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Transradial Diagnosis and Intervention of Supra Aortic Arterial Vessels

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Background: Transradial approach (TRA) is becoming widely spread mainly for coronary interventions but it has been rarely used for diagnosis and even less for therapeutic supraaortic (SA) arterial vessel pathologies.
Aim: To report our experience in both diagnostic and therapeutic endovascular procedures for SA arterial vessels by using the TRA.
Methods: During the last year 20 diagnostic and 15 therapeutic procedures for SA vessel were undertaken using the TRA. Twenty six M, 9F with a mean age of 65±7 years were included. The indications for diagnostic or therapeutic procedures were: clinical findings and symptoms related to SA vessels. The indications for TRA were: no option of femoral approach (9/35), hostile arch anatomy (3/35),technical failure via femoral approach (2/35),ostial vertebral disease (5/35), Pts preference(16/35). All diagnostic procedures were undertaken using 5F catheters. Vessels treated were: Carotid, Vertebral, Subclavian and Braciocephalic arteries. Vessels involved and equipment used are described: G-guiding catheter, D-diameter, Ex-expandable.

Vessel	Number of patients	Guiding size	Guiding wire	Types of stents	Stent D mm
Carotid	5	6F	.035''	Self-Ex	6-8
Vertebral segment	V1-5, V2-3, V4-3	5F	.014''	Coronary stents	2.5-4
Brachiocephalic	1	6F	.018''	Balloon-Ex	7
Subclavian	3	6F	.014''- .018''	Balloon-Ex	7-8

Technical success was achieved in 14/15 therapeutic procedures. We switched to femoral approach in one pts with right sided carotid disease where distal protection device couldn't be propagated distal to the narrowed segment .In all procedures neither vascular nor neurological complications were recorded.
Conclusions: Diagnostic and therapeutic procedures involving the SA arterial vessel can be safely and successfully preformed via the TRA by experienced cardiology team