

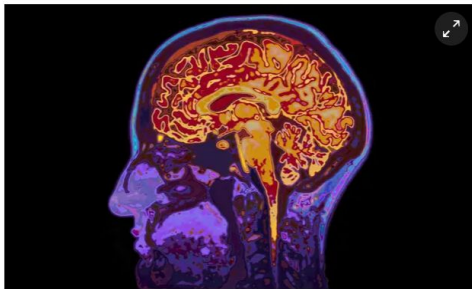
TXA in TBI

Most clinicians working in major trauma will be aware of the publication of the CRASH 3 study recently. You'll find the official WYMTN position here:

<https://www.wymtn.com/crash-3.html> (spoiler: use it).

Common drug could prevent thousands of head injury deaths

Researchers say tranexamic acid treatment has potential to save tens of thousands of lives



The publication of the study led to some very enthusiastic press coverage¹ with some rather dramatic headlines that it would be fair to say overstate the likely benefits. It also led to some very interesting online debate amongst medical social media commentators with a particularly marked difference in opinion across the Atlantic. If you want to read an excellent analysis of the paper, with links to a number of dissenting views, you should head to the St.Emlyn's website where Prof Simon Carley has written a very readable piece².

In the UK the National Clinical Lead for major trauma, Prof Chris Moran, has issued guidance in support of TXA use in major trauma³. It's important to recognise that the use of TXA is no magic bullet but is likely to provide a marginal gain in improving outcomes for our patients. That's no different from any other change in major trauma care over the last 20 years. Our patients will do best when we ensure that the care we provide is as efficient and effective as possible, particularly when it comes to doing the basics well.

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¹ <https://www.bbc.co.uk/news/health-49977827>

² <https://www.stemlynsblog.org/jc-tranexamic-acid-txa-in-head-injury-the-crash-3-results-st-emlyns/>

³ https://www.wymtn.com/uploads/5/1/8/9/51899421/crash-3_clinical_guideline_v1_0_15_10_19.pdf