Intravenous (IV) iron infusion

Patient information

Information for patients, families and carers about intravenous iron infusions.

This information sheet answers some common questions about intravenous (IV) iron infusions. It should not take the place of talking to your doctor and other healthcare providers about your care.

What is an IV iron infusion?

During an infusion, iron goes directly into your bloodstream. A plastic tube is put into one of your veins (usually in the hand or lower arm) and is attached to a drip that infuses iron into your body.

The infusion is made up of iron, not blood. There are multiple different iron formulations available. Your doctor will be able to determine the most appropriate formulation for you.

Why is iron important?

Our bodies need iron. It is used to make haemoglobin, the part of our red blood cells that carries oxygen around our body. If you are low in iron your body is unable to make red blood cells and you become anaemic. You may feel tired and unable to carry out your normal daily activities. Common symptoms of iron deficiency anaemia include: fatigue, shortness of breath, dizziness, headaches and/or coldness of the hands and feet.

Do I need IV iron?

The most common way to treat iron deficiency is to take oral tablets or liquid. This works well for most people and is usually tried first, however, you may require IV iron if you:

- are unable to take oral iron (tablets/liquid)
- are not absorbing or responding to oral iron
- have chronic kidney disease or chronic heart failure
- need to increase your iron levels quickly (e.g. before or after major surgery, late in pregnancy or after giving birth or to avoid blood transfusion).

Your doctor will explain the reason why you need an iron infusion and the other options available.

What to tell your Doctor

Before you have an iron infusion, you must tell your doctor if you:

- are pregnant / trying to get pregnant as IV iron should be avoided in the first trimester
- 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
- are on any medications (including over the counter or herbal supplements)
- have (or may have) an infection at the moment (including skin, liver or kidney)

What to ask your Doctor

You may wish to talk with your doctor about the following:

- do I need IV iron?
- what are the other options?
- how long will the iron infusion take?
- how many iron infusions will I need to get enough iron?
- when do I stop taking iron tablets and will I need to use them again (if you are currently taking iron tablets)?
- how long will it take for the iron to work?
- what side effects, if any, will there be? (See over page).

What are the side effects and risks?

Generally, when side effects do occur, they are mild and temporary. It is uncommon to experience any significant side effects from an iron infusion; however, they are still possible.
Common side effects

- headache
- nausea
- changes to blood pressure and/or dizziness
- itchiness and/or rash
- flushing, fever or chills

Uncommon side effects

Around 1 in 100 patients experience permanent skin staining (brown discolouration) after IV iron. This may occur due to leakage of iron into the tissues around the drip site. An example image is below.


Please inform the nurse/midwife or doctor immediately of any discomfort, burning, redness or swelling at the drip site if it occurs at any time throughout the infusion.

Although very uncommon, some people may have a serious allergic reaction. In rare cases this can be life threatening. You will be closely monitored while IV iron is given.

Sometimes side effects (e.g. headache, muscle or joint pain) can start one to two days after the infusion. Mostly they will settle down by themselves over the next couple of days. If they worry you or affect your daily activities please contact your doctor for advice.

If you experience chest pain, have trouble breathing, dizziness or neck/mouth swelling at any time please seek urgent medical attention. If you have already been discharged from hospital, call an ambulance (000).

How much iron will be needed?

Your doctor will calculate how much iron is needed to return your levels to normal. Depending on the formulation used, you may need a second dose around a week later.

In some cases, iron tablets are recommended after the infusion to slowly top up your iron levels. If oral iron therapy is recommended it should not start until at least one week after your last iron infusion as the iron within the tablets will not be absorbed. It can take a few weeks for the full effect of the iron infusion to occur.

You will need to follow up with your doctor to check your haemoglobin levels to see how you are responding.

How long will the iron infusion take?

Depending on the iron formulation you are provided, and the dose required your iron infusion may take as little as 15 minutes or up to 5 hours. You will also need to allow time for IV drip insertion and removal, as well as time for observations before and after the infusion (an additional 30 to 60 minutes).

Are there any costs involved?

If you are treated as an outpatient, there may be a fee charged for an IV iron infusion. Your doctor, pharmacist or nurse will notify you if you are required to pay. The fee charged would be the standard Pharmaceutical Benefits Scheme (PBS) concessional or general co-payment.

What do I need to do on the day of the iron infusion?

There is no particular preparation needed for an iron infusion but here are some useful tips for on the day:

- it is helpful if you are well hydrated prior to your IV iron so that putting in a drip may be easier
- have your regular breakfast/lunch. You do not need to fast for an iron infusion
- take all of your regular medications
- tell the nurse/midwife administering the infusion if you are pregnant or not
- if you experience any side effects, inform your nurse/midwife immediately
- you can drive home after the infusion and resume usual activities (unless you experience an unexpected reaction and medical staff inform you otherwise)
- very little intravenous iron crosses into breast milk so breastfeeding patients can safely breastfeed.

Before leaving the unit/ward where the infusion was performed, ensure that you have:

- a contact phone number if you have any worries or questions
- the dates for any follow up tests and/or appointments.

Further information

Please speak with your nurse/midwife, doctor or pharmacist if you have any queries or concerns.