Radial Vs. Femoral Access (TRA Vs. FA)

European View

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Different Views

• The profession – “learning curve” – bad for the business?
• Device industry – where’s the business?
• Pharmaceutical industry – interest yes - but not core business
• Patient - who cares?
• Regulatory bodies
Significant Bleeding Complication

- Femoral: 2.3%
- Radial: 1.1%
- Brachial: 7.1%
- Axillar: 0.5%
- My radial: 2.3%
European TRA Practice?

- Current use in 1/3 of the cases

- **Survey among European Experts**
  (Prague 18/06/10; n = 40)
  - average 50%
  - 1/3 of cardiologists in > 80% of the cases
  - half of the cardiologists in < 20% of the cases
Evidence?

- Meta-analysis
- Coming trials (RIVAL.../ Dr Jolly)
- Personal experience - TRA better?

- access site complications - radial ++
- other complications ? equal
- success of the procedure equal
- complicated/ time consuming NO
- patient preference +++

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Access Site Bleeding Complications 2009

- **Radial** 0.6 % (n=497)
  - 1 pseudoaneurysm, 2 prolonged hospitalization
- **Femoral** 2.6 % (n=1289)
  - 1 retroperitoneal, 14 pseudoaneurysm,
  - 9 surgical repair, 9 prolonged hospitalization

Long term complications?
Yes – New Mindset For TRA …

- TRA is underused
- TRA is simple and safe
  - especially ACS patients with multiple antithrombotic medication on board
- Patient preference
- Improves the process
- Saves money
  - earlier hospitalization, no closure devices
- Room for device development

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