Ambulatory treatment and the advantages of trans-radial access

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Disclosure

Speaker name: **Dr. Mercedes Guerra-Requena**

I have the following potential conflicts of interest to report:

- [x] Consulting: **Boston Scientific, Biotronik**
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [ ] I do not have any potential conflict of interest
Advantages of ambulatory treatment

• It’s more comfortable for our patients
• It carries less nosocomial infection
• It’s more cost-effective for the Health System
• And It is a very important advantage during this pandemic
  • Lack of resources of beds
  • Less risk of intrahospitalary contagion
PROCEDURE

WHY TRANSRADIAL ACCESS FITS WELL
• Easy to canalize
• Few complications (asymptomatic occlusion, unusual pseudoaneurysm, easily controlable bleeding)

OUR PROTOCOL
• Indications for radial access
  • External iliac stenosis
  • Fibrosis or previous groin surgery
  • Visceral artery disease
• Anatomic considerations
  • Radial artery diameter > 2 mm
  • Normal Allen test
  • Radial and ulnar artery patency demonstrated by duplex ultrasonography
  • Straight path of radial artery

PROCEDURE
Micropuncture set 4–5 Fr sheath
Systemic heparinization 5–6 Fr long sheath
Target vessel catheterization

Radial compression wristband

Abdominal aortic / iliac catheterization
Fortress®
• Sheath reinforced 4F, 5F y 6F
• Inner covered PTFE, reduce friction

Deflate: 2 cc / 5 min
Reinflate if bleeding

WRISTBAND PROTOCOL (Different from Interventional Cardiologies)
Compression: 15 min
Deflate: 2 cc / 5 min
Reinflate if bleeding
Available devices to perform radial access for PAD treatment

- **Vascular surgeons have a problem for this radial Access:**
  - The innovation of the industry for different catheters or wires is insufficient
  - We need longer material to access Iliac or femoral artery
  - We use as catheter:
    - MP 125cm
    - Wire for 4mts
      - Optimed 0.035”
      - Terumo 0.035” normal or stiff
      - Braun : 0.018”
    - And sometimes we use the catheter balloon as interchange catheter (Passeo 35 Xeo 170cm):
Case

• Male, 52 years old
• LCI Stenosis in distal zone
• Rutherford 2

PLANNING:
• Radial Access from left side
• We expect to find 8mm/7mm diameter and 58 mm length
• We would need:
  • Dynetic 8x58-170.
  • Dynetic 7x58-170 Not available
• Back up
  • 7x58-130

OBJETIVE FOR TESTING:
• Radial Access

Possibility to test shorter delivery from radial access
Dynetic-35 8x38x 170 radial access

Proximal Dynetic-35 8x28x 170 radial access
High opacity

Resault

DISCHARGE IN 12 HOURS
Dynetic-35

- Cobalt-Chromium
- proBio coated
- Double helix design

Compatibility 6 F all sizes

- Diameters 5,0–10,0 mm,
- Length de 18–78 mm y
- Length catheter 90 cm, 130 cm y 170 cm.

23 % stronger
14 times more flexible
**Dynetic-35**

**Peripheral Balloon-Expandable Stent System**

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Maximum Diameter for Post-dilation:
- 7.5 mm for 5 mm diameter
- 10.5 mm for 8 mm diameter

**Compliance Data Card**

**IMPRESSIVE OVERSIZING**
Left ABI 0.89. Soft Pedial Pulse. Asymptomatic. Duplex: monophasic flow EIA
IVUS: Flap distal EIA

BE CARFUL WITH OVERSIZING
FINAL REFLEXIONS

• Oversizing without shortening : shorter stocks
• Tapering
• No covered balloon-expandable length 18-78mm
• Large size 6F compatible
• Combined longer catheter, longer stent, bigger diameters and low profile is perfect for radial access as well as for ambulatory treatment
THANKS FOR YOUR ATTENTION