).
- have been told by a doctor that you have 'iron overload'.
- have had an allergic reaction to iron given to you via a drip in the past.
- have had a serious problem with your liver.

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Department

MDU

Review due

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We would be grateful if you could get in touch if you have any signs of infection, or require antibiotics in the week before your iron infusion is scheduled. Some people with infections cannot be given this type of infusion and it would be useful for you and us to assess this before you arrive in the department.

Safety of an iron infusion

You should not have an iron infusion during the first trimester of pregnancy. In the second and third trimesters it will be reviewed on an individual basis.

Iron infusions can sometimes cause allergic reactions. The most serious allergic reaction is anaphylaxis but this is rare. You will be monitored closely during and after the infusion.

We recommend that you eat and drink as normal before coming into the hospital for an infusion.

Side effects of iron infusions

As with all medicines, iron infusions can cause common side effects.

Common side effects (less than 1 in every 100 cases) include:

- Headaches
- Dizziness
- Flu like symptoms
- High or low blood pressure
- Nausea
- Injection site reactions – staining of the skin may happen as a result of the infusion. We will discuss this with you during the admission process.

Uncommon side effects (less than 1 in every 1000 cases) include:

- Tummy upsets (vomiting, tummy pain, diarrhoea, constipation).
- Flushing, fast heart rate, low blood pressure.
- Muscle and joint pains, backache and muscle cramps.
- Tiredness, chills, chest pain, swelling, pins and needles, a temperature, itching and a rash.

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How are iron infusions given?

Iron infusions are usually given in the Medical Day Unit at Cheltenham General Hospital. The unit is located in the Collage Road wing, near to the Emergency Department.

Before starting the treatment, the nurse will ask you a few questions and check your pulse, blood pressure and temperature. We will check that it is safe for you to proceed with the infusion before it is started.

A cannula (small plastic tube) will be inserted, using a needle, into a vein in your arm. The cannula allows the iron infusion to be administered. Depending on the dose prescribed it can take up to 1 hour for the iron infusion to be given. Please let the nurses know if you feel unwell during your iron infusion.

During the infusion, if the site of the cannula becomes itchy or painful, please tell a nurse immediately. This will help to avoid iron staining (a brown mark) on the skin.

The nurse will closely monitor you while you are in the department. If you are feeling well, you will be able to go home 30 minutes after you have had the infusion. Your pulse, blood pressure and temperature will be checked and the cannula removed before you are discharged.

What happens after the iron infusion?

You may feel a little tired after the iron infusion. You may also notice that your urine is a darker colour the following day, this is normal.

This treatment does not affect your ability to drive, however, if you feel unwell after the infusion you may wish to make alternative transport arrangements.

Most patients notice that the symptoms of having low iron levels, such as tiredness, shortness of breath and dizziness, reduce within 2 weeks of having the infusion but it can take up to 4 weeks to feel the full benefit.

You may need to have a blood test after 2 to 4 weeks (1 month if you are a renal patient) to check your iron levels. This will be decided by your consultant.

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You can make a blood test appointment at your GP's surgery. Alternatively, the phlebotomy (blood test) clinics are based on the ground floor of West Block Outpatients, Cheltenham General Hospital and the Edward Jenner Unit, Gloucestershire Royal Hospital (GRH). They offer a walk-in service – no appointment needed.

The department opening times are as follows:

Monday to Friday, 8:30am to 4:30pm

(Closed on bank holidays and weekends)

Depending on the results of this blood test, your nurse or hospital doctor may contact you to decide if you need a further iron infusion.

Please note: You must not take oral iron tablets once you have had the iron infusion. Please discuss with your GP or consultant before restarting iron tablets.

Contact information

If you have any concerns or questions following your iron infusion, please contact your GP. If you are concerned, you can also contact the Medical Day Unit.

Medical Day Unit (MDU)

Tel: 0300 422 6614

Tel: 0300 422 6603

Monday to Saturday, 8:00am to 4:00pm

Please note that there is no answerphone facility on the Medical Day Unit.

Overnight and out of normal working hours, please contact NHS 111 for advice.

NHS 111

Tel: 111

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84:379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>