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Radial Access Should Be In The Armamentarium Of Every Vascular Surgeon:

Why, When And How To Use It. Equipment Needed and Technical Tips

Heron Rodriguez MD

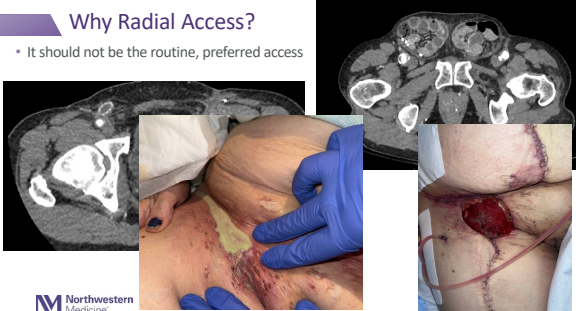
Disclosures

- Speaking fees WL Gore

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Why Radial Access?

- It should not be the routine, preferred access



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Why Radial Access?

- Several Advantages:
 - Easily accessible
 - No need for closure device
 - Immediate ambulation/discharge
 - Not an issue in the obese patient
 - Patient preference!
- Proven to be EXTREMELY safe in the coronary literature:

ACCESS	Coronary cannulation:
- Transfemoral n 299	99%
- Transbrachial n 287	85%
- Radial n 279	93%

Radial complications: 0%

 - Radial Vs femoral RIVAL
 - RIFLE-STEACS
 - MATRIX

Lower rate of hematoma and false aneurysm
Decreased bleeding, mortality and hospital stay

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How? Technical Tips & Equipment

1) Patient selection:

- I need to have a reason
- Radial artery > 2.5 mm
- Pulsatile flow with digital occlusion

ARTICLES: PDF ONLY

Analysis of Digital Pulse-Volume Recordings with Radial and Ulnar Artery Compression

Dumanliar, Gregory A. M.D., Segelman, Keith M.D., Buehner, Jane W.; Koontz, Cherry L, Hendrickson, Mark F. M.D.; Wilgis, Shaw E. F. M.D.

Author Information@

Plastic and Reconstructive Surgery 102(6)p 1993-1998, November 1998.

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How? Technical Tips & Equipment

2) Standardized technique:

- US guided puncture
- Air embolism precautions

STANDARD OF PRACTICE

Society of Interventional Radiology Quality Improvement Standards on Radial Artery Access

Antony Gayed, MD, Ricardo Yamada, MD, Shivank Bhatia, MD, Aaron Fischman, MD, FSIR, Manraj K.S. Heran, MD, Elizabeth A. Himes, BS, Darren Klass, MChB, MD, Sheena Patel, MPH, Brian A. Schiro, MD, T. Gregory Walker, MD, and Marcelo Guimarães, MD, MBA, FSIR

ABBREVIATIONS
Q = quality improvement, TRA = transradial access

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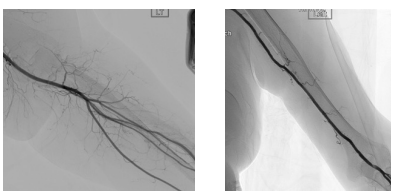
How? Technical Tips & Equipment

2) Standardized technique:

- US guided puncture
- Air embolism precautions

- 2.5 mg Verapamil
- 2500 u Heparin
- 200 mcg nitroglycerin

- Continuous fluoroscopy while advancing wire/catheter/sheath into aorta



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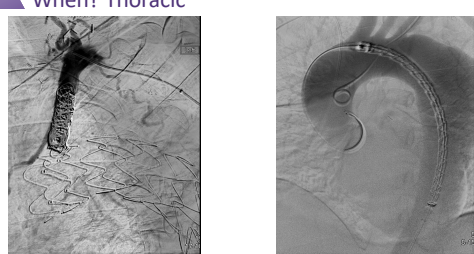
How? Technical Tips & Equipment

3) Specialized platforms

<p>RePipercross® Stentwreath</p> <ul style="list-style-type: none"> • 2.5 Fr, 150 cm • 2.5 Fr, 150 cm <p>Requires external tracking and fluoroscopic guidance for placement of the catheter and sheath. The catheter is placed in the aorta and the sheath is placed in the target vessel.</p>	<p>RePipercross® II</p> <ul style="list-style-type: none"> • 2.5 Fr, 150 cm • 2.5 Fr, 150 cm <p>Requires external tracking and fluoroscopic guidance for placement of the catheter and sheath. The catheter is placed in the aorta and the sheath is placed in the target vessel.</p>	<p>RePipercross® III</p> <ul style="list-style-type: none"> • 2.5 Fr, 150 cm • 2.5 Fr, 150 cm <p>Requires external tracking and fluoroscopic guidance for placement of the catheter and sheath. The catheter is placed in the aorta and the sheath is placed in the target vessel.</p>
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ReP **TERUMO**

When? Thoracic




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When? Mesenteric & Renal



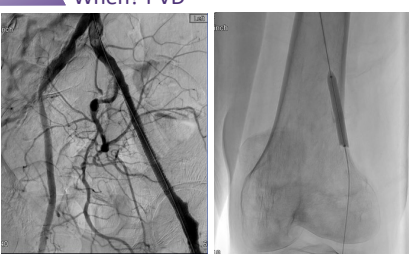
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When? Visceral Embolization



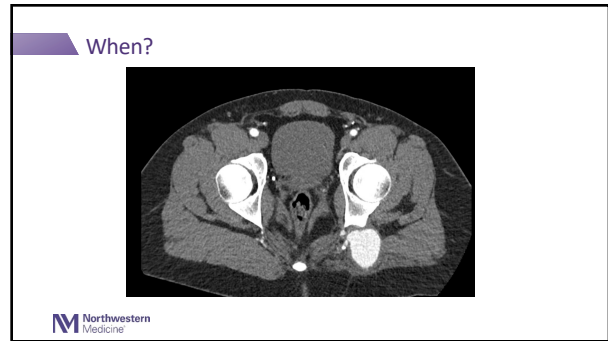
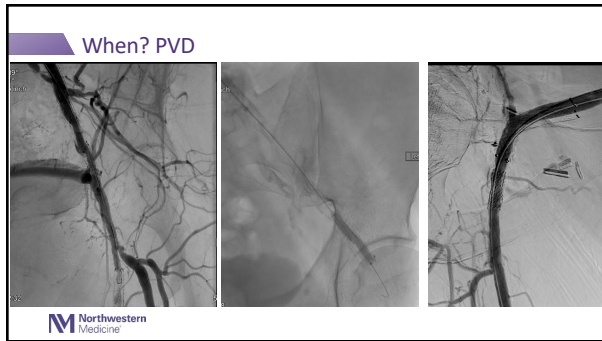
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When? PVD



- Destination Slender 6 Fr 154 cms
- Metacross rx Bballoon(3-8 mm 20-200 mm) 200 cms
- Misago stent (6-8 mm 40-150 mm) 200 cms

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Radial Access Should Be In The Armamentarium Of Every Vascular Surgeon

- It should be used selectively
- Patient selection
- Technique and Equipment matter
- Low complication rates
 - Chronic radial occlusion (distal radial may improve)
 - Stroke

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