



Radial Access for Femoropopliteal Lesions: Tips and Tricks

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Shareholder in a healthcare company
- Owner of a healthcare company
- Other(s)**
- I do not have any potential conflict of interest

Radial versus femoral access for coronary angiography and intervention in patients with acute coronary syndromes (RIVAL): a randomised, parallel group, multicentre trial

Sanjit S Jolly, Salim Yusuf, John Cairns, Kari Niemelä, Denis Xavier, Petr Widimsky, Andrzej Budaj, Matti Niemelä, Vicent Valentin, Basil S Lewis, Alvaro Avezum, Philippe Gabriel Steg, Sunil V Rao, Peggy Gao, Rizwan Afzal, Campbell D Joyner, Susan Chrolavicius, Shamir R Mehta, for the RIVAL trial group*

	Radial (n=3507)	Femoral (n=3514)	HR (95% CI)	p value
Major vascular complications at 30 days				
Large haematoma	42 (1.2%)	106 (3.0%)	0.40 (0.28–0.57)	<0.0001
Pseudoaneurysm needing closure	7 (0.2%)	23 (0.6%)	0.30 (0.13–0.71)	0.006
Arteriovenous fistula	0 (0%)	5 (0.1%)
Ischaemic limb needing surgery	1 (0%)*	0 (0%)

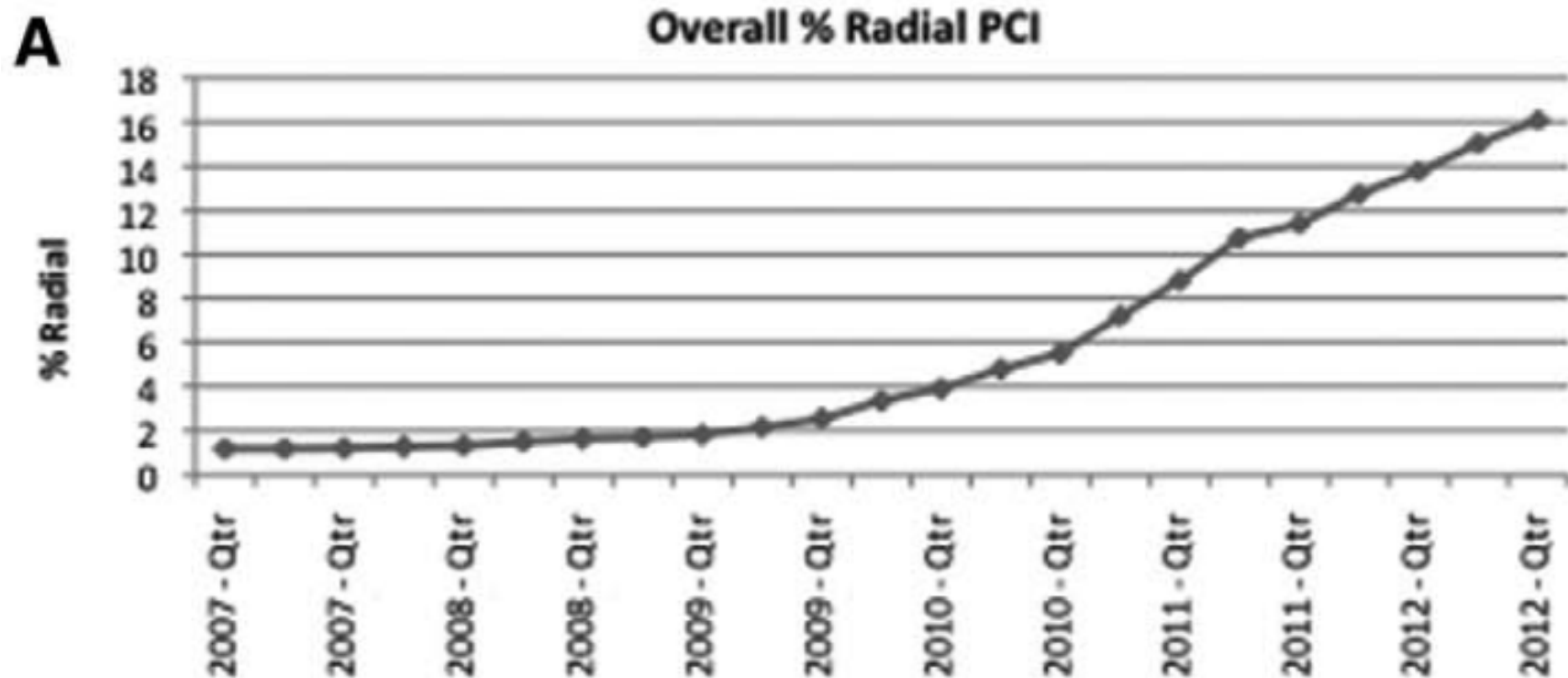
Jolly et al. RIVAL trial, Lancet 2011

Transradial PCI = 50%

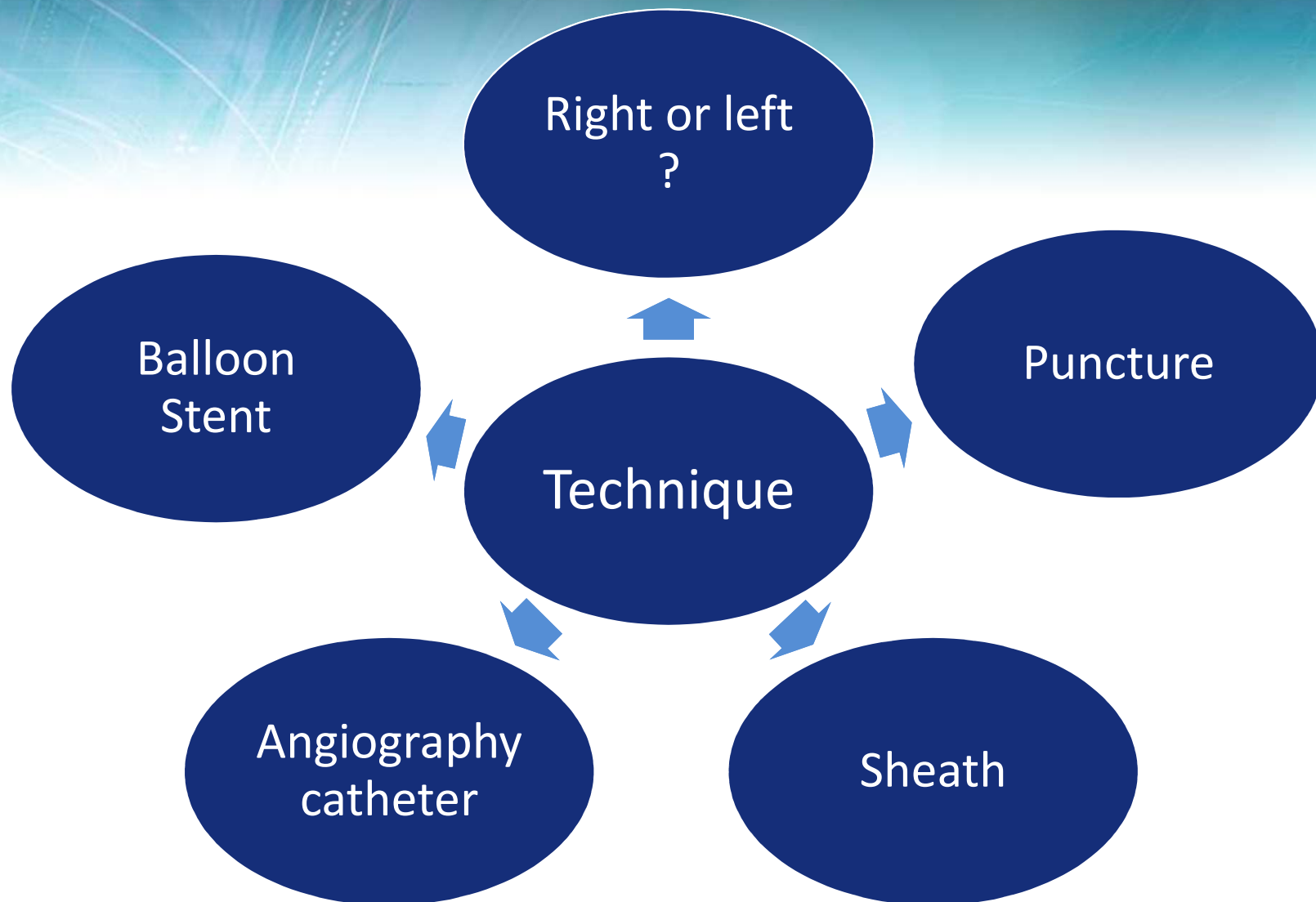
Puymirat et al. Registre National ONACI Am J Cardiol 2013

PCI (2007 – 2012)

N = 2 820 274



Feldman et al. Circulation 2013



Right or Left ?

LEFT

Less arch navigation

Less tortuosity

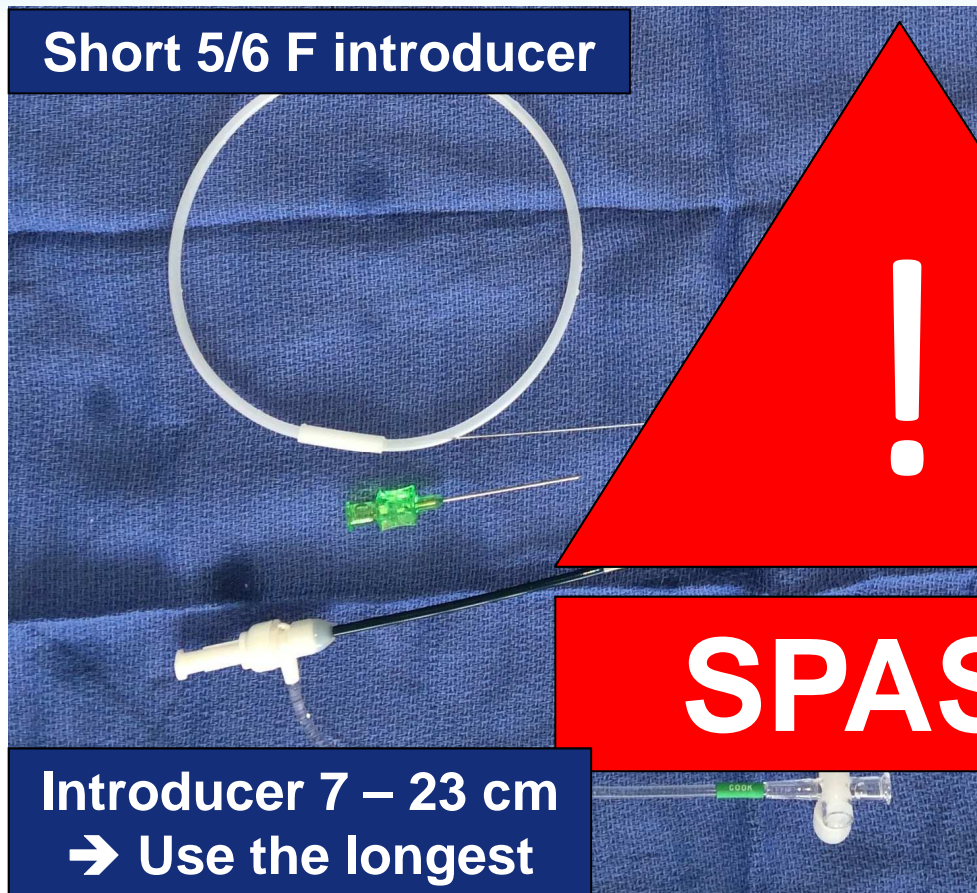
Gain 5 - 10 cm

But « inverted » installation

Puncture

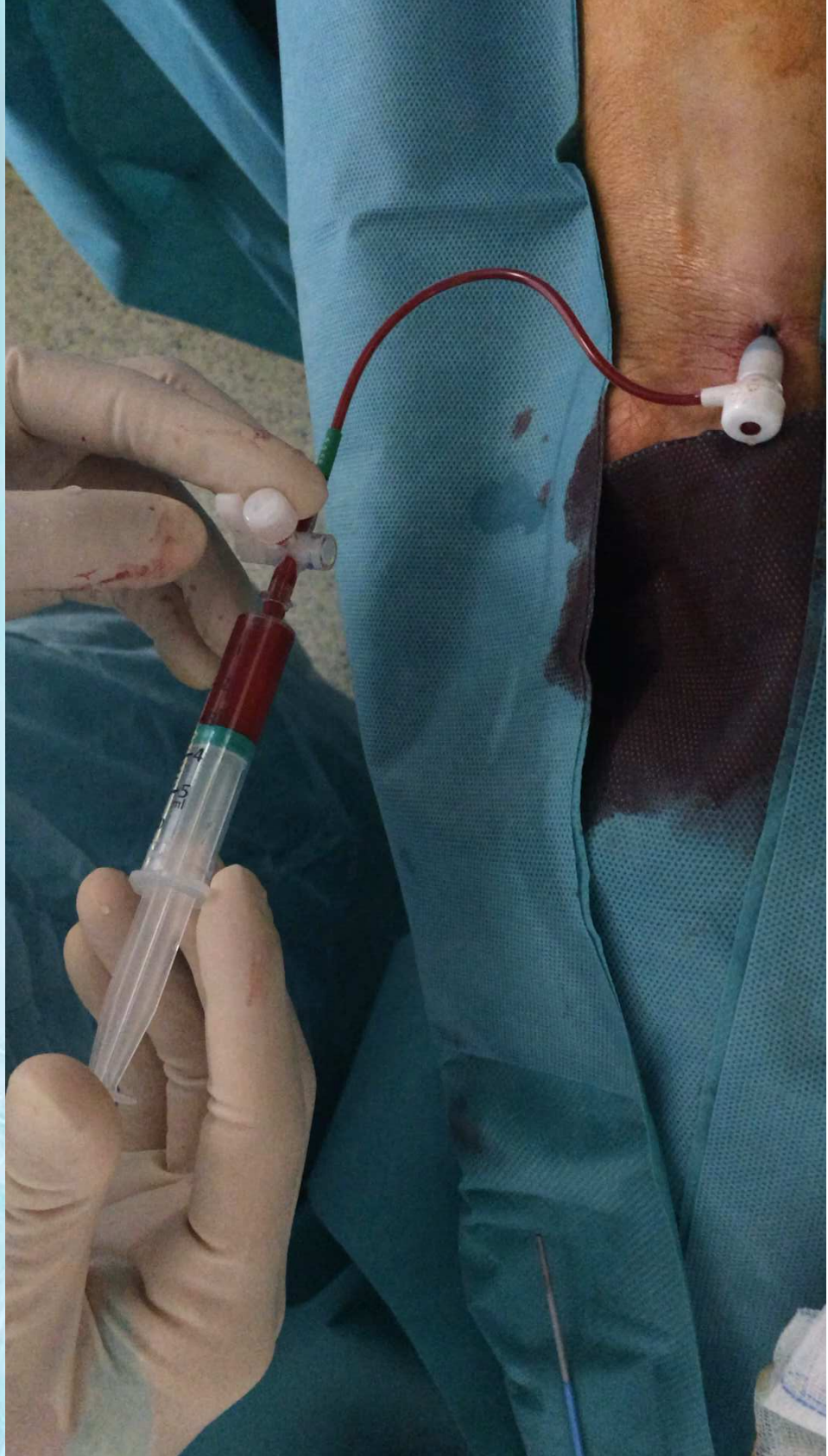
Transradial access set 21G

Short 5/6 F introducer



Introducer 7 – 23 cm
→ Use the longest

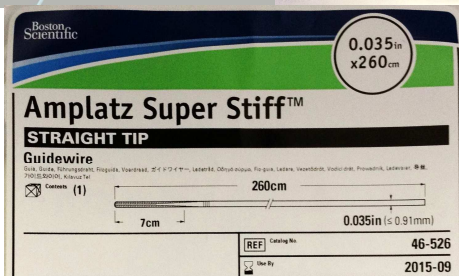
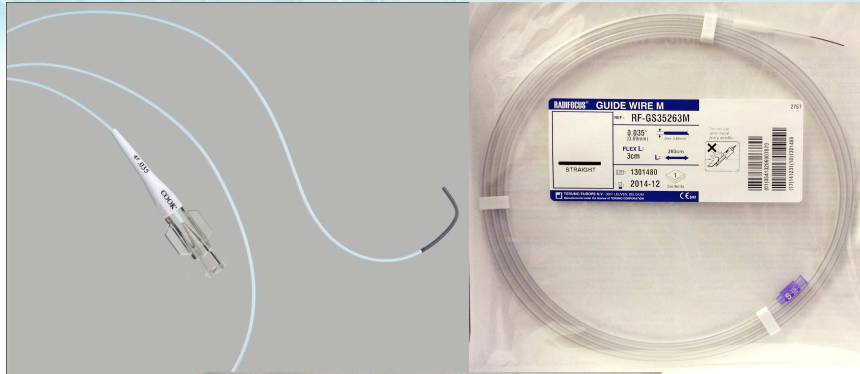
SPASM



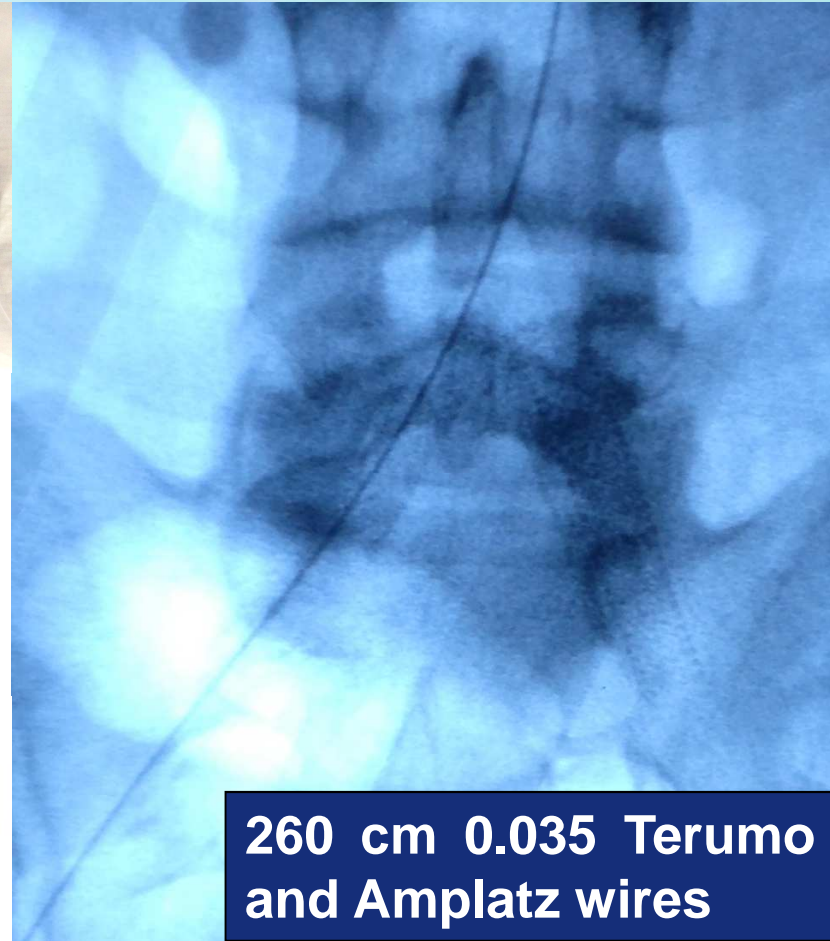
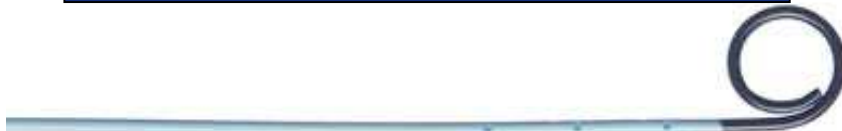
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Navigation

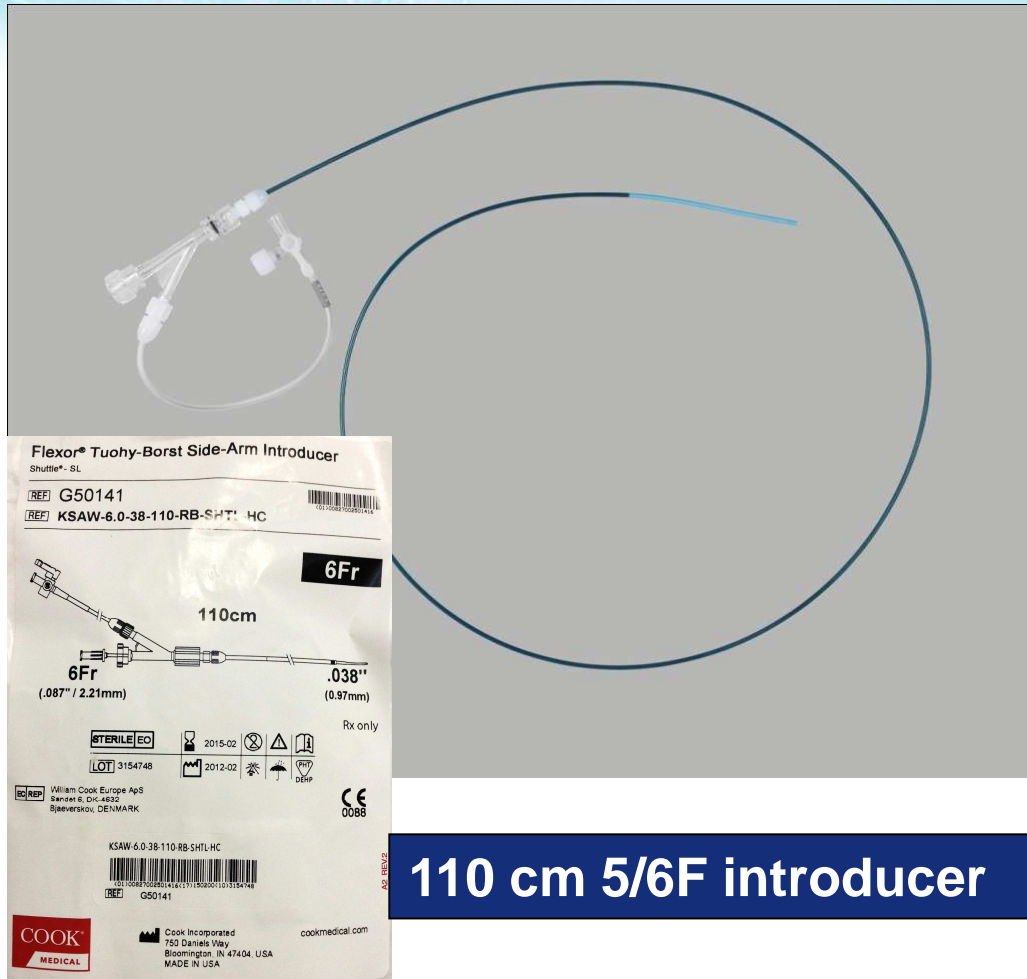


C2, Pig-Tail, Judkins right

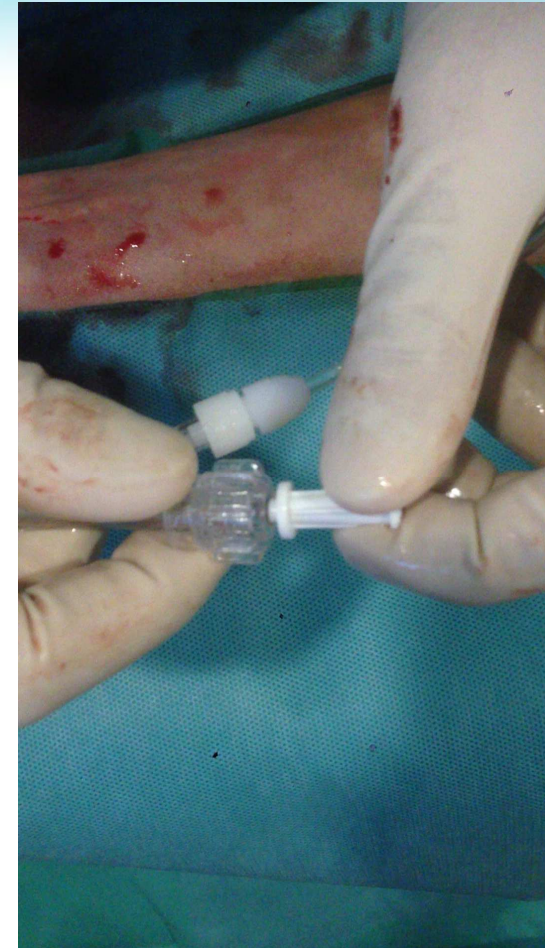


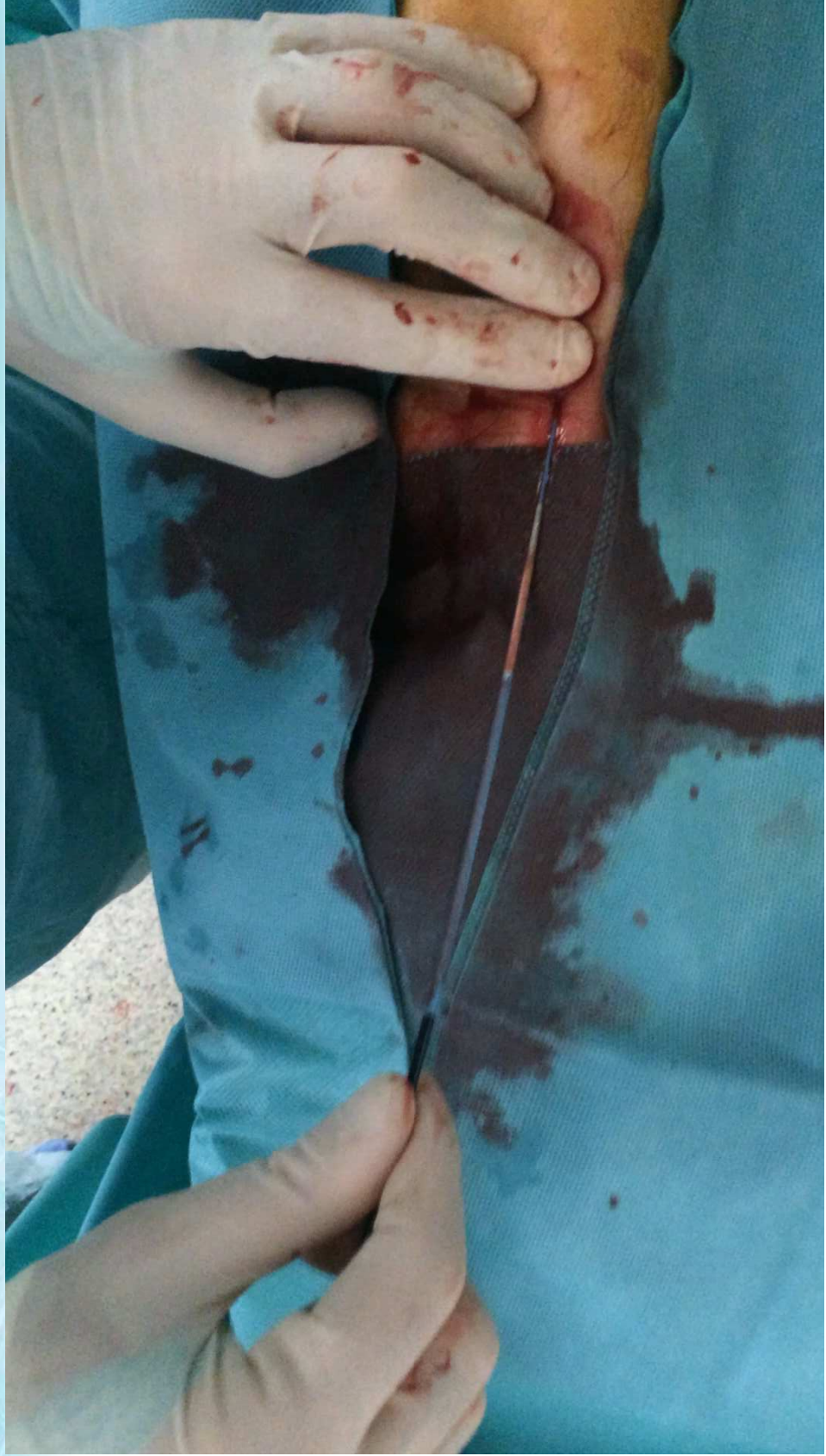
**260 cm 0.035 Terumo
and Amplatz wires**

Sheath

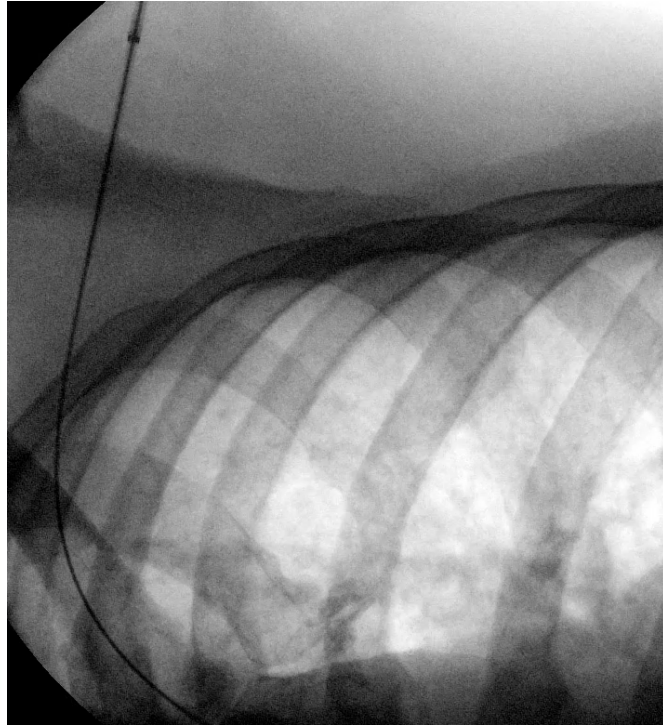


110 cm 5/6F introducer





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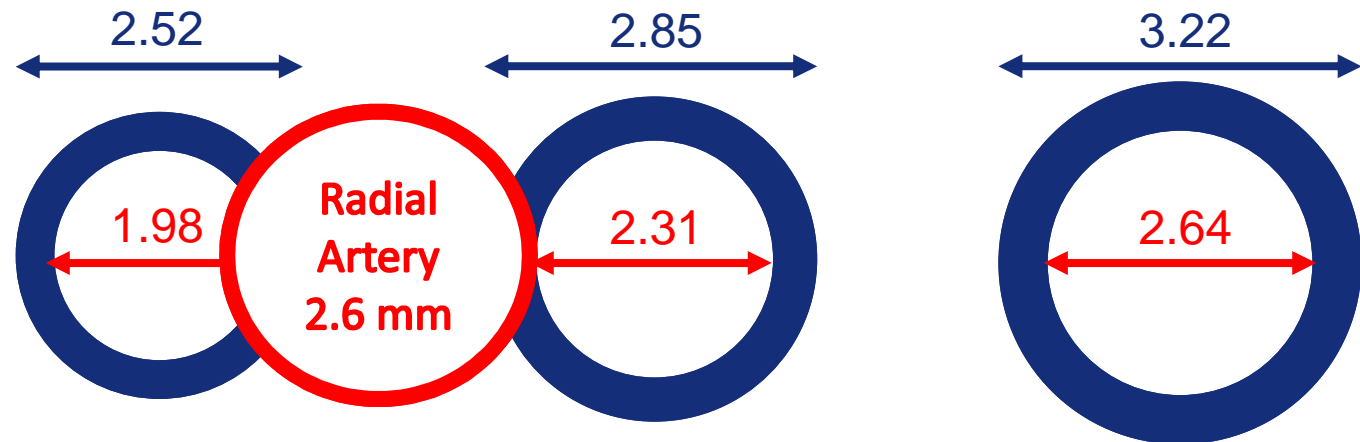
Sheathless Guiding catheter

6 F

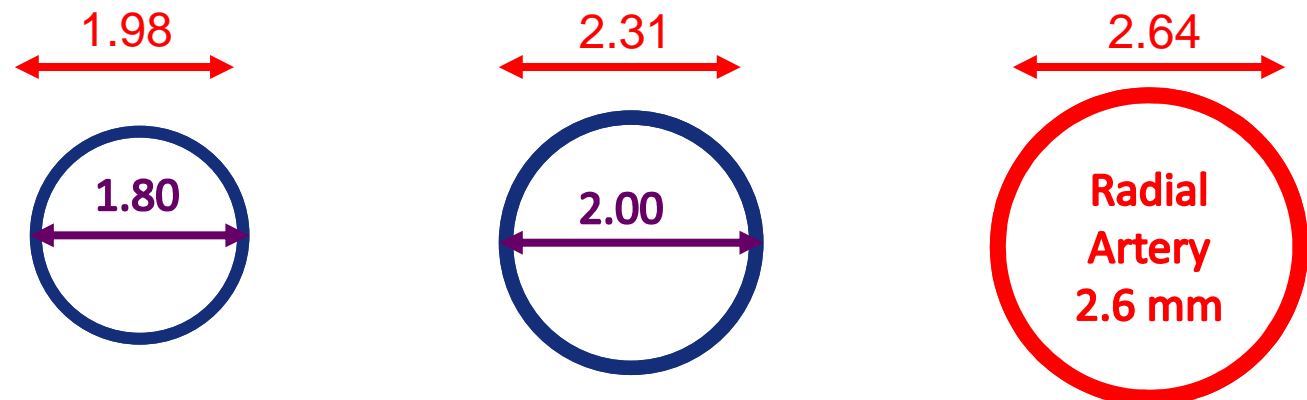
7 F

8 F

Sheath



Guiding
catheter

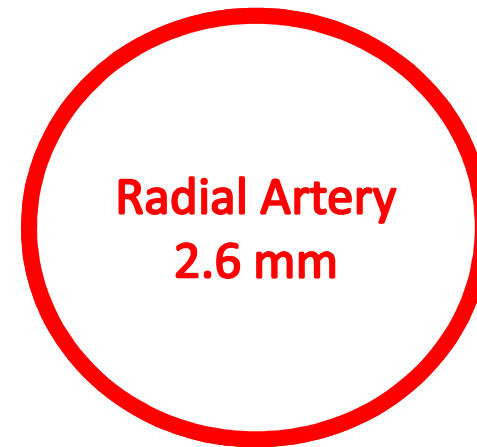


Sheathless Guiding catheter

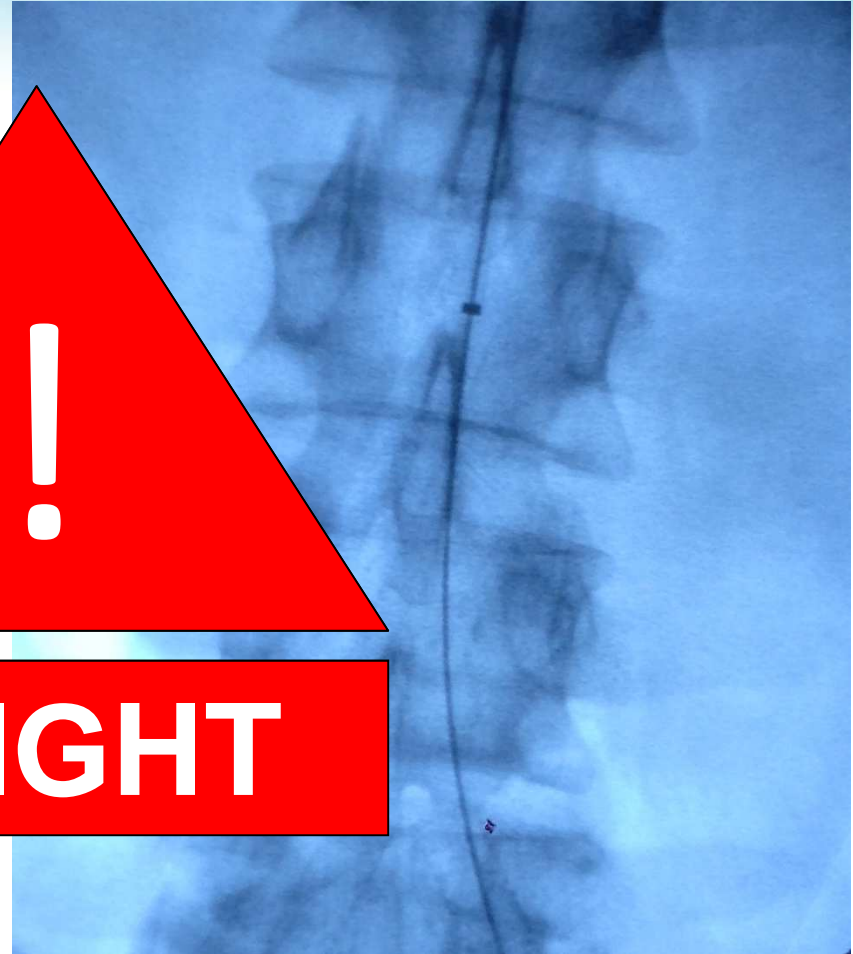


120 cm 8.5F Guiding catheter

Sheathless PV Asahi
2.80 mm



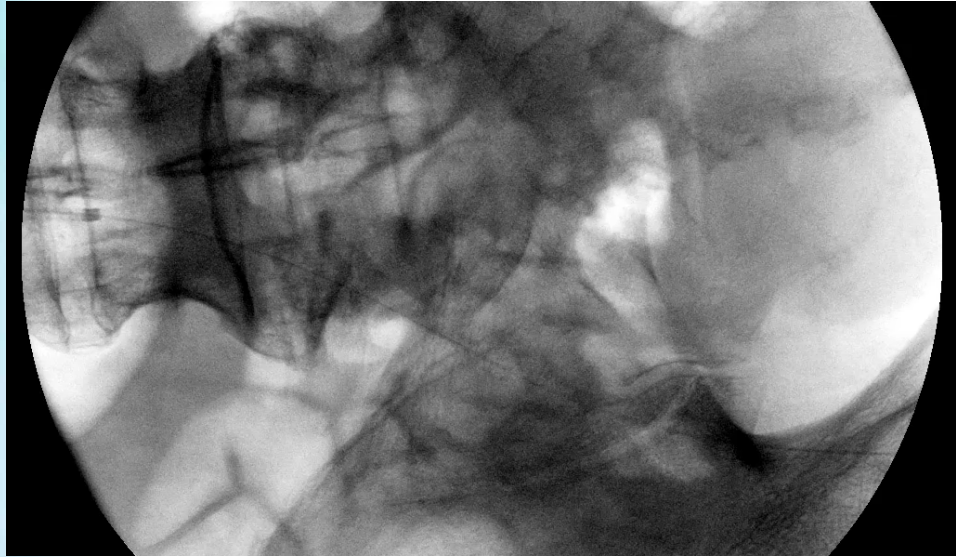
Technique



!

HEIGHT

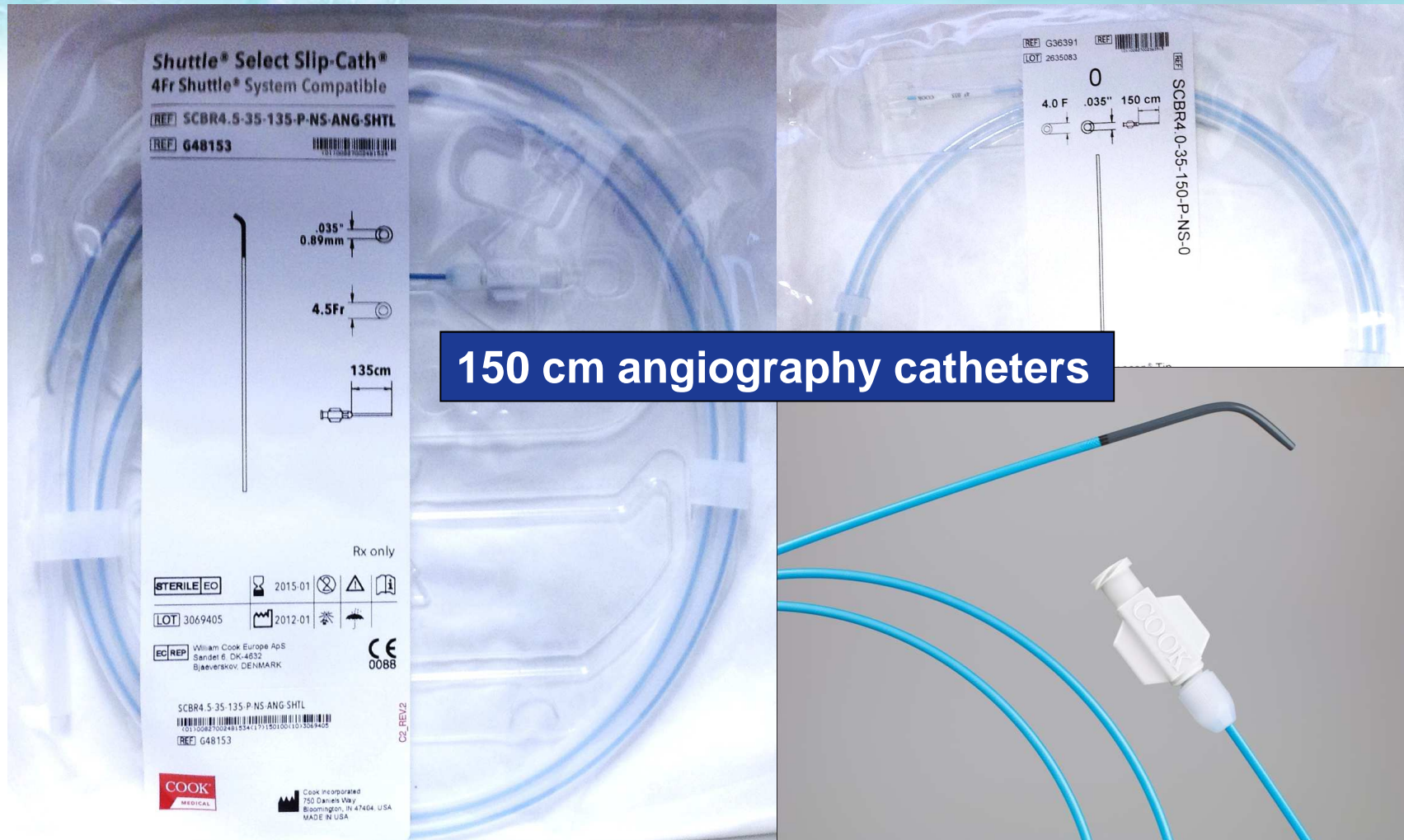
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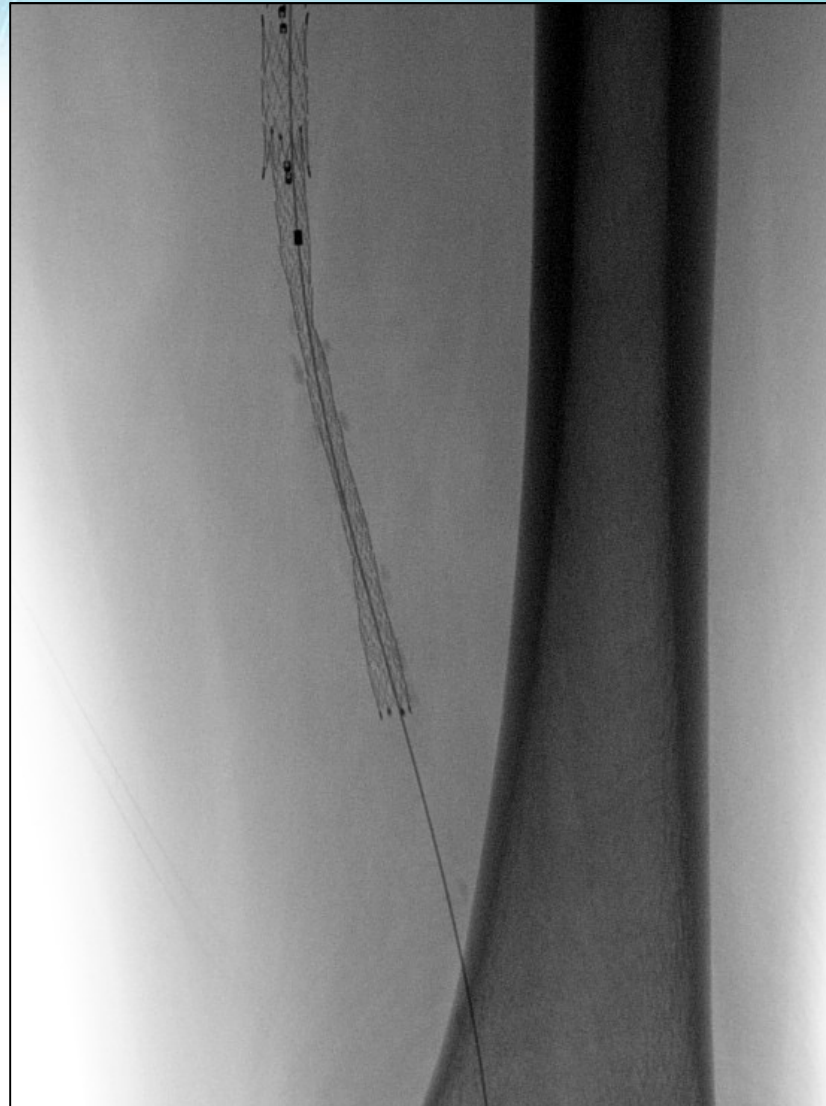
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Technique

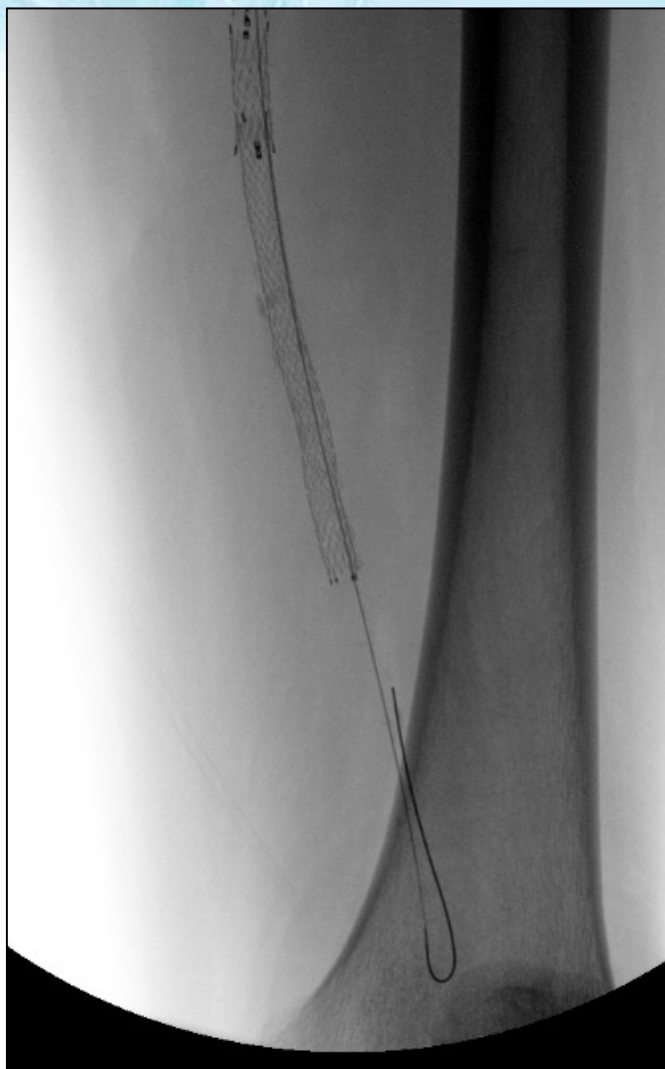


Avoid Pre-dilatation

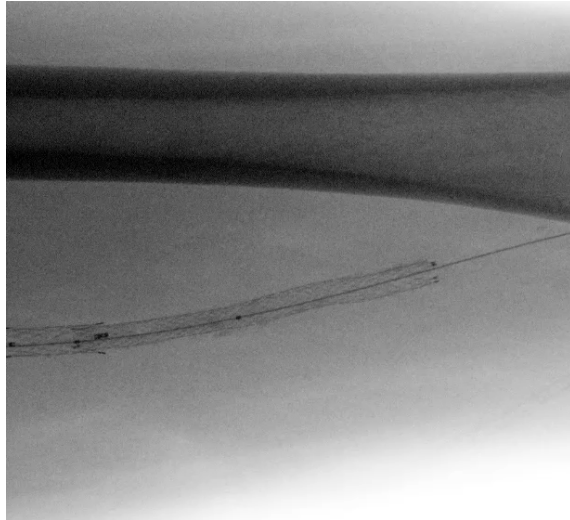


Use the balloon/stent shaft

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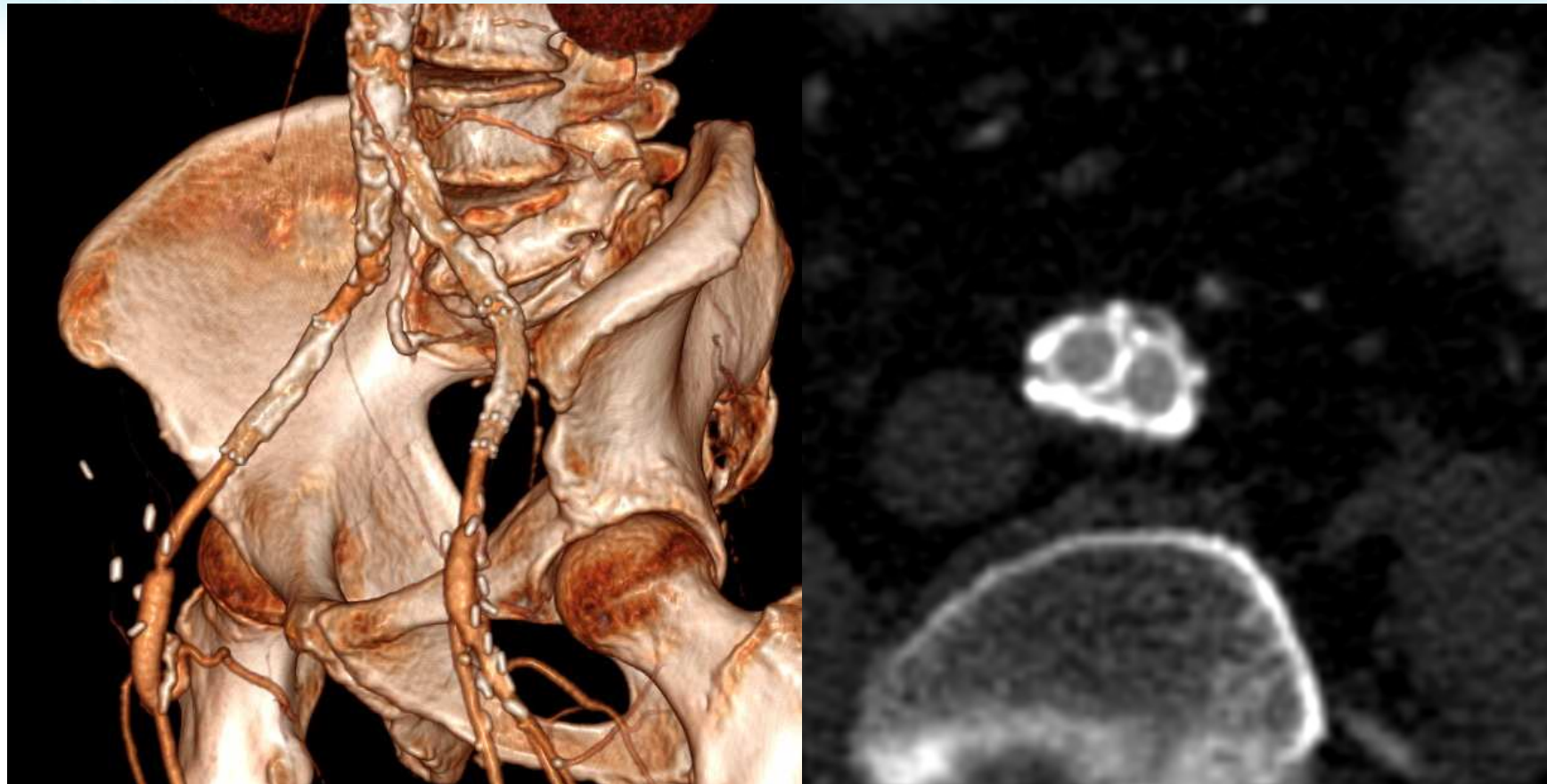


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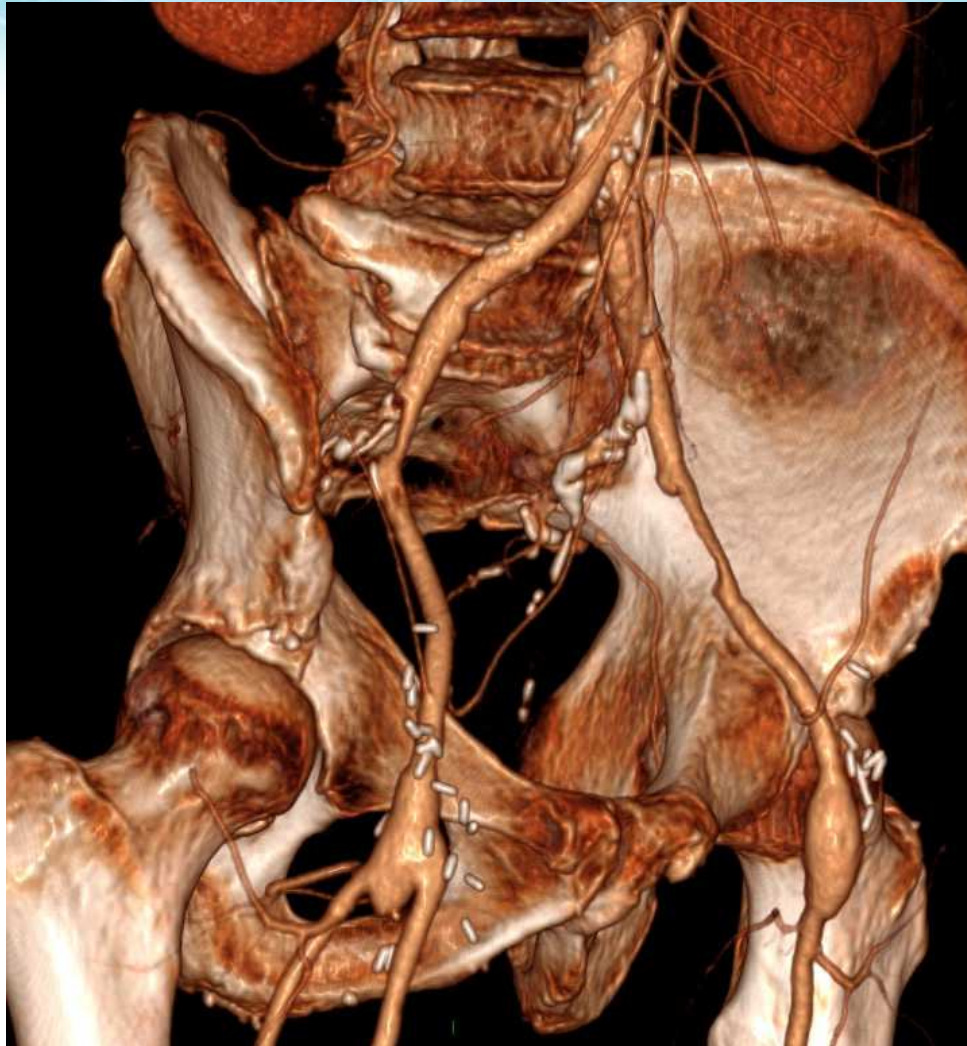


Hostile Groins + Kissing Stents

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Bilateral SFA +/- Iliac lesions



Results

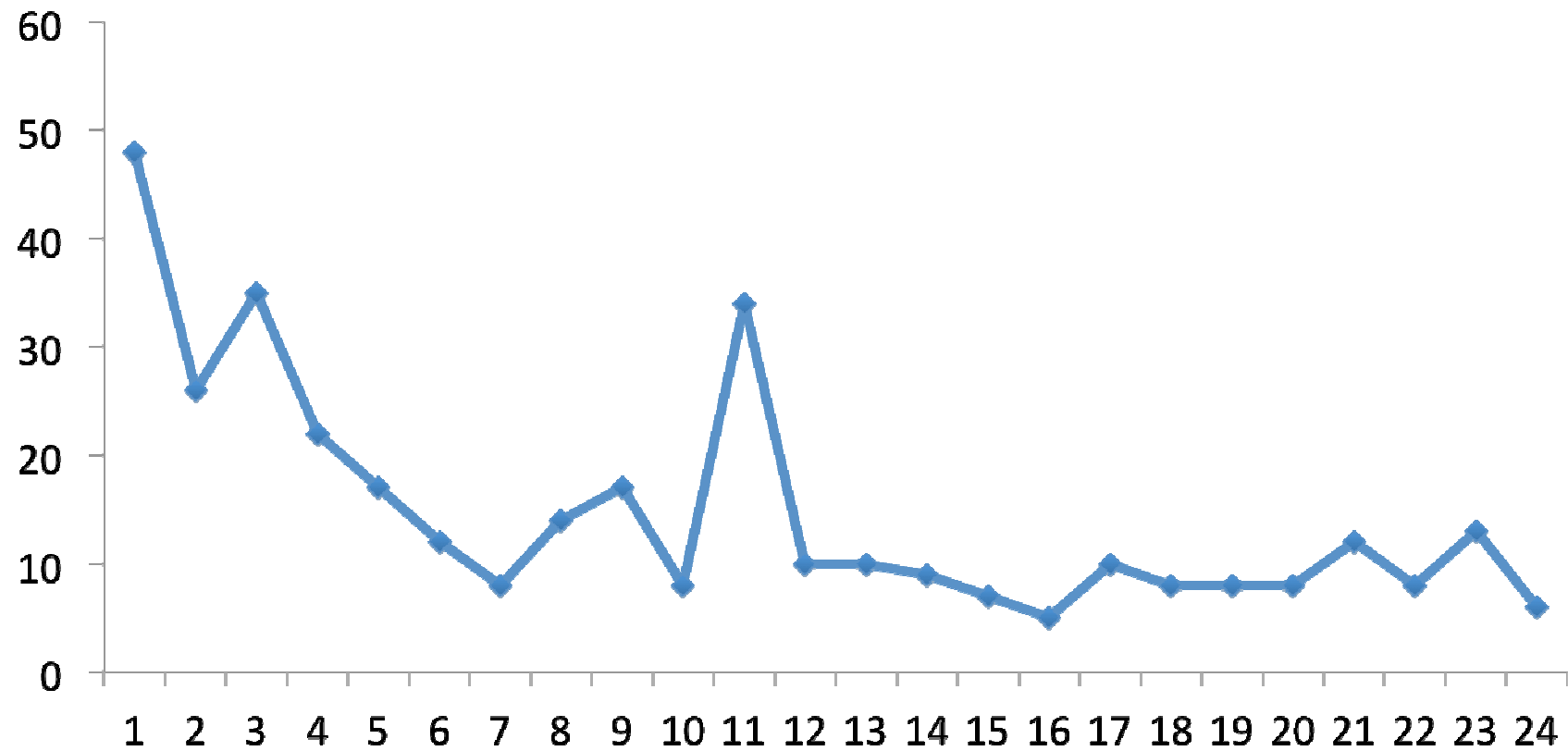
Percutaneous radial access for peripheral transluminal angioplasty

Raphaël Coscas, MD, Romain de Blic, MD, Clément Capdevila, MD, Isabelle Javerliat, MD, Olivier Goëau-Brissonniere, MD, PhD, and Marc Coggia, MD, *Boulogne-Billancourt and Montigny-le-Bretonneux, France*

Journal of
Vascular Surgery[®]

Learning Curve

Fluoroscopy Time



Take Home Messages

- Start with **simple lesions**
- Avoid selecting **tall patients**
- Recognize and treat **spasm**
- Always **Follow your wire**
- Avoid **pre-dilatation**
- Put very **few contrast** in your balloon
- Ballons and stents are your **longest materials**

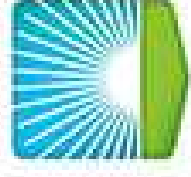
**It's just an issue of
length...**





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