National University Cancer Institute, Singapore

Patient and Family Information

What you need to know about Intravenous (IV) iron infusions

A member of the NUHS

What is an intravenous (IV) iron infusion?

An intravenous iron infusion is an iron preparation infused directly into the bloodstream through a vein.

Why do I need IV iron?

Your doctor has prescribed IV iron because you have low iron levels, which may cause anaemia (low haemoglobin), and you have one or more of factors:

- Unable to tolerate iron tablets because of severe side effects
- Unable to absorb iron through the gut
- Not responding to iron tablets due to chronic health problems
- Have chronic kidney disease or heart failure
- Need rapid increase in iron levels because you are about to go for surgery or have very low haemoglobin levels

How is IV iron expected to help me?

The iron infused will be used by your body to build new red cells. Once your red cells increase, it will be reflected by improvement in your haemoglobin levels. Improvement in haemoglobin normally starts within a few days and reaches its maximum at 2-3 weeks.

Your haemoglobin may not rise as expected if there is ongoing blood loss or if there is an unrelated reason for your anaemia.

Although a good level of haemoglobin is essential for your body to tolerate surgery and reduce the likelihood of blood transfusion, a transfusion may still be needed if unexpectedly large blood loss occurs during surgery.

Iron is also essential for heart and muscles to function and will improve your fatigue due to lack of iron.

What are possible side effects of IV iron?

Some patients may experience side effects while receiving IV iron. These include temporary changes in taste (metallic taste in the mouth), muscle or joint aches, dizziness, headache, nausea, chest tightness, shortness of breath, itch or rash, changes to blood pressure or heart rate or burning sensation or swelling at infusion site.

These side effects occur infrequently and are usually mild. You will be closely monitored during and after the infusion by trained nursing staff.

The most serious risk of IV iron is a small chance of having an allergic reaction. However, if the benefits of IV iron outweigh the risks, IV iron can be prescribed.

Before IV iron administration

Inform your doctor if you:

- Have had an allergic reaction to any type of iron infection or infusion in the past
- Have a history of asthma, eczema or other allergies
- Have a history of high iron levels or liver problems
- Are or may be pregnant

After the iron infusion

Side effects can sometimes be delayed and appear 1 to 2 days after the infusion. These include headache, dizziness, mild fever, as well as joint and muscle aches. These generally settle down in a few days. If they are of a concern or interfere with your daily activities, contact **Helpline at (65) 9722 0569** immediately.

Are there any alternatives to IV iron?

Oral iron: This is the first option that the doctors will take if you are able to tolerate and absorb iron by mouth. This method takes longer, 4-6 weeks, for haemoglobin to reach maximum levels.

Blood transfusion: Blood transfusions are given if an immediate increase in haemoglobin is needed, such as for severe anaemia or significant bleeding. However, it is a temporary measure that does not treat the underlying cause of anaemia and carries its own risks.

Diet: Although what you consume plays a part in your iron level, once you are anaemic, it is difficult to get enough iron back into the body even with a diet high in iron.

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