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IRON INFUSION

Information & Consent Form

What is an iron infusion and how will it help me?
Iron is essential for energy, muscle strength, and brain function. It helps to make haemoglobin, an important part of red blood cells which carry oxygen around the body.
When iron levels are low, haemoglobin levels can drop too, leading to iron deficiency anaemia. Iron deficiency can happen due to reasons such as blood loss, pregnancy, diet, surgery, or other health conditions.
The most common treatment for iron deficiency is iron supplements. These are available as tablets, liquids, or intravenous (IV) infusions (given through a vein).

Preparing for the treatment
Before you have an iron infusion, you must tell your doctor/clinician if you:

- are pregnant or breastfeeding, or think you may be pregnant
- have a history of asthma, eczema, or other allergies
- have had a reaction to any type of iron injection or infusion in the past
- have a history of high iron levels (haemochromatosis) or liver problems

On the day of your treatment

You do not need to fast before the infusion. Have your regular breakfast or lunch and take all your regular medications. If you are taking oral iron supplements, these must be stopped the day before the infusion.
A small plastic tube (cannula) will be placed into one of your veins.
This treatment does not require an anaesthetic or sedation.

During the treatment

The iron will be given via an infusion pump through the cannula and delivered directly into the blood stream.
The time it takes for the iron infusion is approximately 15 to 30 minutes.
You will be closely monitored for any signs of a reaction during the iron infusion. Let the nurse or know straight away if you have any pain, discomfort, burning, prickling, redness, staining or swelling at the cannula site; or any symptoms, such as swelling or shortness of breath.

What are the risks?
In recommending the treatment, the doctor/ clinician believes that the benefits to you from having the treatment exceed the risks involved. There are risks and possible complications associated with the treatment which can occur with all patients – these are set out below.

Common risks and complications

- facial flushing
- vomiting and nausea
- headache
- joint and/or muscle pain
- injection site reactions.

Uncommon risks and complications

- changes in taste (e.g. metallic taste)

- dizziness and feeling faint
- rapid or irregular heart beat
- low blood pressure
- chest and/or back pain
- chills and fever
- skin irritation and rash
- swelling of the face, mouth, and lips
- swollen lymph nodes
- difficulty breathing
- muscle weakness, respiratory failure, or heart failure caused by low blood phosphate level (Ferinject® or Monofer®)
- permanent skin staining (brown discolouration) may occur due to leakage of iron into the tissue around the cannula.

Severe risks and complications

- severe allergic reaction (anaphylaxis) that causes difficulty breathing which can be life threatening; this usually occurs in the first few minutes of the iron infusion
- bone softening (osteomalacia), fractures, seizures and/or coma caused by low blood phosphate level (Ferinject® or Monofer®)
- death is very rare.

What are the risks of not having an iron infusion?
If iron deficiency anaemia is not treated with an iron infusion, it can cause fatigue, weakness, and difficulty breathing. This may make daily activities harder. In severe cases, very low iron levels can be life threatening if left untreated.

Are there alternatives?
Your doctor/clinician is recommending an iron infusion as this is the best option for your condition. Other options may include iron tablets or liquids, however, these may not increase your iron levels quickly enough.

What should I expect after the treatment?
You will be monitored for 30 to 60 minutes after the infusion. You will be able to resume usual activities, unless you have experienced an unexpected reaction.
If you have been taking iron tablets or liquid, do not restart these until you see the doctor/clinician and your blood test results have been reviewed.

A small amount of iron crosses into breast milk, however, breastfeeding mothers may safely breastfeed after an iron infusion.

CONSENT FOR IRON INFUSION

I have read and understand the above information on iron infusion. I hereby agree to undergo a iron infusion.

PATIENTS SIGNATURE_____ WITNESS SIGNATURE_____

NAME_____ NAME_____

DATE_____ DATE_____

Coast Gastroenterology

PLEASE BRING THIS COMPLETED CONSENT FORM WITH YOU ON THE DAY OF YOUR PROCEDURE
If you have any concerns or questions about the preparation, procedure or consent, please contact the office on 5574 6133.