

**Radial Approach is Associated with Lower Bleeding Complications in Patients Undergoing Percutaneous Coronary Intervention with I Ib/IIIa Inhibitors**

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The aim of this study was to evaluate the impact of radial versus femoral approach on bleeding complications in patients treated with Glycoprotein-IIb/IIIa-inhibitors(GPI) during PCI, and to assess the rate of early discontinuation of GPI therapy. Methods and Results: Between 9/2007 and 4/2009, GPI was administered to 335 patients. Administration of GPI and access-site [Femoral access n= 256 and radial access n= 79] were determined by the operator. Baseline characteristics were similar between groups, except for higher rate of previous CABG in the femoral-group. Patients who had out-of-hospital CPR, cardiogenic shock, inherent bleeding diathesis or chronic anticoagulation therapy were excluded. All patients were treated with dual antiplatelet therapy and heparin 50U/kg during the procedure. The indication for PCI was ST-Elevation MI (STEMI) [n=126 (49%) femoral, n=33 (42%) radial], Non STEMI [n=86 (34%) femoral , n=33 (42%) radial] or stable angina [n=43 (17%) femoral , n=12 (15%) radial]. Radial access was associated with significantly less 30-day access site associated major (0%) and minor bleeding (0%) Vs femoral major (1.5%) and minor (11%) bleeding .There were no differences in non access site related bleeding (radial 6% vs femoral 1.5%). Importantly, GPI was discontinued after less than 6 h due to access site bleeding in 11 pts (4.3%) in the femoral group compared to 0% in the radial group (p<0.05).

**Conclusions:**

In stable patients treated with GPI, transradial compared to femoral access is associated with significantly lower access site related bleeding. Radial approach enables the completion of the recommended dose and duration of GPI in significantly higher proportion of patients.