

The Impact of the Transradial Approach for Coronary Angiography and Intervention on Patient Outcomes

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No Conflict of interest



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O. Bertrand et al. – Meta-analysis of 761,919

PCI performed by TRA is associated with substantially less risks of bleeding and transfusions compared with TFA. Benefit on the incidence of death or combined death or myocardial infarction is found in observational studies but remains inconclusive in randomized trials.

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Background

The transradial approach (TRA) for coronary procedures has gained popularity in recent years due to increased patient comfort and reduced complications.

Aim

To assess the patient population treated with the TRA in a single center over a 12-year period.

Methods

- All coronary procedures between 2000-2012
- Multivariate models, adjusted for age, gender, CAD risk factors and history, ACS and procedural characteristics were used to evaluate the association between access site and:
 - Bleeding complications (defined by Hemoglobin drop ≥ 3 mg/dl)
 - Length of hospital stay (LOS)
 - Hospital mortality.



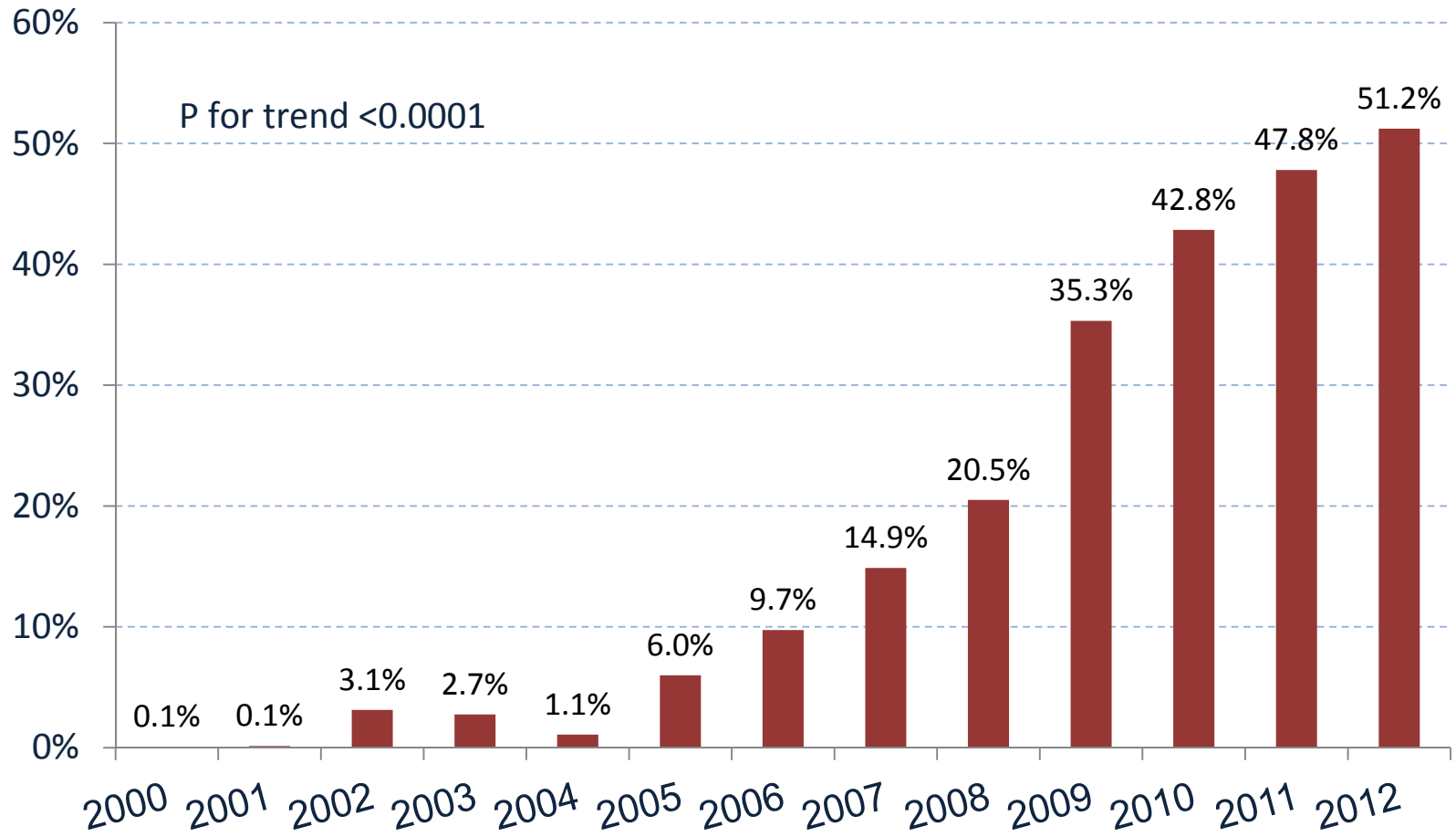
Results- patients' characteristics

	All 19362	TRA 3457(17.9)	FA 15905(82.1)	P- value
Age (years,mean±SD)	63.8±11.8	63.5±11.9	63.8±11.8	0.18
Age older then 75 years	3827(19.8)	680(19.7)	3147(19.8)	0.87
Female gender	5044(26.1)	882(25.5)	4162(26.2)	0.42
More than two risk factors	7150(36.9)	1299(37.6)	5851(36.8)	0.57
Prior MI	4132(21.3)	743(21.5)	3389(21.2)	0.98
PCI	9820(50.7)	1742(50.4)	8078(50.8)	0.67
PCI success rate	9373/9820(95.4)	1662/1742(95.4)	7711/8078(95.5)	0.92
Primary PCI	1928/9820(19.6)	353/1742(20.3)	1575/8078(19.5)	0.46

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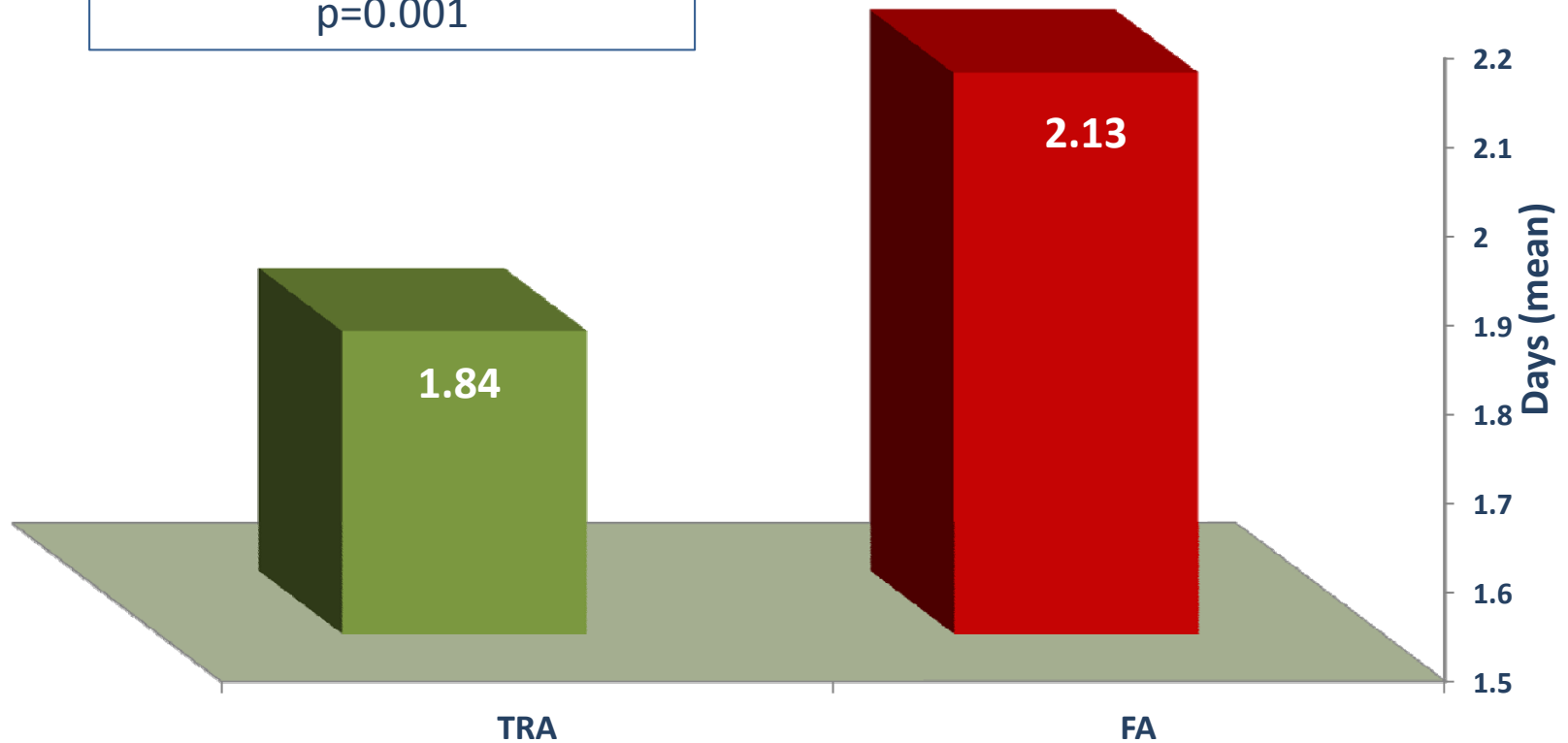
Rates of TRA use over the years



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Length Of Stay

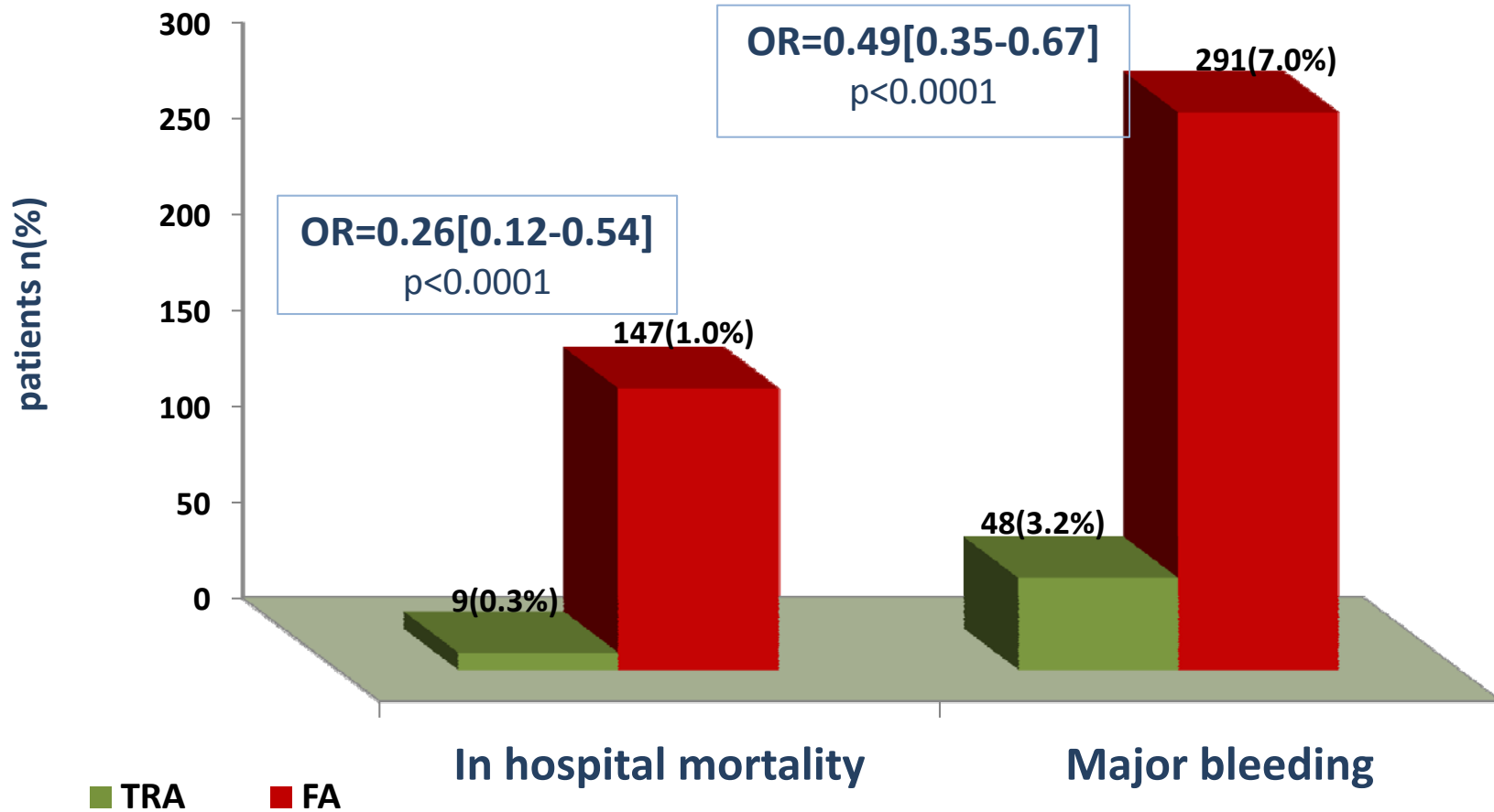
LOS=1.51 - 0.295 x radial
p=0.001



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Complications



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Conclusions

Trans Radial Approach in coronary procedures was associated in this large registry with reductions in in-hospital mortality, major bleeding and length of hospital stay with no compromise in procedural success rates.

