Survey of Tranexamic Acid (TXA) Use in the West Midlands Region 2017
West Midlands Regional Transfusion Committee Audit Group

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Acknowledgements

Thanks to all the hospital staff who agreed to participate and undertook the data collection.

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Introduction

Key recommendations from the National Institute for health and Care Excellence (NICE) Guidelines in November 2015 (NG24) encourage clinicians to prescribe Tranexamic acid (TXA) for patients undergoing surgery where blood loss of >500mls is expected. The rationale is to reduce blood loss and hence transfusion requirement. NICE also recommend consideration of TXA and cell salvage 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).

The aim of the survey was to review the appropriate use of TXA as recommended in the NICE guidelines 2015 and evaluate compliance within these recommendations.

A key aspect of the survey was to establish if a case audit to determine appropriate use of TXA should be carried out as a future project for the RTC.

Methods

A survey group was established from members of the West Midlands Regional Transfusion Committee (RTC). Questions were formulated by an iterative process. The survey was conducted as an online exercise using Snap Surveys© software; a paper option was also available. All NHS and independent hospitals in the West Midlands region were invited to participate in the audit.

Answers to each question have been analysed proportionately (n, %). The survey was piloted prior to the main mail out. Response rates were monitored on a regular basis and anomalies in data returns were addressed.
Results

Tranexamic acid and major haemorrhage

Do you have a major haemorrhage policy in your hospital?

15/31 (48%) of organisations responded to the survey, with 100% of those responding indicating they had a major haemorrhage policy (MHP).

Do you have one policy or do you have multiple policies?

Most 60% (9) hospitals had one policy with 40% (6) having multiple policies.

Does the single MHP include a recommendation on TXA?

For single MHP policies, the use of TXA was mandated in 5 (56%) of these and considered in the remaining 4 (44%). Details of whether or not TXA was either mandated or considered in speciality aligned MHP policies where these existed was also obtained (Figure 1)

Figure 1.

All MHP policies specify the use of TXA although the wording of the recommendation varies. Interestingly despite the strong evidence base in trauma, 2/3 trusts do not mandate use of TXA in this setting. One site indicated it had a general and obstetric policy and TXA was indicated in both.
Are you aware of other policies or guidelines in your trust addressing minimisation of blood loss e.g. perioperatively (irrespective of whether they include recommendations on tranexamic acid)? Most hospitals (73%) have additional guidelines addressing minimisation of blood loss (Figure 3)

**Figure 3**

Other Trust Policies to Minimise Blood Loss

Is a recommendation on TXA included in these policies/guidelines?

The use of TXA in other policies to minimise blood loss is shown in Figure 4

**Figure 4**

TXA Use in Other Policies?
Tranexamic Acid and Cell Salvage

1.1.7 Do not routinely use cell salvage without tranexamic acid.


Does your Trust have Intraoperative Cell Salvage available?

11/15 hospitals who completed the survey have Intraoperative Cell salvage available (73%) and of those 11, 9 can provide it for all procedures (82%).

Does your cell salvage protocol include TXA?

Figure 5 - TXA in cell salvage protocols.

In a third of cases use of TXA is not mentioned in the ICS policy.

What do you consider to be contra-indications to TXA?

Comments were as follows (quoted directly)

- Excludes vascular patients who are heparinised intraoperatively. Caution in renal failure and pro-thrombotic tendencies
- Contraindications include 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

• The cell salvage policy does not mention any contraindications to the use of tranexamic acid.

**Specific Procedures**

1.1.8 Consider intra-operative 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).

*NICE) Guidelines[NG24] November 2015*

Are the following procedures performed in your Trust? If yes, do you use intraoperative cell salvage (ICS) for these procedures?

**Table 4 - Routine Use of Cell Salvage in procedures (of those trusts performing these procedures)**

<table>
<thead>
<tr>
<th>Counts Analysis % Respondents</th>
<th>Cardiac</th>
<th>Complex vascular surgery</th>
<th>Major obstetric procedures</th>
<th>Pelvic reconstruction</th>
<th>Scoliosis surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4</td>
<td>7</td>
<td>10</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>ICS in routine use</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>50.0%</td>
<td>28.6%</td>
<td>40.0%</td>
<td>25.0%</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td>ICS in use in some cases</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>50.0%</td>
<td>71.4%</td>
<td>50.0%</td>
<td>75.0%</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td>No ICS</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Almost all centres have cell salvage available for these high-risk procedures.
Is TXA used for the following procedures?

Table 5 - Routine Use of TXA in high blood loss procedures (of those hospitals performing these procedures)

<table>
<thead>
<tr>
<th>Counts Analysis % Respondents</th>
<th>Cardiac</th>
<th>Complex vascular surgery</th>
<th>Major obstetric procedures</th>
<th>Pelvic reconstruction</th>
<th>Scoliosis surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4</td>
<td>7</td>
<td>13</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>TXA in routine use</td>
<td>2</td>
<td>50.0%</td>
<td>2</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>TXA in use in some cases</td>
<td>2</td>
<td>50.0%</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>No TXA</td>
<td>-</td>
<td>57.1%</td>
<td>4</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

TXA is used in the majority of these procedures, with the exception being complex vascular surgery where anticoagulants are often used.

Do you use antifibrinolytics other than TXA (e.g. Aprotinin)?

5 organisations (33%) used antifibrinolytics other than TXA.

Tranexamic Acid and NICE Guideline [NG24]

The survey included questions on aspects relating to the implementation of the NICE guideline on Blood Transfusion

1.1.5 Offer tranexamic acid to adults undergoing surgery who are expected to have at least moderate blood loss (greater than 500 ml).

1.1.6 Consider tranexamic acid for children undergoing surgery who are expected to have at least moderate blood loss (greater than 10% blood volume).


Do you have any policy which includes offering TXA to adults undergoing surgery who are expected to have at least moderate blood loss (>500ml), Table 5?

Table 5

<table>
<thead>
<tr>
<th>Counts Analysis % Respondents</th>
<th>Policy which includes offering TXA to adults undergoing surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base</td>
<td>Yes</td>
</tr>
<tr>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>100.0%</td>
<td>53.3%</td>
</tr>
</tbody>
</table>
Do you have any policy which includes offering TXA to children undergoing surgery who are expected to have at least moderate blood loss (>10%) blood volume as described by the NICE guideline? (table 6).

Table 6

<table>
<thead>
<tr>
<th>Counts Analysis % Respondents</th>
<th>Do you have any policy which includes offering TXA to children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Base</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>15</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

A significant number of adult centres are not actively recommending use of TXA for moderate blood loss in keeping with NICE guidelines. Even fewer centres (<50%) treating children do not actively recommend TXA use in this situation.

Have you changed, or are you planning to change, any of your policies (with regards use of TXA) based on the publication of the NG24 NICE guidelines (Figure 6)

![Changes in response to NICE guideline](image)

- A - Yes, all changes made and policies/guidelines now fully compliant with NICE recommendations
- B - Yes, all changes made but still some difference from NICE recommendations
- C - Yes, planning to make changes in order to be fully compliant with recommendations
- D - Yes, planning to make changes but will still have some differences from NICE recommendations
- E - No changes planned- already compliant with NICE recommendations
- F - No changes planned- decision made to continue current practice despite not being fully compliant with NICE guidelines
- G - No changes planned- no discussions have taken place with regards NICE recommendations

Of those trusts who are not and do not plan to be fully compliant with NICE guidelines, the most common reason was the lack of evidence to support the guidelines, see Figure 7.
Of those trusts who are not and do not plan to be fully compliant with NICE guidelines, the most common aspect was use of TXA in children undergoing surgery with anticipated blood loss >10%, see Figure 8.
Figure 9 - Audits of use of TXA against NICE Guidance

13% of hospitals have indicated that they have audited all aspects against the NG24 NICE guidelines and 60% of hospitals indicated that they are not planning to audit against the guidelines.

Are you participating in any other trials?

Trust participation in trials involving TXA use (%, Figure 10)

20% of Hospitals are participating in the HALT-IT and TREATT Trials.
HALT-IT: is a pragmatic, randomized, double-blind, placebo-controlled trial which will determine the effect of tranexamic acid on mortality, morbidity (re-bleeding, non-fatal vascular events), blood transfusion, surgical intervention, and health status in patients with acute gastrointestinal bleeding.

TREAT: to Evaluate Tranexamic acid therapy in Thrombocytopenia. A double blind, randomized controlled trial evaluating the safety and efficacy of tranexamic acid in patients with haematological malignancies with severe thrombocytopenia.

Respondents of the survey were asked if they would be willing to participate in an audit of TXA use, 67% stated Yes and 33% No

Discussion

All hospitals have a MHP and all MHPs included in the responses included some recommendation on TXA. Many trusts have additional policies addressing blood loss, more than half of which specify use of TXA. There is a high uptake in obstetrics. The WOMAN study, a randomised study of TXA versus placebo in 20 000 women with post-partum haemorrhage, showed TXA is safe and effective in this setting. We have shown less uptake in cardiac and liver surgery which may represent lack of data in this area, concern over thrombotic risk and/or use of alternative antifibrinolytics in these patients. HALT-IT and TREATT studies will help inform practice in gastrointestinal haemorrhage and in haematology patients with hypoproliferative thrombocytopenia.

It is reassuring to see that ICS is widely available but interesting to note that TXA is not mentioned in 1/3 policies. Further questions in the survey indicated this is because of a lack of evidence base in this area.
Contraindications mentioned included:

- Renal failure
- Pro-thrombotic tendencies or history of VTE
- Allergy to TXA
- Haematuria

**Renal impairment**

Dose reductions can be given for patients with renal impairment as per the SPC (i.e. BD for creatinine 120-249 ml/min and OD for creatinine 250-500).

**History of thromboembolic disease**

Although history of venous or arterial thrombosis is a contraindication to TXA use there is little evidence of an excess of thrombosis being seen in patients treated with TXA.

**Allergy to Tranexamic Acid**

Hypersensitivity to tranexamic acid (or any of the ingredients) is a contraindication but clearly this will be applied on an individual patient basis. Hypotension has been observed, often due to the intravenous injection administered too rapidly. (TXA should be not injected more rapidly than 1 mL per minute).

**Haematuria**

This is a well-recognised contraindication due to the risk of clot retention and ureteric obstruction. This would be considered a relative contraindication in the setting of life threatening major haemorrhage; the risk/benefit profile of the drug needs to be considered and it is rare there would be an absolute contraindication (e.g. severe allergic reaction). However, in elective cell salvage the risk/benefit ratio is more likely to be in favour of withholding TXA for those with relative contraindications. The recommendation to give TXA routinely in patients undergoing surgery who have an anticipated blood loss of >500ml is not widely taken up. Subsequent questioning showed that there is poor support for this recommendation due to lack of evidence base.

40% of trusts report they have made all changes and are now fully compliant with NICE guidelines and 67% are (or are) planning to be fully compliant. A further 20% have either made
or are planning to make changes whereby policies will still differ from the NICE guidelines. 7% have not had any discussions around the NICE guidelines at all.

The specific guidance most frequently not implemented are those involving blood loss >500ml (and the equivalent in children) and around use of TXA with ICS. The most frequent barriers to implementation are lack of evidence to support the guidance, and a lack of resource to implement the guidance.

It is surprising that 60% trusts indicated they are not planning to audit against the NICE guidelines although 67% indicated they would be happy to participate in a regional audit.

**Summary**

The purpose of the survey was to assess the appropriate use of TXA as recommended in the National Institute for health and Care Excellence (NICE) guidelines 2015 and evaluate the compliance of these

**NICE Guidelines (NG24)**

1.1.5 Offer tranexamic acid to adults undergoing surgery who are expected to have at least moderate blood loss (greater than 500 ml).
1.1.6 Consider tranexamic acid for children undergoing surgery who are expected to have at least moderate blood loss (greater than 10% blood volume).
1.1.7 Do not routinely use cell salvage without tranexamic acid.
1.1.8 Consider intra-operative 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).

The survey indicated good uptake of the NICE recommendations of those where there is a good evidence base, for example in major haemorrhage. 15/31(48%) of organisations responded to the survey and 100% of those responding indicated they had a policy in place to cover the
circumstances of major haemorrhage (MH); 40% indicated they had more than one policy to cover this scenario.

Most MHP and Intra-Operative Cell Salvage policies mention TXA but ‘routine use’ in patients losing >10%/>500mls is infrequent.

53% hospitals have changed all or some of their to polices/guidelines with the NICE recommendations, and 34% are planning to do this, however the remaining 14% of hospitals who took part in the survey have no changes planned.

Almost all centres who took part in the survey have cell salvage available for high risk procedures.

Use of TXA is at least considered for most high risk procedures.

It was reported that 40% of hospitals have audited the NICE guidelines and are fully compliant and 46% of hospital are planned or in progress, whilst 14% of Hospitals stated they had not planned (or planning) to audit.

It appears that the lack of evidence base seems to be the main barrier to implementing aspects of the NICE Recommendations, with recommendations for use with ICS and in ‘niche’ areas such as liver and cardiac surgery being the most poorly taken up.

**Recommendations**

1. All trusts should audit clinical practice against the NICE guidelines
2. Where a decision has been made not to implement NICE guidelines, trusts should have clear documentation of the rationale with an appropriate risk assessment
3. Transfusion teams should use NICE guidelines and associated Quality Standards to highlight to Trust management the importance of implementing these changes and to gain support for resource where necessary (although we acknowledge this may not be successful). This may include not only financial/workforce support but also “buy in” from key areas such as surgery, anaesthetics and obstetrics.
4. This survey suggests regional support for a regional audit of TXA use although the audit standards may need to reflect a generalised lack of uptake for some of the recommendations.
References


TREATTT Trial; NHSBT https://www.nhsbt.nhs.uk/clinical-trials-unit/current-trials-and-studies/treatt/

WM RTC Audit: TXA

Introduction

Key recommendations from the NICE Guidelines in November 2015 (NG24) encourage clinicians to prescribe Tranexamic acid for patients undergoing surgery where blood loss >500ml is expected. The rationale is to reduce blood loss and hence transfusion requirement.

NICE also recommend consideration of Tranexamic acid and cell salvage 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).

Aim

To review appropriate use of TXA as recommended in the NICE guidelines 2015 and evaluate compliance within these recommendations. It is anticipated the results of this survey will help explore any reasons for non-compliance. Outcomes of the survey may help inform a subsequent regional audit should this be warranted based on the results obtained.

Name of hospital………………………………………………………………………………

1. Do you have a MHP in your hospital? Y/N

2. If yes, do you have one policy to cover all major haemorrhages or do you have multiple policies? (If No go to Q……)

<table>
<thead>
<tr>
<th>One Policy</th>
<th>Multiple policies</th>
<th>N/A</th>
</tr>
</thead>
</table>

3. If single MHP does it include a recommendation on TXA?

<table>
<thead>
<tr>
<th>Yes / Mandated*</th>
<th>Yes / Considered**</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

*Mandated = wording of the recommendation of TXA in the policy suggests that TXA MUST be given unless contraindicated

**Considered = wording of the recommendation suggests clinicians should consider using TXA if they feel it is clinically appropriate

(Go to Q 5)
4. If multiple, which policies do you have and do they include a recommendation on TXA?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes / Mandated*</th>
<th>Yes / Considered**</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Trauma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Obstetric</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Paediatric</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Surgical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Are you aware of other policies or guidelines in your trust addressing optimisation of haemoglobin? Y/N (If ‘No’ go directly to Q6)

If yes, is a recommendation on TXA included in these policies/guidelines? (tick N/A if you do not have a policy for this group)

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Pre-operative: all surgical patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Pre-operative: specific groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Cardiac</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Liver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Orthopaedic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Obstetric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. In Medical patients e.g. gastroenterology</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Does your trust have cell salvage available?
<table>
<thead>
<tr>
<th>Yes, planned procedures only</th>
<th>Yes, for use in all major haemorrhage including planned and unplanned</th>
<th>Yes, Other</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

(If No go directly to Q10)

7. If yes, does your CS protocol include TXA?

<table>
<thead>
<tr>
<th>Yes, routinely in all patients unless contraindicated</th>
<th>Yes, in some groups of patients.</th>
<th>No</th>
<th>Other</th>
<th>Please add any comments you may have. If your protocol specifies groups of patients to whom TXA should not be given, please give details here.</th>
</tr>
</thead>
</table>

9. Do you perform the current surgeries? If yes, do you use intraoperative cell salvage and TXA for these operations? (surgeries as stated by the recent NICE guidelines NG24)

<table>
<thead>
<tr>
<th>I. Cardiac</th>
<th>ICS in routine use</th>
<th>ICS in use in some cases</th>
<th>No ICS</th>
<th>TXA mandated</th>
<th>TXA considered</th>
<th>TXA not mentioned in ICS policy</th>
<th>Do not perform this surgery in our trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. Complex vascular surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Major obstetric procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Pelvic reconstruction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Scoliosis surgery</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

10. Do you have any policy which includes offering TXA to **adults** undergoing surgery who are expected to have at least moderate blood loss >500ml (adults)? Y/N/do not treat **adults**
11. Do you have any policy which includes offering TXA to children undergoing surgery who are expected to have at least moderate blood loss >10% blood volume? Y/N/do not treat children

12. Have you changed, or are you planning to change, any of your policies (with regards use of TXA) based on the publication of the NG24 NICE guidelines?
   a. Yes, all changes made and policies/guidelines now fully compliant with NICE recommendations
   b. Yes, all changes made but still some difference from NICE recommendations
   c. Yes, planning to make changes to be fully compliant with recommendations
   d. Yes, planning to make changes but will still have some differences from NICE recommendations
   e. No changes planned- already compliant with NICE recommendations
   f. No changes planned- decision made to continue current practice despite not being fully compliant with NICE guidelines
   g. No changes planned- no discussions have taken place with regards NICE recommendations

13. If you have selected b/d/f or g from Q12, please indicate your reasoning (tick all that apply)

<table>
<thead>
<tr>
<th>Please tick</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do not believe there is sufficient evidence to support current recommendations</td>
<td></td>
</tr>
<tr>
<td>b. Currently participating in a clinical trial where patients are randomised to receiving TXA or not</td>
<td></td>
</tr>
<tr>
<td>c. Insufficient resource to implement change</td>
<td></td>
</tr>
<tr>
<td>d. Other</td>
<td></td>
</tr>
</tbody>
</table>

14. If you have selected b,d, f or g,(from Q12), please indicate which NICE recommendation you are not Implementing (from the list below) and reason.

   a. **1.1.5** Offer tranexamic acid to adults undergoing surgery who are expected to have at least moderate blood loss (greater than 500 ml).
   b. **1.1.6** Consider tranexamic acid for children undergoing surgery who are expected to have at least moderate blood loss (greater than 10% blood volume).
   c. **1.1.7** Do not routinely use cell salvage without tranexamic acid.
d. **1.1.8** Consider intra-operative 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.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Please tick</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Not advocating routine use of TXA— for individual clinicians to decide for each patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Not advocating use of TXA - not enough evidence to support routine use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Have you already audited use of TXA in your hospital, against the NG24 NICE guidelines?  Y, all aspects/Y, some aspects/In progress or planned/No, not planning to audit

16. Are you already involved in any TXA clinical Trials/Research or similar Yes/No?

17. Would you be interested participating in a regional audit of TXA use? Yes/No?
