Introduction

Recent NICE transfusion guidelines (NG24) include recommendations on TXA use for treatment of bleeding and as prophylaxis pre-operatively. We were interested to explore compliance with NICE guidelines in our region.

Method

The West Midlands Regional Transfusion Committee Audit Group formulated questions by an iterative process and conducted an online exercise using Snap Surveys® software; a paper option was also available.

Results

MAJOR HAEMORRHAGE

>48% (n=15) hospitals responded to the survey; 100% had a Major Haemorrhage Policy (MHP) in place. All MHPs had some recommendation on use of TXA.

TXA use was recommended in 67% of IOCS policies.

BLOOD LOSS SURGERY

NICE Recommendation 1.1.8 [NG24; 2015] Consider intraoperative cell salvage with tranexamic acid for patients who are expected to lose a very high volume of blood (for example in cardiac and complex vascular surgery, major obstetric procedures, and pelvic reconstruction and scoliosis surgery).

73% hospitals have intraoperative cell salvage (IOCS) available; 82% can provide IOCS for all procedures. (This question was not appropriate for some trusts as types of surgery undertaken)

NICE Recommendation 1.1.7 [NG24; 2015] Do not routinely use cell salvage without tranexamic acid.

TXA use was recommended in 67% of IOCS policies.

CELL SALVAGE

>73% hospitals have intraoperative cell salvage (IOCS) available; 82% can provide IOCS for all procedures. (This question was not appropriate for some trusts as types of surgery undertaken)

NICE Recommendation 1.1.7 [NG24; 2015] Do not routinely use cell salvage without tranexamic acid.

TXA use was recommended in 67% of IOCS policies.

CONTRAINDICATIONS

Do not believe there is sufficient evidence to support current recommendations

Other respondents were asked what they consider to be contra-indications to TXA. Responses were:

- "Inclusion of vascular patients who are heparinised intraoperatively. Caution in renal failure and prothrombotic tendencies"
- "Previous pulmonary embolus or other significant thrombotic episodes"
- "Allergy to TXA, haematuria, severe atherosclerosis \(-\) clearly all to be taken considering risks/benefits of giving TXA e.g. in life threatening haemorrhage"
- "Should not be given to patients known to have had thromboembolic events (e.g., deep vein thrombosis, pulmonary embolism, cerebral thrombosis, acute renal cortical necrosis, and central retinal artery and vein obstruction) please refer to manufactures guidance or pharmacy for further information"

Conclusion

Good uptake of the NICE recommendations of those with a good evidence base, e.g. major haemorrhage.

Main barriers to compliance were:

- Insufficient evidence to support current recommendations
- Insufficient resource to implement change

Reference