



Iron infusion (intravenous iron)

Information for people with inflammatory bowel disease

PE-IBD-20

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An iron infusion gives iron straight into a vein through a drip, so it does not have to be absorbed by the bowel. It refills the body's iron stores much faster than tablets.

Why you need it

Iron-deficiency anaemia is common in IBD: iron is lost through bleeding from the inflamed bowel, it is poorly absorbed, and inflammation stops the body using it properly. It causes tiredness, breathlessness and poor concentration. We recommend an infusion when iron tablets upset your stomach or have not worked, when your bowel is actively inflamed – tablets are poorly absorbed then and can irritate the bowel – when your haemoglobin is very low, or when iron is needed quickly, for example before an operation. Before giving it we confirm that you are short of iron, because in Oman small red blood cells are often due to thalassaemia trait, which iron does not treat. Iron-deficiency anaemia in general is covered in sheet [PE-GIC-14](#).

How it is given

Two types are used in Oman:

- Ferric carboxymaltose: a large dose at once (up to 1,000 mg), so the course is usually one or two infusions at least a week apart. Each infusion takes about 15 minutes.
- Iron sucrose: smaller doses of 200 to 300 mg, usually once a week, so the course is spread over several visits. Each dose takes 30 to 90 minutes, depending on the dose.

Both work well. The choice depends on how much iron you need, how many visits suit you and what is available. The total dose is worked out from your weight and

haemoglobin.

You do not need to fast, and you take your usual medicines, including your IBD medicines. A nurse places a small cannula in a vein, checks your blood pressure and pulse, and watches you during the infusion and for at least 30 minutes afterwards. Most people go home the same day and can drive, unless they feel dizzy.

How long it takes to work

Haemoglobin starts to rise within one to two weeks and has usually risen clearly by four weeks. Tiredness and breathlessness improve over the following weeks. In IBD iron deficiency often comes back, especially while the bowel is inflamed, so controlling the inflammation matters as much as the iron itself.

Blood tests and monitoring

Before the infusion we check your blood count, iron levels (ferritin and transferrin saturation) and kidney tests. We recheck your blood count about four weeks after the last dose. Iron levels (ferritin) are rechecked later, usually at about eight to twelve weeks, because earlier results can look falsely high. After that we check them every three months for the first year, then every six to twelve months, and give more iron if the levels fall again. If you have repeated courses of ferric carboxymaltose, or symptoms of low phosphate, we also check your phosphate level.

Side effects

Side effect	What it means and what to do
Headache, flushing, dizziness, nausea or a metallic taste	Common and mild; settles within hours.
Aching joints and muscles, or a flu-like feeling, for a day or two	Rest and paracetamol help. A fever lasting more than two days: contact your doctor.
Blood pressure changes during the infusion	Usually mild; the nurse can slow the drip.
Brown staining of the skin at the drip site	Caused by iron leaking out of the vein; it may be permanent. Tell the nurse at

	once if the site hurts, burns or swells.
Low phosphate, mainly with ferric carboxymaltose	Usually no symptoms. After repeated doses it can cause tiredness, muscle weakness or bone pain – tell your doctor.
Allergic reaction: rash, wheeze, breathlessness, swelling of the face or lips, or feeling faint	Rare but can be serious, which is why you are watched for 30 minutes.

Important points

- Tell your doctor before the infusion if you have reacted to intravenous iron before, or have asthma, eczema or other allergies, or liver disease. It can often still be given with extra care, but not after a previous serious reaction to intravenous iron.
- If you have a fever or an infection on the day, tell your doctor – the infusion may be postponed.
- Do not take iron tablets at the same time unless we tell you to. Stop them while you are having infusions, and if you need them afterwards, do not restart them until at least five days after the last dose.
- Unlike tablets, intravenous iron does not cause constipation or black stools. If you notice black stools or blood, tell your doctor.
- Too much iron is harmful, so further infusions are given only when blood tests show they are needed.

Pregnancy and breastfeeding

Intravenous iron is not given in the first three months of pregnancy; iron deficiency then is usually treated with tablets. From the fourth month onwards it can be given when it is needed, for example when tablets have not worked or the anaemia is severe. Tell your doctor if you are, or might be, pregnant before every infusion. Intravenous iron can be given while you are breastfeeding; very little passes into the milk.

Tell your doctor straight away if

- You have difficulty breathing, wheeze, swelling of the face or lips, a widespread rash, or feel faint during or after the infusion – tell the nurse at once, or go to the Emergency Department if you have left.
- You feel pain, burning or swelling at the drip site during the infusion – tell the nurse straight away.
- You notice a brown mark, or a hot, red, painful area, at the drip site afterwards.
- You develop increasing tiredness, muscle weakness or bone pain in the weeks or months after ferric carboxymaltose, especially after repeated courses.
- You have a fever lasting more than two days after the infusion – it may be an infection, especially if you take immune-suppressing medicine.
- Tiredness or breathlessness comes back, or you notice black stools or blood in your stool.

Tell your doctor so they know and can bring your appointment forward. But if you feel seriously unwell, go to the Emergency Department first – do not wait for a reply.

Contact your doctor using the numbers your clinic has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. Brand names and preparations may differ – check the label on your own medicine. General safety advice is in sheet [PE-IBD-04](#). Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

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