

## Frequently Asked Questions, with Dr Simone Gonzo

**Q: How do you manage low iron with normal ferritin?**

**A:** This can be tricky. Consider whether the ferritin is truly adequate in context. Look at TSAT and the broader clinical picture. You can trial oral iron and assess response, while also excluding other causes.

**Q. Is alternate-day dosing of oral iron more effective?**

**A:** Yes. Alternate-day or three-times-weekly dosing is often better tolerated, with similar absorption. It also improves adherence compared to daily dosing.

**Q. Would you give 1500 mg of IV iron upfront, or check bloods before a second dose?**

**A:** Most patients respond well to 1000 mg. It is generally preferable to give 1000 mg and reassess at 6–8 weeks before considering further dosing.

**Q. Have you found 1000 mg IV iron adequate in most cases?**

**A:** Yes. In general practice, 1000 mg is usually sufficient to restore iron levels in most patients.

**Q. What is the duration of an iron infusion?**

**A:** Typically around 20 minutes when diluted. It can be given faster, but slower administration is preferred for safety.

**Q. During the infusion, are observations done every 5 minutes?**

**A:** No. In most cases, observations are done at baseline and then approximately every 10 minutes, unless there are concerns requiring closer monitoring.

**Q. How do you manage a patient who develops symptoms during the infusion?**

**A:** Pause the infusion and assess. Most reactions are mild (vasovagal or histamine-related). Manage supportively and only escalate if symptoms persist or worsen.

**Q. If the FOBT had been negative in the CKD case, would you still refer for GI investigation?**

**A:** Not necessarily. If there are no other red flags and a clear cause (such as CKD), further investigation may not be required.

**Q. Can patients with mild liver abnormalities still receive IV iron?**

**A:** Yes. Mild liver abnormalities are not usually a contraindication. Caution is needed in patients with significant liver disease or iron storage conditions.

**Q. Should oral iron be continued after an IV iron infusion?**

**A:** No. It is generally not necessary and may reduce the efficacy of oral iron. IV iron alone is usually sufficient.

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