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Use of Prophylactic Parenteral Tranexamic Acid for Reduction of Blood Loss During and After Caesarean Section: A Double-Blind Randomized Controlled Study

Utilisation de l'Acide Tranexamique Parentéral Prophylactique pour la Réduction de la Perte de Sang Pendant et Après la Césarienne: Une Étude Randomisée Contrôlée en Double Aveugle

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ABSTRACT

BACKGROUND: Haemorrhage is a leading cause of maternal mortality. The prophylactic use of tranexamic acid during vaginal delivery or caesarean section has the potential to reduce blood loss and postpartum anaemia.

OBJECTIVE: To determine the effectiveness and safety of tranexamic acid in reducing blood loss during and within twenty-four hours after a caesarean section.

METHODS: This was a randomised controlled study of two hundred and eighty-four (284) pregnant women booked for caesarean section at the University of Nigeria Teaching Hospital (UNTH), Ituku Ozalla, Enugu, Nigeria. The women were randomised into two groups: the intervention group (n = 142) that received intraoperative tranexamic acid with routine post-delivery oxytocin injection and the control group (n = 142) that received placebo with routine post-delivery oxytocin. Blood loss was assessed both intra and post-operatively using a standard technique.

RESULTS: The mean intraoperative blood loss was significantly lower in the intervention group compared to the control group (435.9±34 vs. 918±258.7, P=0.036). Similarly, the postoperative blood loss within twenty-four hours of surgery was significantly less in the intervention compared to the control group (232.71±67.4 vs. 717±317.6, P=0.031). The incidences of postoperative anaemia and blood transfusion intra or postoperatively were also significantly less in the intervention group compared to the control group (33.2% vs. 48.6; RR = 0.623; 95% CI = 0.46-0.84; p = 0.002, and 6.3% vs 24.6%; RR = 0.257; 95%CI = 0.13-0.52; P= < 0.001, respectively). There were no differences in the incidences of maternal and neonatal complications.

CONCLUSION: The use of prophylactic parenteral tranexamic acid significantly reduces blood loss during and after caesarean section. It is therefore recommended in our obstetric practice as it has the potential to reduce the incidence of postpartum anaemia.

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KEYWORDS: Tranexamic acid, Intrapartum blood loss, Post-partum haemorrhage, Anaemia

RÉSUMÉ

CONTEXTE: L'hémorragie est l'une des principales causes de mortalité maternelle. L'utilisation prophylactique de l'acide tranexamique lors d'un accouchement par voie basse ou d'une césarienne a le potentiel de réduire la perte de sang et l'anémie post-partum.

OBJECTIF: Déterminer l'efficacité et la sécurité de l'acide tranexamique dans la réduction de la perte de sang pendant et dans les vingt-quatre heures suivant une césarienne.

MÉTHODES: Cette étude contrôlée randomisée a inclus deux cent quatre-vingt-quatre (284) femmes enceintes prévues pour une césarienne à l'Hôpital Universitaire du Nigeria (UNTH), Ituku Ozalla, Enugu, Nigéria. Les femmes ont été randomisées en deux groupes : le groupe d'intervention (n = 142) qui a reçu de l'acide tranexamique en peropératoire avec une injection d'oxytocine post-accouchement de routine et le groupe témoin (n = 142) qui a reçu un placebo avec l'oxytocine de routine post-accouchement. La perte de sang a été évaluée pendant l'opération et après l'opération à l'aide d'une technique standard.

RÉSULTATS: La perte de sang moyenne peropératoire était significativement plus faible dans le groupe d'intervention par rapport au groupe témoin (435,9±34 vs. 918±258,7, P=0,036). De même, la perte de sang postopératoire dans les vingt-quatre heures suivant l'opération était significativement plus faible dans le groupe d'intervention par rapport au groupe témoin (232,71±67,4 vs. 717±317,6, P=0,031). Les incidences d'anémie postopératoire et de transfusion sanguine pendant ou après l'opération étaient également significativement plus faibles dans le groupe d'intervention par rapport au groupe témoin (33,2% vs. 48,6%; RR = 0,623; IC 95% = 0,46-0,84; p = 0,002, et 6,3% vs. 24,6%; RR = 0,257; IC 95% = 0,13-0,52; P= < 0,001, respectivement). Il n'y avait pas de différences dans les incidences de complications maternelles et néonatales.

CONCLUSION: L'utilisation prophylactique d'acide tranexamique parentéral réduit significativement la perte de sang pendant et après une césarienne. Il est donc recommandé dans notre pratique obstétricale, car il a le potentiel de réduire l'incidence de l'anémie post-partum.

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MOTS-CLÉS: Acide tranexamique, Perte de sang intrapartum, Hémorragie post-partum, Anémie

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