

Benefits of **transradial access**

Coronary interventions have become a more-widespread, preferred solution for the treatment of cardiovascular disease. Minimally invasive procedures, for numerous reasons, are a preferred alternative to surgery for many. Yet, patients who have undergone these less invasive life-saving procedures are often left with bruises and the memories of pain caused by femoral access.

Transradial access takes patient satisfaction to the forefront and offers coronary intervention with the potential of less pain, less bruising and less risk to vascular complications. While transradial access has hit large growth spurts in Europe, Canada and Asia, the United States continues to lag behind.

Terumo Interventional Systems, a business unit of Terumo Medical Corporation, is looking to change that by focusing on developing products that will help bring the benefits of transradial access to the patient.

Gary Clifton, Marketing Manager for Terumo Interventional Systems, is responsible for Entry Site Management and Cardiology products for the US business. He has worked in clinical and academic cardiology for 30 years and anxiously looks forward to the contributions Terumo will make to the US market for radial access.

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Dr R. Lee Jobe

“The transradial access has had limited use in the US despite its many benefits to the patient, physician and healthcare workers,” says Clifton, adding, “but I am confident that, as CMS continues to investigate costs and quality outcomes, transradial access will be utilized to a greater degree. There are benefits that just can’t be ignored long-term.”

With a wide range of products from Terumo, Clifton believes Terumo can greatly contribute to physician success and patient satisfaction.

There are definitely pockets of transradial access practiced around the country. These physicians continuously cite high degree of patient satisfaction, lack of vascular complications and practice differentiation as driving factors for their primary use of the transradial approach.

Here, four physicians provide their thoughts on the benefits of transradial access: Dr R. Lee Jobe of Wake Heart and Vascular Associates, Chairman of Invasive Cardiology at WakeMed Heart Center, Raleigh, NC; Dr Howard A. Cohen, Director Division of Cardiac Intervention, Lenox Hills Hospital, NY; Dr John T. Cappola, Chief of Cardiology, St. Vincent’s Hospital, NY; and Dr Ron Caputo, Associate Director Cardiac Cath Lab, St. Joseph’s Hospital, Syracuse, NY. ■

Article prepared by **Terumo Medical Corporation**.

Dr Jobe, what is the biggest misnomer regarding transradial access and how have you used transradial in your practice?

RJ. The biggest misconception regarding transradial access is that it should be used only for patients with difficult or failed femoral access. Quite the opposite, I view the femoral access as the bail-out for the few patients in whom transradial access is not possible or advisable. Virtually every patient that has had both access approaches will strongly prefer the radial.

The advantages that transradial access have added to my practice are several. The transradial approach greatly increases patient satisfaction due to increased comfort during the procedure and it eliminates vascular access complications. In our competitive regional cardiology market, transradial skills offer a unique trademark for our patients. When they show off their radial access site to their family and friends, I get instant ‘word-of-mouth’ free advertising.

When true outpatient coronary intervention is feasible in the US, the transradial approach will be the only safe way to perform outpatient PCI. With years of experience, our group will be ready.

Dr Cohen, is there training available to physicians interested in learning transradial access?

HC. The learning curve for transradial access for routine angiography and PCI can be steep. The curve can be considerably flattened by being mentored by physicians who are committed to the technique and willing to teach it. The use of simulation training has proven to be an invaluable tool for teaching and learning new techniques. Terumo has developed a simulator for teaching the transradial technique and this should help to facilitate learning and allow physicians to adopt the technique more readily.

Dr Cappola, why do you believe it is important to provide training in transradial access in your fellowship program?

JC. With transradial catheterization, the fellow adds an additional capability to his technical skills. The radial route allows for more rapid ambulation and is easier on the patient with COPD back problems, BPH and obesity. The procedure is less likely to lead to bleeding complications and is a value in a patient with acute coronary syndromes who are on a combination of antiplatelet and antithrombin agents. In patients with peripheral vascular disease, radial access may be the only access. Exposing the fellows to 50 percent radial cases allows for them to be comfortable with this technique when they leave training. Faced with a patient with potential femoral access problems such as obesity, PVD and anticoagulation, they will be comfortable performing the transradial procedure.

Dr Caputo, how has providing transradial access for your cardiac procedures influenced your practice?

RC. The ability to perform procedures through the radial artery has been an indispensable skill allowing me to perform procedures on fully anticoagulated patients, and on patients with significant peripheral vascular disease, without concerns for bleeding and vascular complications. The reputation of my practice within the community has been enhanced, due to increased patient comfort and early ambulation.