East Lancashire Health Economy Medicines Management Board
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Use of Topical Tranexamic Acid to control surface bleeding from fungating wounds in the skin.

Recommendations approved by East Lancashire specialists in palliative care

Note: Use of tranexamic acid as described below is unlicensed.

Contra-indications Active thrombo-embolic disease, e.g. recent thrombo-embolism, Disseminated Intravascular Coagulation (DIC), history of convulsions, severe renal impairment.

Mode of action Tranexamic acid is a synthetic antifibrinolytic drug derived from lysine. It binds to plasminogen reducing its conversion to plasmin which in turn reduces fibrin degradation, thereby preventing dissolution of haemostatic plugs. Systemic or topical use of antifibrinolytics reduces blood loss in various circumstances.

Cautions History of thrombo-embolism, renal impairment.

Undesirable effects None known when used topically.

Place in therapy Generally, antifibrinolytics should be used as one part of a multimodal approach to the management of surface bleeding. Note: Haemostatic agents are generally not indicated for the treatment of catastrophic haemorrhage. Supportive non-drug measures should be used, with sedation for distress, if needed e.g. benzodiazepines.

Preparation and application

- Soak the undiluted contents of a 500mg/5mL, ampoule (10%) into gauze and apply with pressure for 10 minutes; leave *in situ* covered with a dressing.

Note: to minimise the risk of glass particles, the ampoule contents should be drawn up through a filter needle and then expelled onto gauze using a new needle.

Other measures in addition to the topical use of tranexamic acid

Adrenaline: Short term use of adrenaline solution 1mg/ml (1 in 1000) applied to the affected area could be an option (this falls outside the scope of this document).

Antibiotics/ Dressings: For bleeding wounds, consider antibiotics if there are signs or symptoms of infection, as infected wounds are more likely to bleed. Consider the involvement of the Tissue Viability Nurse for advice regarding suitable dressings.

Systemic tranexamic acid: If bleeding is not thought to be due to DIC, consider systemic tranexamic acid:

- Initial dose of 1.5g orally followed by 1g three times a day
- If bleeding not settling after 3 days, increase to 1.5g three times a day
- Reduce or discontinue 1 week after bleeding stops: restart if recurs.

Other Medicines: Discontinue anticoagulants (e.g. LMWH, warfarin), anti-platelet drugs (e.g. aspirin, clopidogrel) and other drugs which impair platelet function (e.g. most NSAIDs, SSRIs). If analgesia is required, prescribe paracetamol or an NSAID which does *not* impair platelet function.

Potential alternative specialist measures: Radiotherapy, coagulation e.g. diathermy, cryotherapy, LASER, Embolisation.

References

Palliative Care Formulary: Haemostatics (accessed online 4.9.19).
British National Formulary: Prescribing in Palliative Care (accessed online 11.10.19).

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