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|  | **The Hong Kong Neurosurgical Society Limited****& Hong Kong Neurosurgical Society****28th Annual Scientific Meeting****26th & 27th November 2021** |  |
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***ABSTRACT FORM***

Abstract submission deadline: 10th September 2021

Please submit your abstract by e-mail to hoht@ha.org.hk using the format as in the sample.

**<PRESENTING AUTHOR>**

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**Date:** 10th September 2021

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| **Title:****The Role of Transamin in Treating Chronic Subdural Haematoma** **Authors: HO, Cheuk Him1, LI, Lai Fung, LUI, Wai Man1** **Institution(s):****1Division of Neurosurgery, Department of Surgery, Queen Mary Hospital, Hong Kong.****Background** **Chronic subdural haematoma (CSDH) is a common neurosurgical condition, especially in the elderly. With an aging population, the incidence of CSDH is expected to rise. Burr-hole is the mainstay of evacuating CSDH causing mass effect. The post-operative recurrence rate is commonly reported at 10-30%. In the last decade, transamin (tranexamic acid) is increasingly being recognised as being a safe and effective adjunct in manging intracranial haemorrhage, especially in the setting of neuro-trauma. This study aims to evaluate the effectiveness and safety of transamin in the setting of CSDH as it is a common condition in elderly patients who are predisposed to thromboembolic complications due to their comorbidities. The roles of anti-platelet and anti-coagulation therapy in contributing towards recurrence or thromboembolic events were also evaluated.** **Method** **This is a single-centre, retrospective study. Patient list was retrieved from the departmental database using ICD codes. All patients who underwent burr-hole during 2015-2019 for evacuation of chronic subdural haematoma were included in the study. Patients under the age of 18 were excluded.** **Results** **295 patients were included in the study. 67.8% (200/295) of patients received transamin peri-operatively. No significant difference in thromboembolic complications or recurrence rate was identified between the groups. 36.6% (108/295) of patients were on anti-platelet or anti-coagulant at the time of their presentation. Patients on warfarin were associated with significantly higher risks of having thromboembolic events in the peri-operative period. (9.5% vs 0.75%; p=0.001)** **Conclusion** **The use of transamin is safe. Peri-operative interruption or reversal of warfarin needs to be balanced against the risks of thromboembolism. Further study is required to evaluate the effectiveness of transamin in treating chronic subdural haematoma.**  |