



University
Hospitals Sussex
NHS Foundation Trust

Treatment of iron deficiency anaemia with intravenous iron

Patient information

What treatment has been recommended?

Your medical team have recommended intravenous iron to treat your anaemia / low amount of iron in your blood.

This will be given as an infusion/drip into your arm over anything from 30 minutes to 6 hours depending on which iron preparation is given and if you are an inpatient or outpatient. Please read the following information prior to your treatment and if you have any questions let the nurse caring for you know.

Why do I need intravenous iron?

- Intravenous iron is used to treat a low blood count due to a low amount of iron in your body. This may have occurred due to low amounts of iron in your diet, a problem with your body's ability to absorb and use iron or be as a result of blood loss. Iron is required to help carry the oxygen your body requires.
- Intravenous iron is a highly effective method to replenish your body's stores of iron and hopefully allow you to increase your blood count over the coming days and weeks.
- Intravenous iron allows a much larger dose of iron to be given than iron in tablet form.
- All medication carries a risk of side effects and reaction. Prior to receiving your treatment it is important you are aware of the side effects / risks of intravenous iron. The nurse caring for you will ask if you understand the information below and are content to proceed prior to your treatment.

What are the symptoms that have led to me having this treatment?

Symptoms can include: tiredness and lack of energy, shortness of breath, noticeable heartbeats (heart palpitations), pale skin. Some people may not have any symptoms and it may be that your anaemia was diagnosed following a blood test.

What are the alternatives?

Oral iron is used initially to treat iron deficiency anaemia. Sometimes this does not produce enough of an improvement or it may be that your doctor needs to replenish your iron quickly. Intravenous iron is used when oral iron has been tried or if it is not suitable and it helps to reduce the use of blood transfusions.

What are the potential risks and side effects?

Intravenous iron is an extremely safe and effective therapy. Some of the side effects that have been reported are:

- **Staining** – If your cannula was to displace from your vein during treatment the drug could be deposited in your skin rather than into your bloodstream. This is rare. Local incident rates suggest it's uncommon (more than 1 in 1000 but less than 1 in 100). This could result in a permanent brown stain to the skin. If you notice pain at the injection site during your treatment, please inform the nurse caring for you immediately. This will minimise any such risk. Similarly, please inform the nurse if the drip becomes dislodged and/or you notice any fluid leaking from the drip site. Avoid rubbing the area and moving the limb during the infusion.



Photo example of stained skin

Change in total body skin colour – This is an extremely rare occurrence. It has been reported that some patients noted their skin to become darker (like a sun tan) for a period of weeks after treatment with intravenous iron. This was not permanent and resolved after a number of weeks.

- **Allergy** – Historically intravenous iron preparations carried a risk of allergy (ranging from a mild reaction like itchy skin through to anaphylaxis that could be life threatening). With today's modern iron preparation this is uncommon (1 in a 100 to 1 in a 1000 risk). Please inform the nurse caring for you immediately if you experience any of the following during your treatment (swelling of lips, tongue, face or throat, shortness of breath, itching, a feeling of all over body heat, heart racing heat or faint like symptoms).
- **Delayed reaction** – Although uncommon, some patients may experience muscle or joint pains and fever in the days after treatment. This usually lasts two to four days and can be managed with simple painkillers like paracetamol.

Other side effects may include a metallic taste in your mouth (although this disappears quickly). You might feel light headed, sick or dizzy. Please inform the nurse if you have these symptoms. Nurses will monitor your temperature, pulse and blood pressure throughout the procedure.

Iron infusions are commonly used after the first trimester in pregnancy. Your baby's heart rate will be monitored because there could be a risk of a foetal bradycardia (temporary fall in heart rate).

It is important that you also read the patient information leaflet for the product.

What are the expected benefits of treatment?

Your anaemia/ low blood count is expected to improve and you should feel less tired or breathless.

What should I do before I come into hospital?

If you are taking oral iron you should stop this the day before you come in to hospital for your iron infusion and for 5 days afterwards.

Where will the procedure take place?

On the ward whilst you are a hospital in-patient or one of our out-patient/ambulatory care units.

How will I feel afterwards?

You may rarely experience muscle or joint pains, these can be managed with simple painkillers such as paracetamol.

How long will I be in hospital?

You will need to come in to hospital for a short period of time before the infusion, for the duration of the infusion and you will then be asked to stay for further monitoring for about 30 minutes after the infusion.

What should I do when I go home?

For out-patients you should be able to go home the same day. It is advisable to avoid any heavy lifting with the arm that had the treatment, for 24hrs afterwards.

How soon will I be able to resume normal activities?

It is not anticipated that your iron infusion will affect your ability to undertake your usual activities.

Will I have to come back to hospital?

Your nurse will let you know if you need to come back for a further infusions and they may advise you at this time regarding any blood tests that are needed.

When can I return to work?

It is not anticipated that your iron infusion will affect your ability to undertake your usual activities.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

Please speak to your nurse or consultant for any other information.

Your comments

The Trust is keen to know if this document/leaflet gives you the information you need in a way that is easy to understand. Please tell us if you think we can improve it by calling extension **84038** or emailing www.uhsussex.nhs.uk

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact Communications.

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Email: uhsussex.communications@nhs.net

After reading this information are there any questions you would like to ask? Please ask your nurse or doctor.

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