

IN THREE GROUP OF 50 PATIENTS EACH (ASA -1 CLASS) TXA WAS GIVEN 30 MINUTES BEFORE,AT THE START OF SURGERY OR PLACEBO. IT WAS NOTED THAT PATIENTS RECEIVING TXA WELL AHEAD (30 MIN-UTES BEFORE)HAD A CONSIDERABLE LESS BLOOD LOSS COMPARED TO THE GROUP RECEIVING AT THE START OF SURGERY OR RECEIVING PLACEBO.THIS IS VERY ESSNTIAL TO AVOID UNNECESSORY BLOOD LOSS,BLOOD TRANSFUSION AND IT'S SIDE EFFECTS.

1.IN PATIENTS UNDERGOING VAGINAL HYSTERECTOMY WITH PELVIC FLOOR REPAIR: NORMAL LOSS: 500 TO 700 ML

GROUP A: 300 TO 400 ML/GROUP B:400 TO 600 ML/GROUP C: 500 TO 700 ML.

2.IN PATIENTS UNDERGOING ABDOMINAL HYSTERECTOMY:

NORMAL BLOOD LOSS:100 TO300 ML

GROUP A: LESS THAN 100 ML/GROUP B:100 TO 150 ML/GROUP C:150 TO 300 ML

3.IN PATIENTS UNDERGOING ORTHO PROCEDURES AFTER MULTIPLE FRACTURES WITH CONSIDERABLE BLOOD LOSS.IT HAS BEEN NOTED TXA DEFINITELY HELPS IN CONTROLLING FURTHER BLOOD LOSS DUR-ING THE SURGERIES.

USEFULLNESS OF THE STUDY CONCLUSION

FROM THIS STUDY IT IS VERY OBVIOUS THERE IS MUCH LESS BLOOD LOSS IN PATIENTS RECEIVING TRANEXAMIC ACID 30 MINUTES BEFORE THE START OF SURGERY THAN THE OTHER GROUPS.

THIS IS VERY ESSENTIAL TO AVOID UNNECESSORY BLOOD LOSS , SUB-SEQUENT BLOOD TRANSFUSION AND IT'S SIDE EFFECTS.

IN PATIENTS UNDER GOING COMPLICATED ORTHO PROCEDURES AF-TER MULTIPLE FRACTURES WITH CONSIDERABLE BLOOD LOSS, THE US-AGE OF TRANEXAMIC ACID IN CONTROLLING FURTHER BLOOD LOSS DURING SURGERY WILL BE IMMENSELY USEFUL.

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