Radial shift:

Mastering Radial Approach for Coronary Procedures:

Learn from cases.

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Pics worth a thousand words...
Table 11: Primary PCI: indications and procedural aspects

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Class</th>
<th>Level</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications for primary PCI</td>
<td>I</td>
<td>A</td>
<td>69, 99</td>
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<tr>
<td>Primary PCI is the recommended reperfusion therapy over fibrinolysis if performed by an experienced team within 120 min of IMI.</td>
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<tr>
<td>Primary PCI is indicated for patients with severe acute heart failure or cardiogenic shock, unless the expected PCI-related delay is excessive and the patient presents early after symptom onset.</td>
<td>I</td>
<td>B</td>
<td>100</td>
</tr>
<tr>
<td>Procedural aspects of primary PCI</td>
<td></td>
<td></td>
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<tr>
<td>Stenting is recommended (over balloon angioplasty stents) for primary PCI.</td>
<td>I</td>
<td>A</td>
<td>105, 102</td>
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<tr>
<td>Primary PCI should be limited to the culprit vessel with the exception of cardiogenic shock and persistent ischemia.</td>
<td>IIA</td>
<td>B</td>
<td>75, 103, 105</td>
</tr>
<tr>
<td>Valve PCI should be considered (see respective guidelines).</td>
<td>III</td>
<td>C</td>
<td></td>
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<tr>
<td>Routine aortic crossing is not recommended.</td>
<td>III</td>
<td>A</td>
<td>86, 148</td>
</tr>
<tr>
<td>Routine use of distal protection devices is not recommended.</td>
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<tr>
<td>Routine use of IABP (in patients without shock) is not recommended.</td>
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</tbody>
</table>

CENTRAL ILLUSTRATION: Radial Versus Femoral Approach in AKI Patients Undergoing Invasive Management

Challenge to reduce crossover from radial to femoral access for coronary procedures: "RURU" approach: a single center, single operator experience of first 1000 radial procedures.

Learn from cases:
One week:
No chest pain.
Hemodynamically stable
Severe numbness of the right forearm and wrist.
MOST COMMON ACCESS MISTAKE

FIRST STICK TOO CLOSE TO WRIST

Veins

Nerves
Learn from cases:

Pearl 1:
Puncture site: 1-2 cm from the styloid process of radius.

Case II:
Learn from cases:

Pearl 2:
Do NOT push against resistance.

Management of Radial Artery Perforation Complicating Coronary Intervention: A Stepwise Approach
MANSOUR M. SALLAM M.D., MEHAR ALI M.D., RASHID AL-SEKATI M.D.
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Case III:
Pearl 3, Radial loop:
Learn the technique to straighten the radial loop.
Case IV:

Learn from cases:

Pearl 4: brachial CTO/high grade lesion:

CTO: Crossover immediately.
High grade lesion: Negotiate.
Case V:

Learn from cases:

Pearl 5: Subclavian Tortuosity:

Do NOT turn the catheter 360 degrees.
Conclusion

1. Tips & Tricks:
   - Smooth procedure.

2. How to overcome difficulties:
   - Reduce crossover rate.

3. How to treat complications:
   - Safety.
Although TRA reduces complications, but, it is NOT without complications, however, many are preventable.

We have to learn from all our experiences either positive or negative.

Patient’s safety comes first.