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ORIGINAL ARTICLE

Effect of Perioperative Tranexamic Acid on Blood Loss following Open Simple Prostatectomy: A Prospective Review In Nigerian Men

Effet De L'acide Tranexamique Périopératoire Sur La Perte De Sang Après Une Prostatectomie Simple Ouverte : Une Étude Prospective Chez Des Hommes Nigériens

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ABSTRACT

BACKGROUND: Haemorrhage is a common complication following open simple prostatectomy and patients may sometimes require a blood transfusion. Tranexamic acid has been shown to reduce blood loss following transurethral resection of the prostate and open radical prostatectomy. This study evaluated the effect of perioperative intravenous administration of tranexamic acid on blood loss and blood transfusion rates in patients who had OSP for benign prostatic enlargement.

METHODOLOGY: This was a comparative study of patients with documented prostate glands 60g and above scheduled for OSP. Initial hematocrit was done a day before surgery. The patients were randomized into a tranexamic acid group, which received perioperative intravenous tranexamic acid and the no-TXA group which received placebo (0.9% saline). All patients had open simple retropubic prostatectomy. Final post-operative hematocrit was assessed 72 hours after surgery, and blood loss was calculated using the modified Gross formula (actual blood loss = estimated blood volume x change in hematocrit / mean hematocrit). The transfusion rate was documented.

RESULTS: Fifty-six patients participated in this study and were randomized into a tranexamic acid group and no-tranexamic acid group. The mean age of patients in the tranexamic acid group was 66.07 ± 7.08 years and was comparable to the no-tranexamic acid group which was 66.50 ± 8.80 years ($P = 0.842$). The median total blood loss was lower in the tranexamic acid group (502mls, IQR 613) compared to the no-tranexamic acid group (801mls, IQR 1069). The difference in the median blood loss between the two groups was 299mls ($U 275, P 0.055$). The rate of blood transfusion was lower in the tranexamic acid group (6 patients, 21%) compared to the no-tranexamic acid group (11 patients, 39%), ($P = 0.146$). There was no difference in complication rates between the two groups.

CONCLUSION: The use of tranexamic acid in patients undergoing open simple prostatectomy showed a trend towards reduced intra-operative blood loss and less need for blood transfusion. This is of clinical significance, especially in elderly patients with low cardiovascular reserve. **WAJM 2023; 40(9): 909–913.**

Keywords: Benign prostatic enlargement, Open simple prostatectomy, Haemorrhage, Tranexamic acid.

RÉSUMÉ

CONTEXTE: L'hémorragie est une complication courante après une prostatectomie simple ouverte et les patients doivent parfois recevoir une transfusion sanguine. Il a été démontré que l'acide tranexamique réduit la perte de sang après une résection transurétrale de la prostate et une prostatectomie radicale ouverte. Cette étude a évalué l'effet de l'administration intraveineuse périopératoire d'acide tranexamique sur les pertes sanguines et les taux de transfusion sanguine chez des patients ayant subi une PSO pour hypertrophie bénigne de la prostate.

MÉTHODOLOGIE: Il s'agissait d'une étude comparative de patients dont la prostate de 60 g et plus était documentée et qui devaient subir une PSO. L'hématocrite de base a été effectué un jour avant la chirurgie. Les patients ont été répartis aléatoirement dans le groupe avec acide tranexamique, qui a reçu de l'acide tranexamique périopératoire par voie intraveineuse, et dans le groupe sans TXA, qui a reçu un placebo. Tous les patients ont subi une prostatectomie rétropubienne simple ouverte. L'hématocrite postopératoire a été évalué, et la perte de sang calculée à l'aide de la formule de Gross modifiée. Le taux de transfusion a été documenté.

RÉSULTATS: Cinquante-six patients ont participé à cette étude et ont été randomisés entre le groupe avec acide tranexamique et le groupe sans acide tranexamique. L'âge moyen des patients du groupe acide tranexamique était de 66,07 ± 7,08 ans et était comparable à celui du groupe sans acide tranexamique qui était de 66,50 ± 8,80 ans ($P = 0,842$). La perte sanguine totale médiane était plus faible dans le groupe avec acide tranexamique (502 ml, IQR 613) que dans le groupe sans acide tranexamique (801 ml, IQR 1069). La différence de la perte de sang médiane entre les deux groupes était de 299 ml ($U 275, P 0,055$). Le taux de transfusion sanguine était inférieur dans le groupe acide tranexamique (6 patients, 21%) par rapport au groupe sans acide tranexamique (11 patients, 39%), ($P = 0,146$). Il n'y avait pas de différence dans les taux de complication entre les deux groupes.

CONCLUSION: L'utilisation de l'acide tranexamique chez les patients subissant une prostatectomie simple ouverte a montré une tendance à la réduction de la perte de sang peropératoire et un besoin moindre de transfusion sanguine. **WAJM 2023; 40(9): 909–913.**

Mots clés: Hypertrophie bénigne de la prostate, Prostatectomie simple ouverte, Hémorragie, Acide tranexamique.

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Abbreviations: BPE, Benign Prostatic Enlargement; OSP, Open Simple Prostatectomy; TURP, Transurethral Resection of the Prostate; TXA, Tranexamic Acid.