Contact/further information

If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

References


Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.info@addenbrookes.nhs.uk

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Rosie Maternity Hospital

Patient Information

Intravenous (IV) iron infusion: Monofer® (a combination of iron and isomaltoside)

Document history
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Introduction

This information leaflet is for women having or considering an intravenous (IV) iron infusion. It should help you understand IV iron infusions and the potential benefits. Currently the brand we are using is called Monofer® - a combination of iron and isomaltoside 1000 (a chain of sugar molecules).

Why you may need an IV Iron infusion?

An IV iron transfusion is a way to increase the body’s iron levels quickly. It’s a more immediate treatment than tablets or dietary changes. The body needs iron to make haemoglobin (Hb), a pigment that is found in red blood cells. Haemoglobin carries oxygen from the lungs to the rest of the body. Iron helps our muscles store and use oxygen. If your iron levels are low, you may feel tired and not able to carry out your normal routine. When the amount of iron in the body gets too low, the haemoglobin levels fall below normal. This is known as ‘iron deficiency anaemia’.

Monofer® is an iron intravenous (IV) infusion given directly into the vein via a cannula (‘IV drip’). Monofer® is indicated for the treatment of iron deficiency in the following conditions:

- When oral iron preparations are ineffective or cannot be used.
- Where there is a need to try to quickly increase the iron stores and haemoglobin.

The diagnosis of iron deficiency is based on laboratory tests. In pregnancy, it is most often used in the third trimester because of the need to deliver iron rapidly to iron stores and raise haemoglobin prior to your baby being born. Its use may be considered postpartum (following childbirth) in women with iron intolerance.

Risks and side effects:

Monofer® IV infusions are considered safe in pregnancy, but like all medication can have some unwanted side effects that include:

- Nausea and injection site reactions are considered common (≥1% to <10%) and include redness, swelling, burning, pain, bruising, discolouration and/or irritation at the site of injection.
- Delayed reactions may also occur with iron that is given straight into the vein, these can be severe. They are characterised by arthralgia (joint pain), myalgia (muscle pain) and sometimes fever. The onset varies from several hours up to four days after administration. Symptoms usually last two to four days and settle spontaneously (almost without noticing) or following the use of simple pain killers such as paracetamol.

If you do feel unwell in the days or week after the infusion - you should see your doctor or contact your midwife. A blood test may be needed to check the phosphate level and sometimes oral phosphate tablets are needed to replace the phosphate. This situation is uncommon.

Acute, severe anaphylactic (‘allergic’) reactions are considered very rare (less than 1 in 10,000 patients).

How long does an iron infusion take?

An IV iron infusion can take around 30 minutes to one hour to complete depending on the amount of IV iron administered. IV iron is given by qualified staff and you will be monitored whilst it is given and for at least 30 minutes after it has been discontinued.

When you go home

If you are asked to continue taking an oral iron supplement after the IV iron infusion, it should not be started earlier than five days after the last iron infusion.