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Know Your Chances

Understanding Health Statistics

Univ of California Press **Understanding risk -- Putting risk in perspective -- Risk charts : a way to get perspective -- Judging the benefit of a health intervention -- Not all benefits are equal : understand the outcome -- Consider the downsides -- Do the benefits outweigh the downsides? -- Beware of exaggerated importance -- Beware of exaggerated certainty -- Who's behind the numbers?**

Risk of Death

When people face the risk of death, and when they ascribe no value to their wealth post-death, they over-invest in precautions in order to reduce that risk. There are two main reasons for such over-investment. First, people under risk of death discount their risk-reduction costs by the probability of death following precautions. Second, people facing the risk of death consider the consumption of their wealth when alive to be part of their benefit from risk-reduction. From a social perspective, people's wealth does not cease to exist after death. Therefore, discounting costs by the probability of death and taking into account the benefit of wealth-consumption are socially inefficient. But more interestingly, even from the perspective of the individual facing the risk of death, the investment in risk reduction is only optimal as a second-best alternative. We show that if people could contract with 'reverse insurers', who would inherit their assets upon death while paying them a sum of money during their lifetimes, such contracts would make the insured individuals better off and, more importantly, would align the private and the social incentives to invest in risk reduction. Furthermore, we show how the insights developed in the paper should significantly change the application of 'Willingness to Pay' (WTP) as a criterion for valuing life. In particular, we suggest that the WTP be discounted by the ex-post probability of death and that the value of life be determined irrespective of wealth. Finally, we argue that the results derived from traditional tort models for both unilateral and bilateral accidents should be substantially revised when applied to fatal accidents. In particular, we show that in bilateral accidents, contrary to conventional wisdom, negligence and strict liability rules lead to the same inefficient equilibrium. We also demonstrate how liability rules could be modified to increase efficiency.

Reduce the Risk of Cot Death

An Easy Guide

New Approaches to the Pathogenesis of Sudden Intrauterine Unexplained Death and Sudden Infant Death Syndrome

Frontiers Media SA Sudden Infant Death Syndrome (SIDS) is the leading cause of death among infants in the first year of age. The more known definition of SIDS is the sudden unexpected death of an infant less than 1 year of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history. Despite the success of the “Back to Sleep” campaigns to reduce the risks introduced worldwide, the frequency of SIDS (striking one infant every 750-1,000 live births) has not significantly declined in the last years. Sudden Intrauterine Unexplained Death Syndrome (SIUDS), referring to fetuses that die unexpectedly, particularly in the last weeks of gestation, without any cause even after a complete autopsy, including examination of the placental disk, umbilical cord and fetal membranes, has a six-eightfold greater incidence than that of SIDS. Even if the pathogenetic mechanism of these deaths has not yet been determined, the neuropathology seems to be a consistent substrate in both SIUDS and SIDS. Subtle common developmental abnormalities of brainstem nuclei checking the vital functions have been highlighted, frequently related to environmental risk factors, such as cigarette smoke, air and water pollution, pesticides, food contamination, etc. Exogenous toxic factors can in fact interact in complex ways with the genetic constitution of the infant leading to polymorphisms and/or mutations of specific genes (as polymorphisms of the serotonin transporter gene 5-HTT, the regulator of the synaptic serotonin concentration, and of the PHOX2B, the key gene in the Congenital Central Hypoventilation Syndrome). These interactions can directly injure the development of the autonomic nervous system, frequently resulting in hypoplasia of the vital brainstem centers, and consequently in sudden death. It is very important to continue studying these syndromes and in particular identify all possible congenital alterations and their correlation with the exposure to environmental risk factors, in order to reduce their incidence and mitigate the surrounding social concern. The goal of this research topic is to propose new approaches to explain the pathogenesis of both SIUDS and SIDS and consequently new prevention strategies to decrease the incidence of these unexpected and very devastating events for families. Expert authors in the Topic field are encouraged to submit original research articles aimed to widen the current knowledge on the pathological substrates of these deaths, also considering the correlations with possible risk factors. Submissions of hypotheses, opinions and commentaries are also welcome. This Research Topic would lead to development of targeted risk-lowering strategies to reduce the incidence of both SIUDS and SIDS. Furthermore, the adoption of appropriate preventive measures could also lead to improve the quality of life in adults, promoting active and healthy aging.

Reduce the Risk of Cot Death

SIDS Sudden Infant and Early Childhood Death

The Past, the Present and the Future

(This is an abridged edition available only on Amazon websites.)This volume covers aspects of sudden infant and early childhood death, ranging from issues with parental grief, to the most recent theories of brainstem neurotransmitters. It also deals with the changes that have occurred over time with the definitions of SIDS (sudden infant death syndrome), SUDI (sudden unexpected death in infancy) and SUDIC (sudden unexpected death in childhood). The text will be indispensable for SIDS researchers, SIDS organisations, paediatric pathologists, forensic pathologists, paediatricians and families, in addition to residents in training programs that involve paediatrics. It will also be of use to other physicians, lawyers and law enforcement officials who deal with these cases, and should be a useful addition to all medical examiner/forensic, paediatric and pathology departments, hospital and university libraries on a global scale. Given the marked changes that have occurred in the epidemiology and understanding of SIDS and sudden death in the very young over the

past decade, a text such as this is very timely and is also urgently needed.

Hyperlipidemia in Primary Care

A Practical Guide to Risk Reduction

Springer Science & Business Media **Cardiovascular disease is the number one cause of death for men and women in this country, surpassing deaths due to all cancers combined. Better awareness of heart disease risk factors and improved treatment modalities has produced great progress in reducing deaths due to myocardial infarction and stroke over the past few decades. Still, more progress is needed, as about half of all first coronary events occur in individuals who have no cardiac symptoms and no previously diagnosed heart disease. The primary care physician, therefore, has an important role in identifying at risk individuals and beginning preventive modalities. In Hyperlipidemia in Primary Care: A Practical Guide to Risk Reduction, a group of leading authorities in the field offers a comprehensive overview of the problem along with practical strategies for treating it. This unique title reviews methods for assessing risk in patients, including an important and thorough discussion of the Framingham algorithm and its limitations and advantages in assessing CVD risk. The book also reviews the evolving world of lipidology and how to apply many of the newer lipid tests to patients in daily practice, putting these tests into proper perspective and offering a rational approach to using them in practice. Finally, treatment issues are covered. As treatment has expanded to more risk groups, a number of different guidelines have been published with recommended lipid goals. This is an evolving area of research with rapidly changing guidelines that are expanding the pool of high risk patients. An invaluable reference that offers a reasonable approach to risk assessment and treatment of individuals at increased cardiovascular risk, Hyperlipidemia in Primary Care: A Practical Guide to Risk Reduction provides the background needed to make scientifically based decisions that can ultimately help greatly reduce the number of patients impacted by cardiovascular disease.**

Five Steps to Risk Assessment

Offers guidance for employers and self employed people in assessing risks in the workplace. This book is suitable for firms in the commercial, service and light industrial sectors.

ENTRESTO Tablet

Used to Reduce the Risk of Death and Hospitalization in People with Certain Types of Long-Lasting Heart Failure

"Although, your health condition may impact your everyday life, do not let it define who you are." ENTRESTO is a prescription medicine used to reduce the risk of death and hospitalization in people with certain types of long-lasting (chronic) heart failure. ENTRESTO is usually used with other heart failure therapies, in place of an ACE inhibitor or other ARB therapy. Heart failure occurs when the heart is weak and cannot pump enough blood to your lungs and the rest of your body. Thanks and may you have a good understanding about this product--ENTRESTO. You may want to share this book with your family and friends who may be in need of help and would want to use this product. Take care, and as always, be well!

10th Special Report to the U.S. Congress on Alcohol and Health

Highlights from Current Research from the Secretary of Health and Human Services

Reduce the Risk of Cot Death

HEALTHY PEOPLE

Estimating Mortality Risk Reduction and Economic Benefits from Controlling Ozone Air Pollution

National Academies Press **In light of recent evidence on the relationship of ozone to mortality and questions about its implications for benefit analysis, the Environmental Protection Agency asked the National Research Council to establish a committee of experts to evaluate independently the contributions of recent epidemiologic studies to understanding the size of the ozone-mortality effect in the context of benefit analysis. The committee was also asked to assess methods for estimating how much a reduction in short-term exposure to ozone would reduce premature deaths, to assess methods for estimating associated increases in life expectancy, and to assess methods for estimating the monetary value of the reduced risk of premature death and increased life expectancy in the context of health-benefits analysis. Estimating Mortality Risk Reduction and Economic Benefits from Controlling Ozone Air Pollution details the committee's findings and posits several recommendations to address these issues.**

An Evaluation of Health Risk Perception and Measures to Reduce Accidental Injury and Death in Nunavik

Potential Reduced Exposure, Reduced Risk Tobacco Products

An Examination of the Possible Public Health Impact and Regulatory Challenges :
Hearing Before the Committee on Government Reform, House of Representatives,
One Hundred Eighth Congress, First Session, June 3, 2003

Federal Register

Exercise Appears to Reduce Women's Risk of Premature Death

Highlights research that shows that exercise may reduce women's risk of premature death, provided by the Mayo Foundation for Medical Education and Research. Discusses research on women involved in moderate and vigorous exercise, and how it may reduce the risk of dying prematurely from conditions such as cardiovascular disease and respiratory illness.

Risk of Death in Canada

What We Know and How We Know It

University of Alberta Presented in clear, accessible language, Risk of Death in Canada offers both a summary of health risk information and an explanation of the underlying source and certainty of that information. Thomas and Hruddy explain both how we understand risk and how we respond to it. Through such topics as uncertainty, data collection, risk perception and risk analysis and highlighted by tables, graphs, figures and extensive supplementary material - Risk of death in Canada provides a valuable guide for students and professionals in medicine, nursing, health sciences, health promotion and public policy. This comprehensive overview provides valuable insights on a matter of importance to every individual.

Running Without Fear

How to Reduce the Risk of Heart Attack and Sudden Death During Aerobic Exercise

Bantam Offers a corrective set of guidelines for those exercise enthusiasts who are pushing their bodies dangerously beyond a healthy limit and those not pushing them far enough

Fitness and Health

Life-style Strategies

Jones & Bartlett Pub

Don't Fall!

101 Ways to Reduce Your Fall Risk at Home

Falls are the second leading cause of accidental death worldwide! Falls can: Lead to an early death Steal your independence Rob your dignity Send you to a nursing home Lead to a poor quality of life The most common area falls occur is your home. Those over the age of 65 are at most risk of a fall. What if you could learn how to prevent falls in the first place? In this book, Dr. Shawn Waller provides practical tips to reduce your fall risk in the home so that you can maintain your independence.

The Risk of Living

Reduce the Risk of Ruin, Injury, and Death, and Substantially Improve Your Opportunities for a Happy and Successful Life

[Createspace Independent Publishing Platform](#) **There are many unknowns in this world. If a driver cuts you off in traffic, he may be just a jerk-but he could also be a homicidal maniac. If you choose to engage with potentially dangerous people, you could lose your life. The Risk of Living shows you how to deal with these kinds of situations. Authors James Morrison and Fredericka Liles provide important examples of the situations you might encounter in your everyday life. They include everything from drinking too much at a party to encountering sexual harassment to dealing with a pushy salesperson. Each example challenges you to heighten your awareness of potential dangers and the possible repercussions of your actions. The Risk of Living will help you** ⚡ **Become aware of your decision-making processes; ⚡ Cope with traumatic and unexpected events; ⚡ Understand how your emotions influence your choices; ⚡ Identify a variety of risk factors, from genetics to technology to psychology; and ⚡ Understand your values, goals, and objectives. By teaching you to focus on what you want out of life, as well as to identify potential obstacles, The Risk of Living helps you stop wasting your time and pick the safest path to success.**

Know the Risk

Learning from errors and accidents: safety and risk in today's technology

[Elsevier](#) **We live in a technological world, exposed to many risks and errors and the fear of death. Know the Risk shows us how we can learn from the many errors and tragic accidents which have plagued our developing technological world. This breakthrough volume presents a new concept and theory that shows how errors can and should be analyzed so that learning and experience are accounted for. The authors show that, by using a universal learning curve, errors can be tracked and managed so that they are reduced to the smallest number possible. The authors have devoted a number of years to gathering data, analyzing theories relating to error reduction, design improvement, management of errors and assignment of cause. The analyzed data relates to millions of errors. They find a common thread between all technology-related accidents and link all of these errors (from the headline stories to the everyday accidents). They challenge the reader to take a different look at the stream of threats, risks, dangers, statistics and errors by presenting a new perspective. The book makes use of detailed illustrations and explores many headline accidents which highlight human weaknesses in harnessing and exploiting the technology we have developed; from the Titanic to Chernobyl, Bhopal to Concorde, the Mary Rose to the Paddington rail crash and examine errors over which we have little or no control. By analyzing the vast data society has collected, the authors show how the famous accidents and our everyday risks are related. The authors prove the strength of their observations by comparing their findings to the recorded history of tragedies, disasters, accidents and incidents in chemical, airline, shipping, rail, automobile, nuclear, medical, industrial and manufacturing technologies. They also address the management of Quality and losses in production, the search for zero defects and the avoidance of personal risk and danger. Stresses the importance of a learning environment for safety improvement Places both quality and safety management in the same learning context Learn how to track and manage errors to reduce as quickly as possible**

Regulatory Program of the United States Government

Epidemiology of Chronic Disease: Global Perspectives

[Jones & Bartlett Learning](#) **Epidemiology of Chronic Disease: Global Perspectives** is the most current and authoritative resource on the epidemiology, etiology, pathogenesis, risk factors and preventive factors of over 50 major chronic diseases and conditions. This comprehensive text provides readers with an excellent basis for examining current hypotheses regarding chronic disease epidemiology.

The Oxford Handbook of Philosophy of Death

[Oxford University Press](#) **Death** has long been a pre-occupation of philosophers, and this is especially so today. The **Oxford Handbook of Philosophy of Death** collects 21 newly commissioned essays that cover current philosophical thinking of death-related topics across the entire range of the discipline. These include metaphysical topics--such as the nature of death, the possibility of an afterlife, the nature of persons, and how our thinking about time affects what we think about death--as well as axiological topics, such as whether death is bad for its victim, what makes it bad to die, what attitude it is fitting to take towards death, the possibility of posthumous harm, and the desirability of immortality. The contributors also explore the views of ancient philosophers such as Aristotle, Plato and Epicurus on topics related to the philosophy of death, and questions in normative ethics, such as what makes killing wrong when it is wrong, and whether it is wrong to kill fetuses, non-human animals, combatants in war, and convicted murderers. With chapters written by a wide range of experts in metaphysics, ethics, and conceptual analysis, and designed to give the reader a comprehensive view of recent developments in the philosophical study of death, this Handbook will appeal to a broad audience in philosophy, particularly in ethics and metaphysics.

Hypertension: from basic research to clinical practice

Volume 2

[Springer](#) **Hypertension: from basic research to clinical practice** contains a unique collection of selected chapters written by experts and enthusiasts engaged in research and treatment of hypertension, a condition that affects around a billion people in the world. The chapters describe fundamental researches at cellular and molecular levels to the science, and art of treatment of the condition in clinical practice. The topics included ranges from pathophysiology of hypertension, through monitoring of hypertension, to the treatment of hypertension in different patient categories. It contains essential background information as well as cutting edge research, and state of the art treatment alternatives in this broad field. From the beginners, and research students to the expert clinicians, and established scientists, everybody has something to learn from this book.

Environmental Hazards

Assessing Risk and Reducing Disaster

[Routledge](#) **The expanded fifth edition of Environmental Hazards** provides a balanced overview of all the major rapid-onset events that threaten people and what they value in the twenty-first century. It integrates cutting-edge material from the physical and social sciences to demonstrate how natural and human systems interact to place communities of all sizes, and at all stages of economic development, at risk. It also shows how the existing losses to life and property can be reduced. Part I of this established textbook defines basic concepts of hazard, risk, vulnerability and disaster. Critical attention is given to the evolution of theory, to the scale of disaster impact and to the various strategies that have been developed to minimise the impact of damaging events. Part II employs a consistent chapter structure to explain how individual hazards, such as earthquakes, severe storms, floods and droughts, plus biophysical and technological processes, create distinctive patterns of loss throughout the world. The ways in which different societies make a positive response to these threats are placed in the context of ongoing global change. In this extensively revised edition: An entirely new and innovative chapter explains how modern-day complexity contributes to the generation of hazard and risk Additional material supplies fresh perspectives on landslides, biophysical hazards and the increasingly important role of global-scale

processes The increased use of boxed sections allows a greater focus on significant generic issues and offers more opportunity to examine a carefully selected range of up-to-date case studies Each chapter now concludes with an annotated list of key resources, including further reading and relevant websites. Environmental Hazards is a well-written and generously illustrated introduction to all the natural, social and technological events that combine to cause death and destruction across the globe. It draws on the latest research findings to guide the student from common problems, theories and policies to explore practical, real-world situations. This authoritative, yet accessible, book captures both the complexity and dynamism of environmental hazards and has become essential reading for students of every kind seeking to understand the nature and consequences of a most important contemporary issue.

Reprint - Institute for Research on Poverty

Economics of Regulation and Antitrust, fifth edition

MIT Press A thoroughly revised and updated edition of the leading textbook on government and business policy, presenting the key principles underlying sound regulatory and antitrust policy. Regulation and antitrust are key elements of government policy. This new edition of the leading textbook on government and business policy explains how the latest theoretical and empirical economic tools can be employed to analyze pressing regulatory and antitrust issues. The book departs from the common emphasis on institutions, focusing instead on the relevant underlying economic issues, using state-of-the-art analysis to assess the appropriate design of regulatory and antitrust policy. Extensive case studies illustrate fundamental principles and provide insight on key issues in regulation and antitrust policy. This fifth edition has been thoroughly revised and updated, reflecting both the latest developments in economic analysis and recent economic events. The text examines regulatory practices through the end of the Obama and beginning of the Trump administrations. New material includes coverage of global competition and the activities of the European Commission; recent mergers, including Comcast-NBC Universal; antitrust in the new economy, including investigations into Microsoft and Google; the financial crisis of 2007-2008 and the Dodd-Frank Act; the FDA approval process; climate change policies; and behavioral economics as a tool for designing regulatory strategies.

Policy, Program and Project Evaluation

A Toolkit for Economic Analysis in a Changing World

Springer Nature Evaluation in recent decades has evolved from a tool for project appraisals to a more widely used framework for public decision-making and operational management. Most evaluation books are focused on traditional tools of analysis such as cost-effectiveness and cost-benefit analysis to the neglect of modern tools such as multi-criteria evaluation, social marginal cost of funds analysis, data envelopment analysis, results-oriented management and evaluation and theory based evaluations. This edited volume provides an easily accessible and comprehensive survey of both traditional and modern tools of analysis that are used in the evaluation literature to evaluate public projects, programs, policies and policy analysis and advice. The book will be of interest to students, scholars, researchers, practitioners and policy makers.

Reduce Your Cancer Risk

Twelve Steps To A Healthier Life

Demos Medical Publishing Develop your anticancer strategy Knowledge is power. Knowing your cancer risk is your best weapon against cancer. Co-published with the American Cancer Society, Reduce Your Cancer Risk: Twelve Steps to a Healthier Life will help you assess your risk based on your family history, genetics, and environment, and help you make a comprehensive action plan to lower your chances of getting cancer. With an anticancer strategy in place, you'll help to protect yourself against cancer and live a healthier, happier life. Reduce Your Cancer Risk includes the most up-to-date information on: Personal risk assessment Lifestyle changes Preventive health strategies Genetic counseling Preventive

anti-cancer medications

Fundamentals of Risk Analysis and Risk Management

CRC Press This book bridges the gap between the many different disciplines used in applications of risk analysis to real world problems. Contributed by some of the world's leading experts, it creates a common information base and language for all risk analysis practitioners, risk managers, and decision makers. Valuable as both a reference for practitioners and a comprehensive textbook for students, Fundamentals of Risk Analysis and Risk Management is a unique contribution to the field. Its broad coverage ranges from basic theory of risk analysis to practical applications, risk perception, legal and political issues, and risk management.

Research Background for the Advice to Reduce the Risk of Cot Death

Moral Context and Risks of Death

When an industry poses a risk of premature death to consumers, workers, or others, regulatory agencies employ a figure known as the "value of a statistical life" (VSL) to monetize the life-saving benefit of regulations designed to reduce that risk. Use of the VSL, which currently hovers around \$9 million, has been highly controversial. While a number of prominent scholars have vigorously endorsed the VSL as necessary to the cost-benefit analysis of mortality risk regulations, other prominent scholars have vehemently rejected the very idea of attaching a monetary value to a statistical human life. This article stakes out a more nuanced position based on a largely neglected aspect of mortality risk regulation: moral context. Whether and how the VSL is used to guide mortality risk regulation should depend on two morally significant features of the particular risk imposition in question: (i) the extent to which those exposed to the risk benefit from the industrial activity that gives rise to the risk and (ii) the extent to which those exposed to the risk bear the costs of compliance with the risk-reducing regulation. These two features vary in characteristic ways depending on the type of risk imposition at issue. Consumption risks -- risks of death associated with using or consuming a particular product -- typically fall on consumers who not only benefit meaningfully from the industry but who also bear all or sub-substantially all of the costs of risk-reducing regulations. Using a VSL to guide risk regulation in this moral context is defensible on the basis of the norm of personal autonomy. By contrast, workplace risks -- risks of death associated with employment in a particular industry -- typically fall on workers who benefit from the industry but who do not bear the costs of risk-reducing regulations. In this moral context, using a VSL to guide risk regulation is not normatively defensible. However, using the underlying economic concept of willingness-to-pay to guide the regulation of workplace mortality risks is defensible on the basis of the norm of equity.

Reduced Fetal Growth Rate and Increased Risk of Death from Ischaemic Heart Disease

Cohort Study of 15,000 Swedish Men and Women Born 1915-29

Sudden Infant Death Syndrome

Following Up on the 1991 Reduce the Risk Campaign

Perez & Brady's Principles and Practice of Radiation Oncology

Lippincott Williams & Wilkins Inside the Sixth Edition of this now-reference, you will discover encyclopedic coverage of topics ranging from basic science to sophisticated computer-based radiation therapy treatment planning and supportive care. The book's comprehensive scope and abundantly illustrated format provide you with better understanding of the natural history of cancer, the physical methods of radiation application, the effects of radiation on normal tissues, and the most judicious ways in which you can employ radiation therapy in patient care. Including epidemiology, pathology, diagnostic work-up, prognostic factors, treatment techniques, applications of surgery and chemotherapy, end results, and more. Increased emphasis on new approaches and technologies improve your understanding of three-dimensional treatment planning, intensity-modulated radiotherapy, combined modality therapy, and particle therapy. Digital version includes the complete text, index-based search, note sharing, regular content updates integrated into the text, and much more.

The Journal of Alternative and Complementary Medicine

Research on Paradigm, Practice, and Policy

Tranexamic Acid After Cardiopulmonary Bypass And Perioperative Outcomes After Cardiac Surgery

Background and Goal of Study: Tranexamic acid (TXA) has been widely used after induction of anaesthesia to reduce bleeding in cardiac surgery with cardiopulmonary bypass (CPB). Whereas, TXA was reported to be associated with increased incidence of thrombotic complications. To reduce the risk of adverse outcomes associated with TXA, we began administering TXA after CPB since July 1, 2011. This retrospective study was to observe whether the administration of TXA after CPB could reduce postoperative complications. **Materials and Methods:** After the approval of ethics committee of West China Hospital (No. 256, 2017), clinical data of adult patients (>18 years) who underwent elective valve surgery and/or coronary artery bypass grafting between July 1, 2011 and December 31, 2016 were screened. Exclusion criteria included aorta replacement, death within 24 hours after surgery and incomplete data. Primary outcome was postoperative death from all cause and requirement for the blood products during the hospital stay. The second outcome was ischemic events and bleeding related events after the surgery. **Results and Discussion:** Of all eligible patients, 2,062 received TXA after CPB (the TXA group); 4236 did not receive any TXA (the control group). The demographic characteristics were similar between groups, but the CPB time was longer in TXA group than control group (median, 115 vs. 113 minutes; $P=0.007$). Incidences of postoperative death, ischemic events and bleeding related events were similar between groups (mortality, 0.9% in TXA vs. 1.4% in control, $p=0.058$; ischemic events, 13.8% in TXA vs. 15.3% in control, $p=0.105$; bleeding related events: 1.0% in TXA vs. 1.5% in control, $p=0.146$). However, the requirements of any blood product in TXA (2.48±14.22 units per person) was fewer than those in control group (2.74±15.21 units per person, $p=0.001$). In multivariate logistic analysis, TXA after CPB reduced the risk of death (OR, 0.54; 95%CI, 0.29 to 0.99; $p=0.047$), and exposure for any blood product (OR, 0.82; 95%CI, 0.72 to 0.93; $p=0.001$), but not ischemic events (OR, 0.92; 95%CI, 0.78 to 1.09; $p=0.314$) and bleeding related events (OR, 0.65; 95%CI, 0.39 to 1.08; $p=0.095$). Our results need to be verified in multi-center, randomized, double-blind, controlled studies. **Conclusion(s):** TXA after CPB reduced the risk of death and requirement for any blood product, but did not influence the ischemic events and bleeding related events.