

Patient Information Leaflet

**Preoperative intravenous iron therapy**

Anaemia, which means you have a low blood count (also called Haemoglobin or Red Blood Cell count), is a common problem in patients undergoing surgery. Studies have shown that patients who are anaemic before surgery are more likely to suffer complications after surgery. The normal practice for patients with anaemia is for them to receive a blood transfusion during or after surgery. We know that those patients who are anaemic before their operation are two to three times more likely to receive a blood transfusion and can have poorer outcomes after surgery such as more complications and a longer stay in hospital.

Anaemia can be corrected with iron. Iron can be given in tablets but these are poorly absorbed from the stomach and can take many weeks to correct anaemia. However we can give iron as an infusion (drip) through the vein (intravenous). This means we can give the equivalent of 2-3 months of oral iron in one quick infusion. This has been shown to be safe and effective. The infusion takes approximately 15-30 minutes and is given approximately 2 – 6 weeks before your planned surgery. You will be carefully monitored throughout and for at least 30 minutes after the infusion by your doctor or nurse.

**What is the intravenous iron drug being used?**

Monofer is an iron preparation, a medicine that is used to treat anaemia. It contains iron and isomaltoside 1000 (a chain of sugar molecules). Iron is an essential element required for the oxygen-carrying capacity of haemoglobin in red blood cells and of myoglobin in muscle tissue. Moreover, iron is involved in many other functions necessary for maintenance of life in the human body.

Monofer is used for the treatment of patients with iron deficiency, when oral iron preparations are ineffective or cannot be used. The aim of the therapy is to replenish body iron stores and to remedy anaemia, a lack of red blood cells due to iron deficiency.

You must not receive Monofer if you are known to be hypersensitive (allergic) to iron isomaltoside or any of the other ingredients of Monofer, have too much iron (overload) or a problem in the way your body uses iron, or if you have liver problems such as ‘cirrhosis’ or ‘hepatitis’.

You must tell your doctor or nurse before receiving Monofer:

* if you have a history of medicine allergy
* if you have systemic lupus erythematosus
* if you have rheumatoid arthritis
* if you have severe asthma, eczema or other allergies
* if you have an ongoing bacterial infection in your blood

**What are the alternatives for treatment?**

As far as we are aware there are no other alternative treatments to correct anaemia prior to surgery, apart from a blood transfusion. Iron tablets could be used but this is not routine practice as they only deliver a low dose of iron and can take many months to restore the body’s iron levels. Many patients find iron tablets difficult as they can cause stomach ache and constipation.

**What are the side effects of intravenous iron treatment?**

Iron infusions have been on the market since 1954. Monofer is a modern preparation and generally intravenous iron is a safe and well tolerated treatment. However, like all medicines Monofer can cause side effects, although not everybody gets them:

**Very common** *(affects more than 1 user in 10):* none.

**Common** *(affects less than 1 user in 10 and more than 1 in 100):* none.

**Uncommon** *(affects 1 to 10 users in 1,000):* blurred vision, numbness, hoarseness, nausea, vomiting, constipation, pain in and around the stomach, cramps, hypersensitivity reactions (flushing, itching, rashes, shortness of breath), feeling hot (or fever), soreness and swelling near the injection site.

**Rare** *(affects 1 to 10 users in 10,000):* disturbances in heart rhythm, chest pain, loss of consciousness, seizure, dizziness, restlessness, fatigue, diarrhoea, sweating, tremor, angioedema (severe allergic reaction which causes swelling of face and throat), pain in your muscles or joints, low blood pressure, altered mental status.

**Very rare** *(affects less than 1 user in 10,000):* slow heart rate in foetus, palpitations, red blood cell numbers may be affected (this would show up in some blood tests), headache, unusual feeling on the surface of your body, temporary deafness, raised blood pressure, acute severe allergic reactions.