TXA in #NOF Population

Elmarie Cairns, Blood Conservation Coordinator, NBT
&
Tim Hooper, Consultant Anaesthetist & Intensivist & Transfusion Clinical Lead, NBT
TXA Working Group

- Formed following last RTC


- TXA working group discussed, research, individual trust feeling and when to administer/what dose/what route

- Developed a guideline for regional use

- Discussed regional retrospective audit/audit following implementation.
What does the research say?

- **Farrow et al 2016, British Journal of Clinical Pharmacology** = No increase risk

- **Watts et al JOT 2017, RCT** = No increase adverse events at 30 or 90 days
• Other regions such as Northumbria have implemented TXA into the #NOF pathway

• Swindon have already implemented TXA into their #NOF pathway
Individual Trust feelings

NBT – All anaesthetists sent an on-line survey on current use of TXA

1. Do you routinely anaesthetise for Hip Fracture patients?
   - Regularly (monthly) 29.4%
   - Occasionally (6 monthly) 37.2%
   - Rarely (yearly) 27.4%
   - Never 5.8%

2. Do you routinely give TXA to hip fracture patients?
   - Yes 45.8%
   - No 41.6%
   - Other 12.5%
3. If you give TXA for Hip fracture patients, what dose do you routinely give? 
43/51 responded – majority stated 1g

4. If you give TXA for Hip fracture patients, when do you give it? 
44/51 responded majority stated on induction

5. Are there any Hip fracture patients you would not give TXA too? 
43/51 responded with patients that had had previous PE or had thromboembolic disease, had CVA, renal failure, AF and allergy
NBT Findings

6. Do you think TXA should be given in ED, prior to surgery, both or at another time?
   - ED **10.8%**
   - Prior to surgery **43.5%**
   - Other **21.7%**
   - Both **23.9%**

7. Are you aware of any complications in patients who have been given TXA for hip fracture surgery?
   44/51 replied majority stated no, 1 queried anaphylaxis.
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**:
  - | Serum Creatinine µmol/l | Dose I.V |
  - |------------------------|---------|
  - | 120-249                | 10mg/kg BW |
  - | 250-500                | 10mg/kg BW |
  - | >500                   | 5mg/kg BW  |

https://www.medicines.org.uk/emc/product/1077/smpc
TXA compliance in #NOF patients at NBT

- Yes: 76%
- No: 17%
- Unknown: 7%
What now?

• Review current practice regionally?

• Implement guideline

• Regional Audit of use