



SABRE Study: Safety And Effectiveness of Tranexamic Acid in Acute Burns Excision:

A protocol for a National Audit of Clinical Practice and Clinician Survey

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Background

- **Early excision** and grafting of burn wounds has become the **standard of care** for deep burns.¹
- **Intraoperative blood loss** remains a **major challenge** during **acute burns surgery**.²
- Despite numerous strategies to mitigate blood loss, **perioperative blood transfusions are frequently required**, and the number of transfusions received is correlated with mortality and septic episodes in patients with severe burns.³
- **Tranexamic acid (TXA)** is an **antifibrinolytic agent** shown to **reduce blood loss** and transfusion requirements across many trauma and surgical settings.⁴
- Previous **NICE quality standards** (2016, NICE QS138) recommended TXA use when expected intraoperative blood loss exceeds 500ml, a threshold commonly reached during burns excision.⁵
- New (2026) NICE guidance now **recommends TXA** for adults and children (aged ≥ 1 year) **undergoing surgery where there is a risk of bleeding** and the procedure breaches the skin, thereby removing the previous blood loss threshold.⁵

SABRE



Objective

- Despite the presence of national guidance for surgery in general, **TXA use in burns surgery remains inconsistent**, which may be due to concerns regarding an elevated thromboembolic risk in an already hypercoagulable **patient population**.⁶
- The **change in national guidance** and removal of the blood loss threshold for TXA use has **important implications for burns surgery**, yet contemporary national data describing current practice, safety, and clinical equipoise are lacking.

The aim of this study is to evaluate current national practice regarding tranexamic acid use in acute burns surgery and to assess clinician equipoise for a future randomised controlled trial assessing its safety and effectiveness.

Methods

1 National Clinician Survey



Target Participants

- Senior burn surgeons & anaesthetists
- Consultants & Specialist grade
- Representing all UK adult burn units & centres
- Target response rate $\geq 80\%$
- Collaborative publication model
- Local leads to distribute survey



Survey Domains

- NICE guidance awareness
- TXA dosing strategies & decision-making
- Equipoise for a future clinical trial



Sign your unit up here

2 National Audit of Clinical Practice



Design

- Six-month retrospective audit
- Against 2026 NICE Quality Statement QS138



Inclusion/Exclusion criteria

- **Include:**
 - Adults ≥ 18 years
 - Acute burn excisional surgery (including escharotomy)
- **Exclude:** Electrical or chemical burns



Outcomes

- **Primary Outcome:**
 - Adherence to 2026 NICE Standard
- **Secondary Outcomes:**
 - Estimated blood loss (Gross Formula⁷)
 - Transfusion of blood products
 - Peri-operative change in Hb
 - Graft take
 - Incidence of thromboembolic events

Conclusion

This study will provide a timely national overview of TXA use in acute burns surgery, contextualised against evolving NICE guidance.

Findings will identify variation in practice, inform patient safety considerations, and directly support the design and feasibility of a future randomised controlled trial in burns excision surgery.

References

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