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Tranexamic Acid and 30-Day Clinically Significant Bleeding After Bariatric Surgery: A Procedure-Specific Analysis

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Disclosure Slide

- None disclosure

Study Objective

Is prophylactic 3-dose intravenous tranexamic acid associated with a lower risk of clinically significant postoperative bleeding after metabolic and bariatric surgery (MBS)?

Does this association differ by procedure type?

Methods

Study design

- Retrospective single-center cohort
- 2022–2025
- **N = 4,225**

Exposure

- Prophylactic IV TXA : **3 × 1-g doses over 24 hours**
- TXA: **n=1,863**
- Non-TXA: **n=2,362**

Procedures

- SG: **n=2,656**
- RYGB: **n=644**
- Revisional: **n=925**

Primary outcome & analysis

30-day clinically significant postoperative bleeding

- Postoperative blood transfusion requirements
- Return to the operating room (reoperation) or endoscopic intervention for hemorrhage
- Unplanned 30-day emergency department (ED) visits or readmissions directly due to bleeding
- Hemodynamic instability or shock

Primary outcome

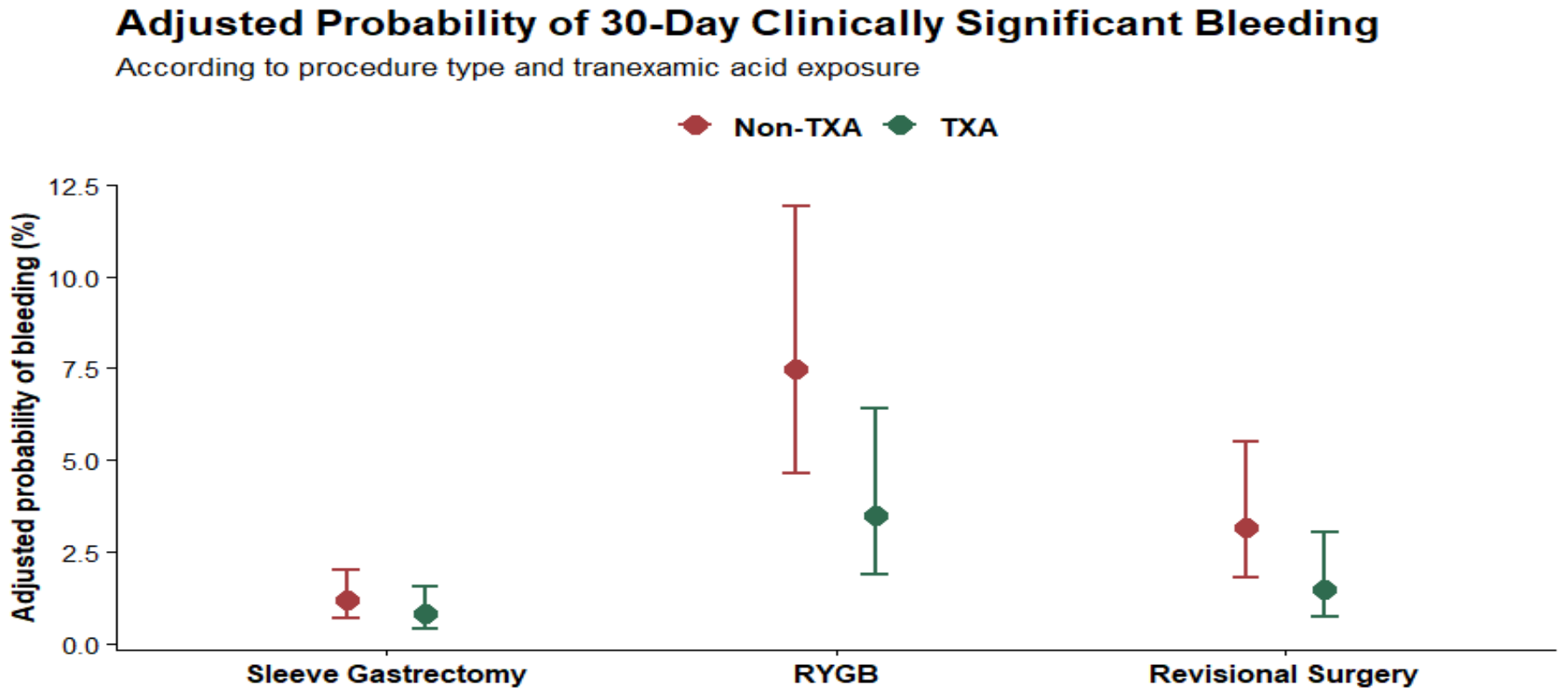
30-Day Clinically Significant Postoperative Bleeding by TXA Exposure

Non-TXA	TXA
3.01%	2.25%
71/2362	42/1863

113 events among 4,225 patients
Unadjusted OR 0.744 (95% CI 0.502–1.090), **p=0.134**

After multivariable adjustment
OR 0.511 (95% CI 0.279–0.939; **p=0.030**)

Procedure-specific analysis



Overall adjusted TXA effect:	TXA x Procedure interaction:
OR 0.511 (95% CI 0.279-0.939), ***p = 0.030***	***p = 0.651***

Model adjusted for procedure type, calendar time, surgical approach, and body mass index.

Secondary outcome

Secondary Safety and Efficiency Outcomes According to TXA Exposure

	non-TXA (n=2,362)	TXA (n=1,863)	p
LOS (days), median (IQR)	1 (1 – 1)	1 (1 – 1)	0.024
All-cause 30-day reoperation, n (%)	14 (0.59%)	10 (0.54%)	0.840
Thromboembolic events, n (%)	3 (0.13%)	5 (0.27%)	0.313

Abbreviations: IQR, interquartile range; LOS, length of stay; TXA, tranexamic acid.

Standard inpatient VTE prophylaxis and post-discharge enoxaparin; 30-day thromboembolic surveillance.

Conclusion

- Prophylactic TXA was associated with lower adjusted odds of 30-day clinically significant postoperative bleeding.
- No evidence of differential TXA association was observed across SG, RYGB, and revisional surgery.
- Thromboembolic events were rare, with no statistically significant difference between groups.

Prophylactic TXA as a potential strategy to reduce clinically significant postoperative bleeding in MBS.

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Thank you for your attention

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