

Clinical and Medical Case Reports

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The distal left radial artery access for coronary angiography and intervention: A new era

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Statement of the Problem: Patients' intra and post procedural comfort, quick recovery, as well as procedure success, are key elements for choosing the right arterial access site. Radial artery access has been of increasing interest since it was first described. Advanced treatments of coronary lesions, from primary percutaneous interventions during ST elevation myocardial infarction cases to chronic total occlusion cases, have been increasingly done through the radial access. Distal left trans radial artery (dlTRA) is a new technique first described by Kiemineij. We report the first documented US experience of the left distal radial artery access for coronary angiography and interventions.

Methodology & Theoretical Orientation: dlTRA was attempted on 22 consecutive patients, consented for a cardiac catheterization. 7 patients underwent percutaneous coronary intervention. The left hand is prepped in the usual fashion, exposing the anatomical snuff box. Under ultrasound guidance, the artery is punctured and the sheath is inserted carefully. The cardiac catheterization is completed using standard diagnostic and guiding catheters that are typically chosen for femoral artery access. Haemostasis was achieved with a radial band. Patients had the ability to use the right hand as well as bend their left wrist post procedure.

Conclusion & Significance: dlTRA was successful in all 22 patients. 7 patients underwent PCI through this approach. Two patients required a multi vessel complex PCI with multiple stents and additional equipment. There were no conversions to the right radial or femoral approach. All patients had excellent haemostasis with a radial band, with no complications. Pre discharge radial pulses were intact in the wrist as well as in the anatomical snuff box. Distal left trans radial access is feasible and safe in patients that are carefully selected and are deemed good candidates. There is a learning curve for developing such program, as is the case with conventional radial access.

Biography

Amir Lotfi is an associate professor of medicine, Tufts University School of medicine in the cardiology division at Baystate Medical Center. His training in coronary, carotid and peripheral interventions. His area of interest includes radial intervention, coronary physiology, coronary imaging, and ischemic preconditioning.

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