Tranexamic Acid (TXA) use in Hip Fracture Patients

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TXA Regional Survey results

- Following TXA presentation to RTC on NBT’s guideline for TXA use in #NOF patients
- Survey was sent regionally - 14 responses
- Data submitted March 2019
Do you routinely anaesthetize for hip fracture patients?

- Regularly (Monthly) (11) – 79%
- Occasionally (6 months) (3) – 21%
- Rarely (yearly) (0) – 0%
- Never (0) – 0%
Do you Routinely give TXA to hip fracture patients?

- Yes: 85.7%
- No: 14.3%
Do you think TXA should be given in ED, prior to Surgery, both or at another time?

- Prior to surgery (7) 58%
- Both (4) 33%
- ED (1) 8%
If you give TXA to hip fracture patients in theatre, what dose do you give?

• 1g I.V  100%

• 1g Oral 0%
If you give TXA to hip fracture patients, when do you give it?

- Prior to incision (7) - 58%
- On Induction (5) – 42%
Please indicate patients who you would NOT give TXA too

- Allergy to TXA (13) - 100%
- Stroke/ DVT/ PE in the last 6 months (11) - 85%
- Coronary stents in the last year (7) – 54%
- Any history of thromboembolic event (5) – 38%
- Fibrinolytic Conditions following DIC (4) - 31%
- Seizures (2) – 15%
What's Next?

Tranexamic Acid (TXA) in Hip Fracture Surgery

Method
- Check patient has not had TXA prior to theatre
- Slow IV injection over 10 mins on induction of anaesthesia
- No further doses required

Contraindications
- Stroke, Thromboembolic disease in the last 6 months
- Coronary stents within a year
- Allergy to TXA

Dose
- Standard: 15mg/kg to max of 1g
- Renal Impairment:

<table>
<thead>
<tr>
<th>Serum Creatinine (mM)</th>
<th>Dose (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;60</td>
<td>Limiting Dose</td>
</tr>
<tr>
<td>&gt;60</td>
<td>Varying Dose</td>
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</tbody>
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[https://www.medicines.org.uk/emc/product/10977/smpc]