

Effect of Transradial Approach on Quality of Life after Percutaneous Coronary Interventions

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The transradial approach (TRA) for percutaneous coronary interventions (PCI) is associated with a lower incidence of vascular complications and improved patient comfort. Its effects on quality of life after PCI was not investigated. Objectives: To assess quality of life of TRA versus transfemoral approach (TFA) after PCI. Methods: Single center prospective study performed by the nursing staff. Access site was determined by the operator preference. Patients were examined at 1 day and at 1 week after PCI for complications. Quality of life was measured with visual analog scales (VAS) immediately and 1 day after PCI. Results: 300 patients, mean age 59.1±10.9 years, 20% females. Indications for PCI: 209(69.7%) acute coronary syndrome and 91(30.3%) stable angina. Pretreatment: Aspirin and clopidogrel 262(87.3%), Enoxaparin or heparin 128(42.7%) and IIb/IIIaGP antagonists 50(16.7%). All patients received weight adjusted heparin during catheterization. Access site: 227(75.7%) TRA and 73(24.3%) TFA. Baseline characteristics, indications for PCI and medications were similar in both groups. Crossover to alternative access site was observed in TRA only, 6 (2.6%), $p=0.316$. TRA significantly reduced hematoma area ($2.33\pm 11.19\text{cm}^2$ vs $17.40\pm 51.15\text{cm}^2$, $p<0.0001$). Pseudoaneurysm, $n=3$ (2 needed intervention) and blood transfusion, $n=2$, were observed in TFA only ($p=0.002$). TRA significantly reduced mean time to ambulation (7.13 ± 10.10 vs 19.3 ± 9.74 hours, $P<0.0001$). Over the first day after the procedure, measures of bodily pain, back pain, walking ability and self-care ability favored the TRA ($P < 0.01$ for all comparisons). Conclusion: Among patients undergoing PCI, TRA leads to improved quality of life and to decreased vascular complications after the procedure.