

POSTSURGICAL BLEEDING

The following study found tranexamic acid to be effective and well tolerated -“Prevention of postsurgical bleeding in oral surgery using tranexamic acid without dose modification of oral anticoagulants” (J Oral Maxillofac Surg. 1993 Nov;51(11):1211-6).

ABSTRACT: “The hemostatic effect of tranexamic acid solution (4.8%) used as a mouthwash was compared with a placebo solution in 93 patients on continuous, unchanged, oral anticoagulant treatment undergoing oral surgery. The investigation was a randomized, double-blind, placebo-controlled, multicenter study. Before suturing, the surgically treated region was irrigated with 10 mL of tranexamic acid (46 patients) or placebo (47 patients) solution. The patients then performed mouthwash with 10 mL of the solution for 2 minutes four times daily for 7 days. The treatment groups were comparable regarding age, smoking habits, and surgery. Laboratory variables measuring vitamin K-dependent coagulation factors were within therapeutic ranges (international normalized ratio 4.00 to 2.10). One of the clinics used a different method for these measurements and therefore the levels of coagulation factor X in plasma obtained for the three clinics were compared. No significant difference in the range at which surgery was performed was found between clinics. In the placebo group, 10 patients developed bleeding requiring treatment, while none of the patients treated with tranexamic acid solution had bleeding. This difference was statistically significant ($P < .01$). The treatment with mouthwash was well tolerated. It was concluded that patients on oral anticoagulants can undergo oral surgery within the therapeutic range without reducing the dosage of anticoagulants, provided that local antifibrinolytic treatment with tranexamic acid solution is instituted.” PMID: 8229393

The following study concludes that local antifibrinolytic therapy is effective in preventing bleeding after oral surgery in patients who are being treated with anticoagulants -“Hemostatic effect of tranexamic acid mouthwash in anticoagulant-treated patients undergoing oral surgery”(N Engl J Med. 1989 Mar 30;320 (13):840-3).

ABSTRACT: “We carried out a placebo-controlled, double-blind, randomized study of the hemostatic effect of tranexamic acid mouthwash after oral surgery in 39 patients receiving anticoagulant agents because of the presence of cardiac valvular stenosis, a prosthetic cardiac valve, or a vascular prosthesis. Surgery was performed with no change in the level of anticoagulant therapy, and treatment with the anticoagulant agent was continued after surgery. Before it was sutured, the operative field was irrigated in 19 patients with 10 ml of a 4.8 percent aqueous solution of tranexamic acid (an inhibitor of fibrinolysis) and in 20 patients with a placebo solution. For seven days thereafter, patients were instructed to rinse their mouths with 10 ml of the assigned solution for two minutes four times a day. There were no significant differences between the two treatment groups in base-line variables, including the level of anticoagulation at the time of surgery. Eight patients in the placebo group had a total of 10 postoperative bleeding episodes, whereas only 1 patient in the tranexamic acid group had a bleeding episode ($P = 0.01$). There were no systemic side effects. We conclude that local antifibrinolytic therapy is effective in preventing bleeding after oral surgery in patients who are being treated with anticoagulants.” PMID: 2648144

An example of how you might prescribe follows:

COMPOUNDED MEDICATION

Tranexamic Acid 4.8%

Mouthwash

300ml

Rinse and expectorate with 10ml up to 4x per day
for one week

With our state of the art compounding lab and pharmaceutical knowledge and experience, we can compound tranexamic acid into an oral mouthwash.