

ASA: tranexamic acid doesn't up death, thrombotic complications

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(HealthDay)—Tranexamic acid is associated with a lower risk of

bleeding than placebo for patients undergoing coronary artery surgery without increased risk of death or thrombotic complications, according to a study published online Oct. 23 in the *New England Journal of Medicine*. The research was published to coincide with the annual meeting of the American Society of Anesthesiologists, held from Oct. 22 to 26 in Chicago.

Paul S. Myles, M.P.H., M.D., from Alfred Hospital in Melbourne, Australia, and colleagues conducted a trial in which patients who were scheduled to undergo coronary artery surgery and were at risk for perioperative complications were randomized to receive aspirin or [placebo](#) and [tranexamic acid](#) or placebo. Of the 4,631 patients who underwent surgery and had available outcomes data, 2,311 were assigned to tranexamic acid and 2,320 to placebo.

The researchers found that 16.7 and 18.1 percent of the tranexamic acid and placebo groups, respectively, had a primary outcome event (composite of death and thrombotic complications) (relative risk, 0.92; 95 percent confidence interval, 0.81 to 1.05). The total number of units of blood products transfused during hospitalization was 4,331 and 7,994 in the tranexamic acid and placebo groups, respectively (P

"Among patients undergoing coronary-artery surgery, tranexamic acid was associated with a lower risk of bleeding than was placebo, without a higher risk of death or thrombotic complications within 30 days after surgery," the authors write.

Bayer Pharma provided the aspirin and matched placebo tablets used in the aspirin comparison.

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