

You have been given this leaflet because you have been found to have low levels of iron in your body (iron deficiency) and your doctor believes that Ferinject® is an appropriate treatment for you. This leaflet explains what iron deficiency (ID) is; what an iron infusion is; and what to expect from your treatment. If you have any additional questions or concerns, please speak to your doctor or nurse.

“How do I know if I have ID with or without anaemia?”

Your doctor would have done a blood test and checked your haemoglobin (Hb) and iron (ferritin) levels. The results of these will indicate whether you have iron deficiency and require an iron infusion.

“What are the common symptoms of ID?”

On-going fatigue, brain “fog” and poor concentration, shortness of breath on exertion, poor effort tolerance (meaning you get tired very quickly if you walk, run, exercise), a rapid heart rate and restless leg syndrome.

“What is an iron infusion?”

Iron is mixed with saline and administered through a vein to top up your iron “pantry”. This helps bring your iron levels and haemoglobin back to within normal levels. Intravenous iron works more quickly than oral iron and is indicated in certain circumstances. Common reasons may be if you have not responded to oral iron or if you cannot take oral iron.

“Will an iron infusion cause constipation?”

No, intravenous iron bypasses the gut and therefore does not cause gastrointestinal (gut) side effects such as constipation.

“How long will it take before the iron works?”

You will start to notice a difference in your energy levels within about 7-10 days, however the full benefit of the intravenous iron will be seen within 6-8 weeks.

“What are the risks with intravenous iron?”

Some patients experience reactions with intravenous iron, ranging from minor to major. Please bear in mind that the staff administering the iron infusion are experienced and equipped to deal with any reaction.

Minor reaction

Slight flushing (feeling hot), increased heart rate, slight itching, chest tightness.

Major reaction

Severe symptoms of the minor reactions, periorbital swelling (swelling within the eye), respiratory / cardiac arrest. Your infusion will be stopped if you experience any of these severe reactions. (These reactions are uncommon – occurring in less than 1%).

Delayed reaction

Sometimes you can experience a reaction to the iron once you are home – itching, joint pain and a headache are the most common. These should resolve within 24 hours, but if you are concerned, please call your doctor or go to your nearest casualty ward.

“How long does the infusion take?”

The infusion takes about an hour depending on how well you tolerate the iron.



“Why do some iron infusions take so much longer than others?”

This depends on the type of iron you are receiving – some irons are given very slowly, whereas Ferinject® which is a newer iron, can be given more rapidly.

“Is it alright to eat something before my infusion?”

Yes, you may eat and drink normally before your infusion.

“Must iron infusions be given in a hospital?”

No, not necessarily – many doctors will give iron infusions in an infusion room - these need to be equipped with the necessary equipment in case of an emergency and are specialised infusion centres.

“Can I drive myself to and from the infusion?”

Yes, most patients can drive themselves. If you do react to the iron, the staff at the infusion centre may need to ask a family member to come and collect you.

“How will I feel after my infusion?”

You may feel very tired – most people feel this at the end of their infusion day. A headache is also common as well as some mild joint pain. Paracetamol can be taken if necessary. These symptoms should resolve within 24-48 hours.

“Should I have my bloods checked after the infusion?”

Your doctor may recommend that you have your ferritin and haemoglobin levels done 8 weeks after your infusion to check whether they have improved.

“Is an iron infusion a once off infusion or will I need regular iron infusions?”

This depends on the underlying cause of your iron deficiency / anaemia and whether this is being treated. Some people with chronic illnesses can require regular iron top-ups.

Please remember that you can ask the staff administering the iron infusion any questions or concerns you may have.

This patient information leaflet has been compiled with the aid of Sr Karin Davidson, IBD Nurse Co-ordinator, BSc Nursing (University of Cape Town) with special interest in gastroenterology.

