



**University Hospitals Birmingham**  
NHS Foundation Trust



## **Intravenous iron**

**Building healthier lives**

**UHB is a no smoking Trust**

To see all of our current patient information leaflets please visit  
[www.uhb.nhs.uk/patient-information-leaflets.htm](http://www.uhb.nhs.uk/patient-information-leaflets.htm)

---

## An information leaflet for patients who have been advised that they may need Intravenous iron (Ferric Carboxymaltose, Ferinject)

### What is Ferinject?

Ferinject is an iron preparation that is used to treat Iron deficiency anaemia and is given as a drip straight into a vein (infusion).

It has been suggested this should be given to you as an alternative to iron tablets or syrup because they are either not working or you have had side effects. Some patients are given intravenous (IV) iron because it is important for their iron levels to improve quickly.

### Why do we give it?

If left untreated, anaemia can make you feel very tired. You can get short of breath and your heartbeat can go very fast and you may feel it beating in your chest (palpitations). Untreated anaemia can increase the chance that you will need a blood transfusion should you be unwell.

### When do we give it?

Ferinject is usually given when your blood tests have shown that your haemoglobin level and ferritin level (iron stores) are low. You have tried iron tablets or iron syrup but are intolerant or unresponsive to them and they have not improved your blood test results.

---

## Are there any risks?

Ferinject is usually very safe but like all medication there can be some unwanted effects.

Potential mild side effects can occur in up to 10% of patients (1 in 10) patients. These can include headache, dizziness, raising or lowering of blood pressure and most commonly nausea.

Less than 1% of patients can experience vomiting, fainting, tingling or numbness of the limbs, abdominal discomfort, constipation, diarrhoea, shortness of breath, muscular and joint aches and pains, fever, rashes, skin flushing, swelling of the hands and feet, and very rarely a significant allergic reaction called an anaphylactic reaction.

On rare occasions fluid can leak out of the cannula (the needle that goes into your vein) during the infusion. If this happens it could cause long-term or even permanent discolouration or staining of your skin.

If you feel unwell during your treatment or have pain at the site of the drip, please tell a member of staff immediately.

If you feel unwell after your treatment you should contact your GP or your local Emergency Department, telling them you have had an iron drip. You may need to have further medication to manage the symptoms. You will also need to inform your consultant at your next clinic appointment.

## When should Ferinject not be given?

Ferinject should not be given if you have had an allergic reaction to any other iron drip or injection, or you are known to have iron overload (excess iron stores). It should also not be given during the first 12

---

weeks of pregnancy. Caution is required in patients with a history of severe allergic reactions to other drugs.

Please tell the doctor or nurse if you have a current infection, asthma, eczema, an immune or inflammatory condition (e.g. rheumatoid arthritis), or any condition that means your liver does not function as it should.

## How is it given?

Ferinject is given on the day unit. The exact location of your infusion will be on the appointment letter you receive. It will be administered intravenously by a qualified staff nurse.

**Iron tablets should be stopped for 5 days before and after administration of intravenous iron.**

The doctor who has organised the Ferinject will let you know if you should start taking iron tablets again after the iron infusion. If you do need to start taking iron tablets you should wait five days after the infusion.

Before receiving Ferinject, the nurse will check your temperature and blood pressure. The nurse will then measure your heart rate (pulse), breathing rate (respiratory rate) and the percentage of oxygen in your blood (oxygen saturations) by placing a probe on your finger.

You will then have a cannula (needle) inserted into a vein. This will be flushed with a small amount of sodium chloride (sterile salty water) to make sure that it is in the vein properly. You may feel the cool liquid going up your arm. Please inform the staff member if this is painful in any way.

---

The nurse will then attach the iron drip to your cannula. Ferinject is a brown coloured liquid in a bag that is attached to your cannula by a long tube. The tube will go through an electronic pump that is usually programmed to give you the drip over 15-30 minutes.

Once the infusion has finished, your cannula will be flushed again with sodium chloride.

The nurse will then measure your observations again, and you will need to stay to be observed for 30 minutes after the drip has finished. This is to make sure you have not developed any immediate side effects.

If there are no other reasons for you to remain in hospital, and you remain well, you can be discharged home and you should be well enough to drive, travel on public transport or travel home alone.

## Will I need any follow up?

You may be asked to return to the hospital over the next few weeks or months to have blood tests taken to make sure your iron levels have improved. Your doctor or nurse will advise you when this should be done.

Please contact your clinical nurse specialist if you have one, for any additional information you require. Otherwise discuss with your doctor at your next clinic appointment, or with the nurse giving you the infusion if you have any questions on the day.







The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit [www.uhb.nhs.uk/health-talks.htm](http://www.uhb.nhs.uk/health-talks.htm) or call 0121 371 4323.

---

### **Haematology**

Queen Elizabeth Hospital Birmingham  
Mindelsohn Way, Edgbaston  
Birmingham, B15 2GW  
Telephone: 0121 627 2000

---