

# No Pain, No Stain: Ironing Out the Details of Iron Staining Litigation

Reading time:

MIPS Education

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Most practitioners know that skin staining is a potential complication of iron infusions. While staining can occur when there's extravasation into surrounding tissues, the good news is that with the right approach, these risks can be effectively managed.

Iron staining claims are usually handled informally, but we're seeing more litigation in this area. This can impact both your reputation and premium costs. We've previously shared recommendations for managing iron staining risks, and this article builds on that guidance with fresh insights from recent cases.

## What we're seeing in litigation

Recent iron staining litigation has primarily focused on two key areas: insufficient consent processes and delayed responses to patient complaints of pain or discomfort. We're seeing cases across all age groups, from patients in their 20s through to those in their 70s. Many claims centre on alleged psychiatric injury related to the appearance of staining, with some settlements reaching up to \$200,000.

At MIPS, we're committed to defending your practice. However, robust defence requires comprehensive records and proper consent documentation, that's where we can support you most effectively.

## Smart risk management strategies

### 1. Well-Documented Consent

A template consent form specifically addressing skin staining is your best foundation. Remember to discuss that staining can occur even when procedures go exactly as planned. A signed, dated consent form provides stronger protection than simply noting that "patient consented."

Pay particular attention to patients who may have heightened concerns about skin appearance; athletes, younger patients, those who prefer short sleeves, or anyone whose livelihood depends on their appearance.

### 2. Constant Supervision

Many alleged causes of iron staining stem from patient complaints of pain that weren't promptly addressed. While constant supervision isn't always feasible, regular practitioner and nursing checks are essential for early detection and intervention.

### 3. Exhaust Conservative Options First

Take time to discuss all alternative treatments, including dietary changes and iron supplements. Providing patients with comprehensive information about their options, including iron staining risks, gives them the space to make fully informed decisions.

## When to stop an infusion

If any of these symptoms present, or if a patient reports them, stop the infusion immediately and assess the site. Evidence of extravasation means it's time to cease the infusion or try an alternative site:

- Discomfort
- Burning sensation
- Stinging or pain
- Swelling
- Erythema
- Itching

- Leaking at the site
- Changes in flow rate or infusion pump alarms

## Additional prevention strategies

Minimise extravasation risk by:

- Using appropriately sized cannulas
- Avoiding multiple insertion attempts at the same site
- Securing cannulas properly and explaining movement restrictions to patients
- Not applying pressure to the site (avoiding compression bandages)
- Maintaining vigilant supervision throughout the infusion

## Moving forward with confidence

The most effective protection against iron staining claims combines a thorough consent process with close infusion monitoring. This proactive approach enables immediate management of any extravasation symptoms.

Remember, we're here to support you. If you have questions about iron infusions or want guidance on safeguarding your practice against potential claims, don't hesitate to contact MIPS.

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