Transradial access: state of the art

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In the last decade, cardiac catheterization with transradial access is increasingly being used and become a golden standard for performing percutaneous coronary interventions, especially in patients with acute myocardial infarction with ST elevation, primarily because of the few and easiest possible complications than the transfemoral access. One of the disadvantages of the transradial approach is the relatively high incidence of catheterization failure (from 1% to 5%) which can be reduced by routine angiography of radial artery and by modification of the technique in the case of anatomic variations of the radial artery.¹

According to the results of our retrospective research, the incidence of anatomical variations of the radial artery was 8.8%, excluding the tortuosities with the incidence of 12.7%. The most common complication of the transradial approach we want to avoid is the radial artery occlusion which is mostly asymptomatic and the frequency with the routine Doppler is about 5%. Procedures that reduce the incidence of radial artery occlusion include routine use of heparin and vasodilators, the use of hydrophilic sheaths such as smaller diameter and the closure of the puncture point for neocclusive hemostasis devices.

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LITERATURE

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