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Radial Artery Access for Peripheral Endovascular Procedures

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Abstract:
Objective:
The radial artery is often used for coronary angiography, with demonstrated decrease in local complications and an increase in post-operative patient mobility. However, data on radial artery access for peripheral endovascular procedures are limited. We describe herein our experience with radial artery access for diagnostic and endovascular interventions.
Methods:
Between February 2012 and March 2015, 97 procedures requiring radial artery access were performed on 82 unique patients. Demographic and clinical data were recorded. Peri-operative, post-operative, and 30-day follow-up data were evaluated for minor complications including superficial bleeding and hematoma and major adverse events including any immediate hospitalization, admission within 30 days, stroke, hand amputation, bleeding requiring transfusion, hematoma requiring surgery, or death. **Results:** The mean age of all patients was 72.1 years, with 57.3% men. Radial artery access was used for diagnostic purposes in 16.5% of all procedures and for therapeutic intervention including angioplasty and stenting in 83.5%. The radial artery was the primary access point in 91.4% of patients, and percutaneous access was achieved in 100% of patients with 100% technical success rate. Hemostasis after catheterization was achieved by TR band (75.3%) and manual compression (21.6%).; data was unavailable for 3.1%. Major adverse outcomes, including celiac artery perforation and stent migration, occurred in 3.1% of cases and were not related to radial artery access. Radial artery access site-related complications occurred in 3 patients (3.1%), all of which were minor hematomas that required no treatment.. The risk of radial artery complication was not associated with procedure type, vessels treated, or the use of heparin. The incidence of stroke, hand ischemia, upper extremity limb or finger loss was 0%.**Conclusions:**Radial artery access for peripheral endovascular procedures appears to be safe and effective and should be considered more often. Complication rates are lower than that reported for brachial and femoral artery access.
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