



EVENT REPORT

**Pre-hospital synergy:
Tranexamic acid and blood transfusion
in patients at risk for hemorrhage**

29 September 2022

General overview

The event was hosted by The Global Surgery Foundation (The GSF) and the United Nations Institute for Training and Research (UNITAR) in collaboration with Evidence-based Reviews in Surgery (EBRS), the Canadian Association of General Surgeons (CAGS). Through the newly established partnership with CAGS, the event was accredited as an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification (MoC) Program of the Royal College of Physicians and Surgeons of Canada and approved by Canadian Association of General Surgeons.

In keeping with the EBRS methodology, the panel discussion focussed on a very specific and technical topic addressed in the publication 'Pre-hospital synergy: Tranexamic acid and blood transfusion in patients at risk for haemorrhage'. The panel discussion focussed on using blood products and tranexamic acid in trauma patients from diverse perspectives, and identifying challenges and opportunities for access, cost, and clinical considerations. Great emphasis was placed on the application of tranexamic acid in diverse settings, including South Africa and India.

Event learning objectives

- To review the evidence supporting the use of tranexamic acid in injured patients
- To review the evidence supporting pre-hospital blood transfusion in injured patients
- To critically appraise an article evaluating the combined use of pre-hospital blood transfusion and tranexamic acid in injured patients

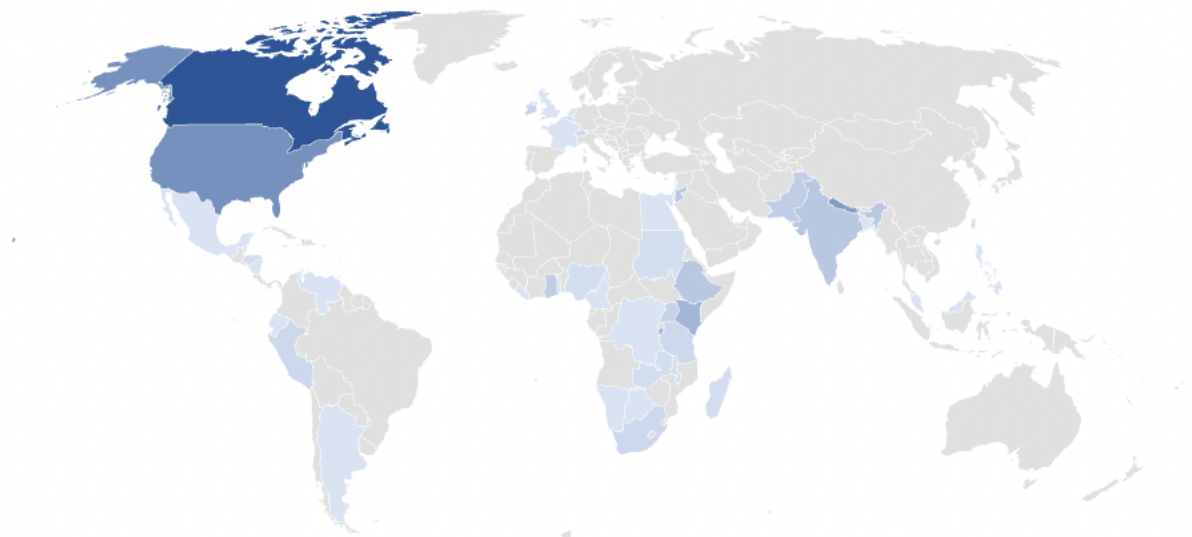
Key messages

- Panellists expressed caution in making definitive statements on the results of the publication due to its small sample size and the confounding factors associated with 30-day outcomes.
- Panellists reached consensus that TXA is a cost-effective (44 cents per injection) intervention with very little side-effects.
- A pathway for usage of TXA in pre-hospital settings is to first establish its routine use in hospital settings, particularly in resource-limited settings, including smaller trauma centres.
- Lessons can be learned from other specialities, such as the joint statement from International Federation of Gynaecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM) recommending the use of TXA for the treatment of postpartum haemorrhage.

Event attendance

- A total of 117 participants attended the event via Zoom
- A total of 46 countries were represented, with highest representation from Canada (16%), USA (10%), Nepal (9%), Burundi (6%), and Kenya (5%).
- Most participants who attended were Medical Staff (54%) followed by Academia (15%), NGO (10%), and UN/Government (8%).

Geographic distribution

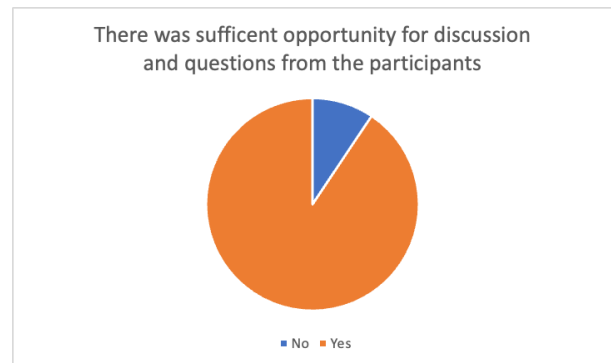
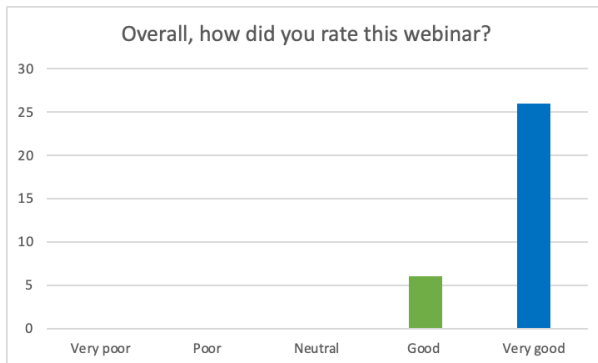


Promotion and planning

- Promotional activities via social media and mass mailing campaigns were channelled through GSF and UNITAR.
- Promotional efforts generated a total number of 365 registrants.

Evaluation

A total of 32 participants responded to the evaluation survey sent to the participants following the event. Participants were re-directed to the survey following the event and a reminder to complete the survey was also sent out the following day.



100% of respondents rated the webinar as 'very good' or 'good' overall and 78% of respondents strongly agreed that the program was relevant to their professional practice. In addition, 90% of respondents agreed that there was sufficient opportunity for discussions and questions from participants.

Event outcome and next steps

- 1) The **event recording** is available here:
<https://www.globalsurgeryfoundation.org/events/2022/tranexamic-acid-blood-transfusion>
- 2) The GSF and UNITAR will aim to continue collaboration with both EBRS and CAGS to co-host joint sessions, focusing on publications applicable to a wide range of settings, including resource-limited settings.



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