# Randomised, double-blind, controlled study of the tranexamic acid prophylaxis efficacy on the development of systemic inflammatory response syndrome and postoperative bleeding in cardiopulmonary bypass surgery patients

Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>		
	☐ Protocol		
Overall study status	Statistical analysis plan		
Completed	[X] Results		
<b>Condition category</b> Other	[] Individual participant data		
	Overall study status Completed Condition category		

**Plain English summary of protocol**Not provided at time of registration

## Contact information

**Type(s)**Scientific

Contact name

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Contact details

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## Additional identifiers

Protocol serial number

Tranexamico/2002

## Study information

Scientific Title

Randomised, double-blind, controlled study of the tranexamic acid prophylaxis efficacy on the development of systemic inflammatory response syndrome and postoperative bleeding in cardiopulmonary bypass surgery patients

## Acronym

TX/02

## **Study objectives**

We hypothesised that the inhibition of fibrinolysis through the administration of tranexamic acid could reduce the incidence of systemic inflammatory response syndrome and postoperative bleeding after cardiopulmonary bypass.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Approval received from the University Hospital of Canary Islands Ethics and Research Council on the 20th December 2001 (ref: 35/01).

## Study design

Randomised, double-blind, controlled study

## Primary study design

Interventional

## Study type(s)

Treatment

## Health condition(s) or problem(s) studied

Systemic inflammatory response syndrome

#### Interventions

Infusions of either tranexamic acid or placebo (0.9% saline), with doses of 2 g pre- and post-cardiopulmonary bypass after protamine administration.

Follow-up continued until the patient was discharged from the hospital.

## Intervention Type

Drug

#### Phase

**Not Specified** 

## Drug/device/biological/vaccine name(s)

Tranexamic acid, protamine

#### Primary outcome(s)

To investigate the efficacy of tranexamic acid in decreasing the incidence of systemic inflammatory response syndrome and postoperative bleeding.

Data was recorded preoperatively, after surgery, at Intensive Care Unit admission (0 hours), four hours and 24 hours.

## Key secondary outcome(s))

To investigate the efficacy of tranexamic acid to reduce excessive postoperative bleeding in patients undergoing cardiac surgery, according to the presence of different genotypes of the Plasminogen Activator Inhibitor (PAI-1) gene.

Data was recorded preoperatively, after surgery, at Intensive Care Unit admission (0 hours), four hours and 24 hours.

## Completion date

01/09/2003

## Eligibility

#### Key inclusion criteria

Consecutive Caucasian adults undergoing elective cardiopulmonary bypass surgery with normal aggregation and coagulation test values.

## Participant type(s)

**Patient** 

## Healthy volunteers allowed

No

## Age group

**Not Specified** 

#### Sex

All

#### Total final enrolment

50

## Key exclusion criteria

- 1. Emergency interventions
- 2. Patients with a history of haemostatic dysfunction
- 3. Renal failure (creatinine greater than 2 mg/dl)
- 4. Chronic hepatopathy
- 5. Immunodepressed patients
- 6. Sepsis

#### Date of first enrolment

01/06/2002

#### Date of final enrolment

01/09/2003

## **Locations**

#### Countries of recruitment

Spain

## Study participating centre

Ofra s/n

La Laguna Spain 38320

## Sponsor information

## Organisation

University Hospital of Canary Islands (Consorcio Sanitario de Tenerife [CST]) (Spain)

#### **ROR**

https://ror.org/05qndj312

## Funder(s)

## Funder type

Research organisation

#### Funder Name

Canary Islands Foundation of Health Research (Fundación Canaria de Investigación y Salud [FUNCIS]) (Spain) (ref: 2202)

## **Results and Publications**

Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/08/2007	05/01/2021	Yes	No