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INSIDE THIS ISSUE

FOCUS ON ACCESS SITE DECISIONS AND OUTCOMES

**Incidence, Determinants, and Outcomes of Left and Right Radial Access
Use in Patients Undergoing Percutaneous Coronary Intervention in the United Kingdom:
A National Perspective Using the BCIS Dataset** 1021

Muhammad Rashid, Claire Lawson, Jessica Potts, Evangelos Kontopantelis,
Chun Shing Kwok, Olivier Francois Bertrand, Ahmad Shoaib, Peter Ludman, Tim Kinnaird,
Mark de Belder, James Nolan, Mamas A. Mamas

Left radial access (LRA) has been shown to offer procedural efficacy over right radial access (RRA). In this study, the authors explored the national use of LRA, access site switch in patients undergoing repeat percutaneous coronary intervention (PCI) after RRA, and association between use of either access with clinical outcomes. The results suggest that use of LRA remains modestly low at 4% compared with RRA (96%). Use of LRA is not associated with increased risk of in-hospital or 30-day mortality, major adverse cardiovascular events, or major bleeding complications, but may be associated with decreased risk of PCI-related stroke complication. Despite these advantages, femoral access is still predominantly (23.5%) used in patients requiring repeat PCI following a first RRA PCI procedure, compared with LRA (4.5%).

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■ EDITORIAL COMMENT

**Who's a-Gonna Hold Your Hard Luck Hand and Who's a-Gonna Be Your Man:
Bob Dylan, "Kingsport Town"** 1034

Ferdinand Kiemeneij, Ahmed A. Hassan

**Association Between Maximal Activated Clotting Time and Major Bleeding
Complications During Transradial and Transfemoral Percutaneous Coronary Intervention** 1036

David W. Louis, Kevin Kennedy, Fabio V. Lima, Samir B. Pancholy, J. Dawn Abbott,
Paul Gordon, Herbert D. Aronow

Higher maximal activated clotting time (ACT) during transfemoral (TF) percutaneous coronary intervention (PCI) has been associated with greater bleeding risk. Whether this relationship exists for transradial (TR) PCI is unclear. The study related maximal ACT to major bleeding following TR and TF PCI among patients receiving unfractionated heparin monotherapy. Bleeding risk was significantly greater at ACT >290 s versus ACT ≤290 s with TF (odds ratio: 1.28; 95% confidence interval: 1.02 to 1.62; p = 0.036) but not TR (odds ratio: 0.72; 95% confidence interval: 0.42 to 1.22; p = 0.22) PCI. Maximal ACT was not associated with the risk of ischemic events regardless of access site.

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■ EDITORIAL COMMENT

**Activated Clotting Time During Unfractionated Heparin-Supported Coronary
Intervention: Is Access Site the New Piece of the Puzzle?** 1046

Marco Valgimigli, Giuseppe Gargiulo



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Manual Versus Mechanical Compression of the Radial Artery After Transradial Coronary Angiography: The MEMORY Multicenter Randomized Trial 1050

Dimitrios Petroglou, Matthaios Didagelos, Georgios Chalikias, Dimitrios Tziakas, Grigorios Tsigkas, Georgios Hahalas, Michael Koutouzis, Antonios Ntatsios, Ioannis Tsiafoutis, Michael Hamilos, Antonios Kouparanis, Nikolaos Konstantinidis, Georgios Sofidis, Samir B. Pancholy, Haralambos Karvounis, Olivier Francois Bertrand, Antonios Ziakas

Hemostasis of the radial artery after transradial access can be achieved either by manual compression or by using a mechanical hemostasis device. To compare these 2 methods, 589 patients undergoing diagnostic coronary angiography via transradial access were randomized to receive either manual or mechanical (using an inflatable air-filled wrist bracelet) patent hemostasis of the radial artery, with the primary endpoint being early radial artery occlusion (RAO) at 24 h. Manual and mechanical compression resulted in similar rates of early RAO (12% vs. 8%, respectively; $p = 0.176$), although the total duration of hemostasis was significantly shorter in the manual group.

■ **EDITORIAL COMMENT**

Just the Right Pressure to Optimize Post-Radial Access Care 1059

Frederic S. Resnic, Arjun Majithia

Combined Transradial and Transpedal Approach for Femoral Artery Interventions 1062

Zoltán Ruzsa, Robert Bellavics, Balázs Nemes, Artúr Hüttl, András Nyerges, Péter Sótönyi, Olivier Francois Bertrand, Kálmán Hüttl, Béla Merkely

The aim of this study was to evaluate the acute success and complication rates of transradial femoral artery intervention. There were 145 consecutive patients with symptomatic superficial femoral stenosis, treated via primary radial access using the 6-F SheathLess Eaucath PV guiding catheter. The primary endpoints included major adverse events, target lesion revascularization, and access-site complications. Technical success was achieved in 138 patients (95.2%). Combined radial and pedal access was obtained in 22 patients (15.1%). The cumulative rate of access-site complications was 4.8% (0% major, 4.8% minor). The cumulative incidence rates of major adverse events at 3- and 12-month follow-up was 8.3% and 19.2%, respectively. Femoral artery intervention can be safely and effectively performed using transradial access.

■ **EDITORIAL COMMENT**

Hand, Foot, and Word of Mouth: Combined Transradial and Transpedal Access for Femoral Artery Interventions 1072

Ehrin J. Armstrong, Javier A. Valle

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