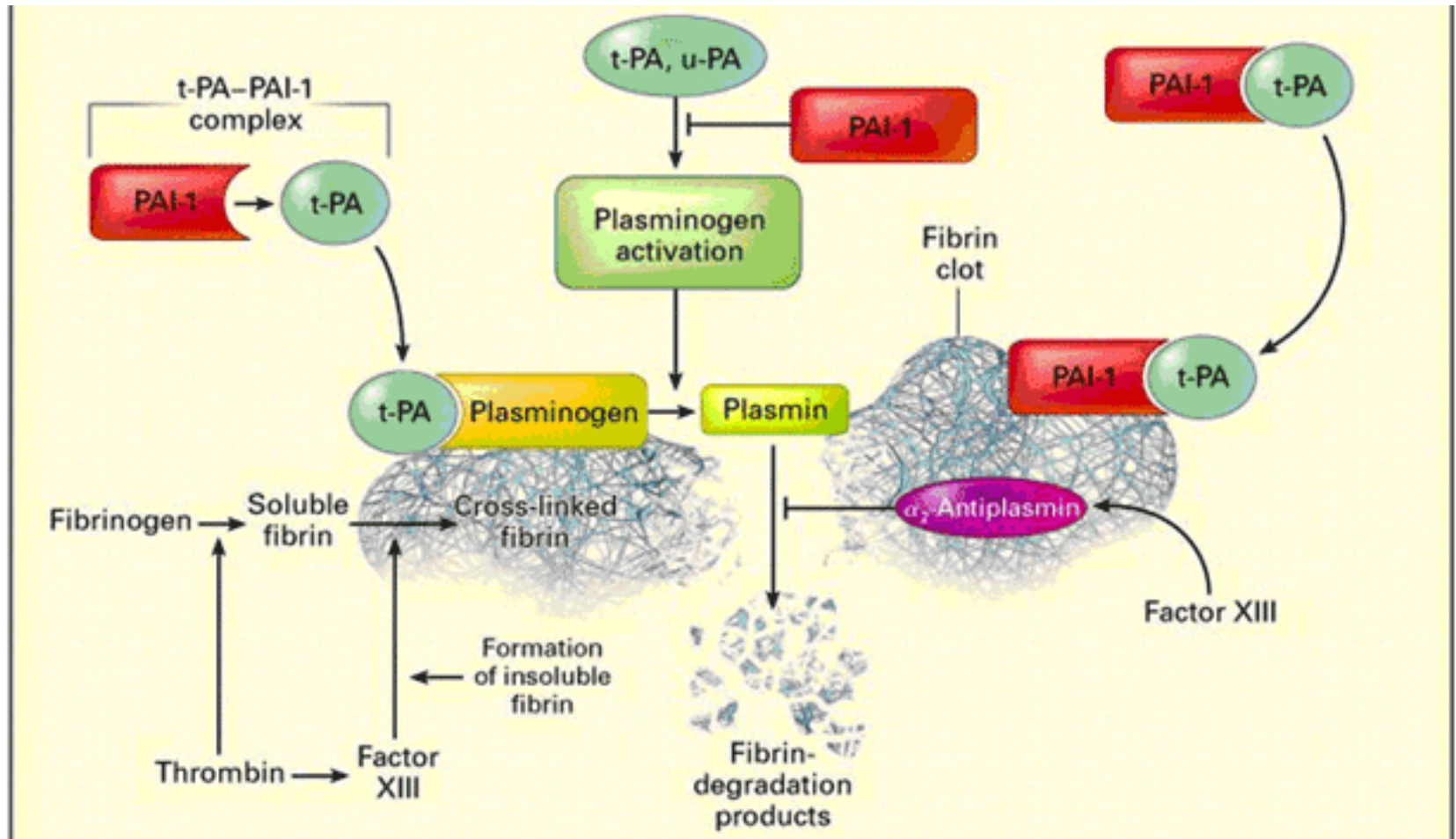


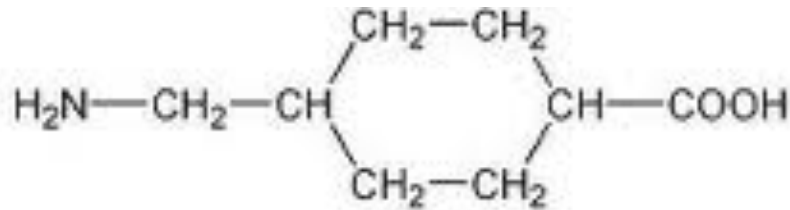
Fibrinolysis





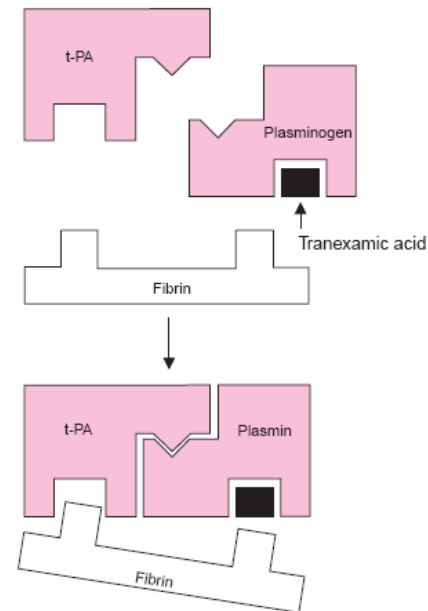
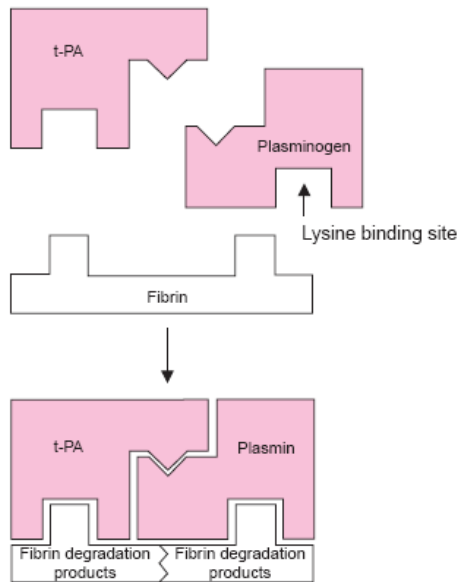
Tranexamic acid

a lysine binding analogue



Empirical Formula: $\text{C}_8\text{H}_{15}\text{NO}_2$

Molecular Weight: 157.2



Which trauma groups benefit from TA worldwide ?

Number	Preventable trauma worldwide deaths with TA
Those presenting with massive blood loss	20,000
Those presenting with bleeding but not MBL	100,000
TOTAL	120,000

TXA use in surgery

Systematic review identified 129 trials between 1972-2011 including 10 488 patients (now over 500 trials!)

Transfusion

RR (95% CI)

TXA  0.62 (0.58-0.65)

0.4 0.8 1.2 1.6

TXA better

TXA worse

95 trials

Mortality

RR (95% CI)

TXA  0.61 (0.38-0.98)

0 0.4 0.8 1.2 1.6

TXA better

TXA worse

72 trials

When should TXA be used in surgery?

- When expecting a significant blood loss
- Not if TXA allergy
- Not in urological surgery where ureteric obstruction by clot is a possibility?
- Yes in those with previous VTE?

Barriers to TXA global uptake

Education, education, education

Scientific

WHO approved drug

Disorganised, poorly funded healthcare systems with lack of infrastructure

Poor change management

Leadership, enthusiasm & champions