Saskatchewan Health Authority

# Oral Iron Guidance

Consider IV iron and complete PPO-290 if:

- Response to oral iron results in less than 20 g/L of hemoglobin in 4 weeks
- GI intolerance to oral iron or absorption problem
- High-risk blood loss and hemoglobin 4 weeks prior to surgery less than 130 g/L and TSAT less than 20%
- Short pre-op duration to correct significant iron-deficiency anemia
- Third trimester of pregnancy
- Use of erythropoietin as planned

## Investigations or Tests

- Baseline bloodwork upon referral to surgeon:
  - CBC
    - ☐ Ferritin
    - ☐ Iron, TIBC
  - Repeat CBC 1 month prior to planned surgery to assess response to oral iron therapy

## Consider Consults / Referrals as Necessary for Etiology

☐ Gastroenterology
☐ Gynecology
☐ Hematology
☐ Nephrology

## Medication

- Start oral iron therapy at least 2 months prior to surgery for patients with iron-deficiency anemia (IDA), (ferritin less than 30mcg/L or ferritin less than 100 mcg/L with TSAT less than 20%) and hemoglobin less than 130 g/L (NOTE: If patient on ferrous fumarate at home, pharmacy will auto-substitute ferrous sulphate on admission to hospital).

  ☐ ferrous fumarate 300mg (100mg elemental iron) PO q2days at bedtime
  ☐ ferrous fumarate 300mg (100mg elemental iron) PO once daily at bedtime
  ☐ ferrous fumarate 600mg (200mg elemental iron) PO q2days at bedtime

  Ferrous sulphate may be substituted for fumarate but has less elemental iron and higher GI side effects.

  For iron salt intolerance, consider using ferric pyrophosphate or heme iron polypeptide such as Proferrin; increased GI tolerance is reported but at increased cost.

- Take iron tablets on empty stomach with water, fruit juice or vitamin C.
- Do not take iron tablets with antacids, proton pump inhibitors, calcium supplements, coffee or tea.