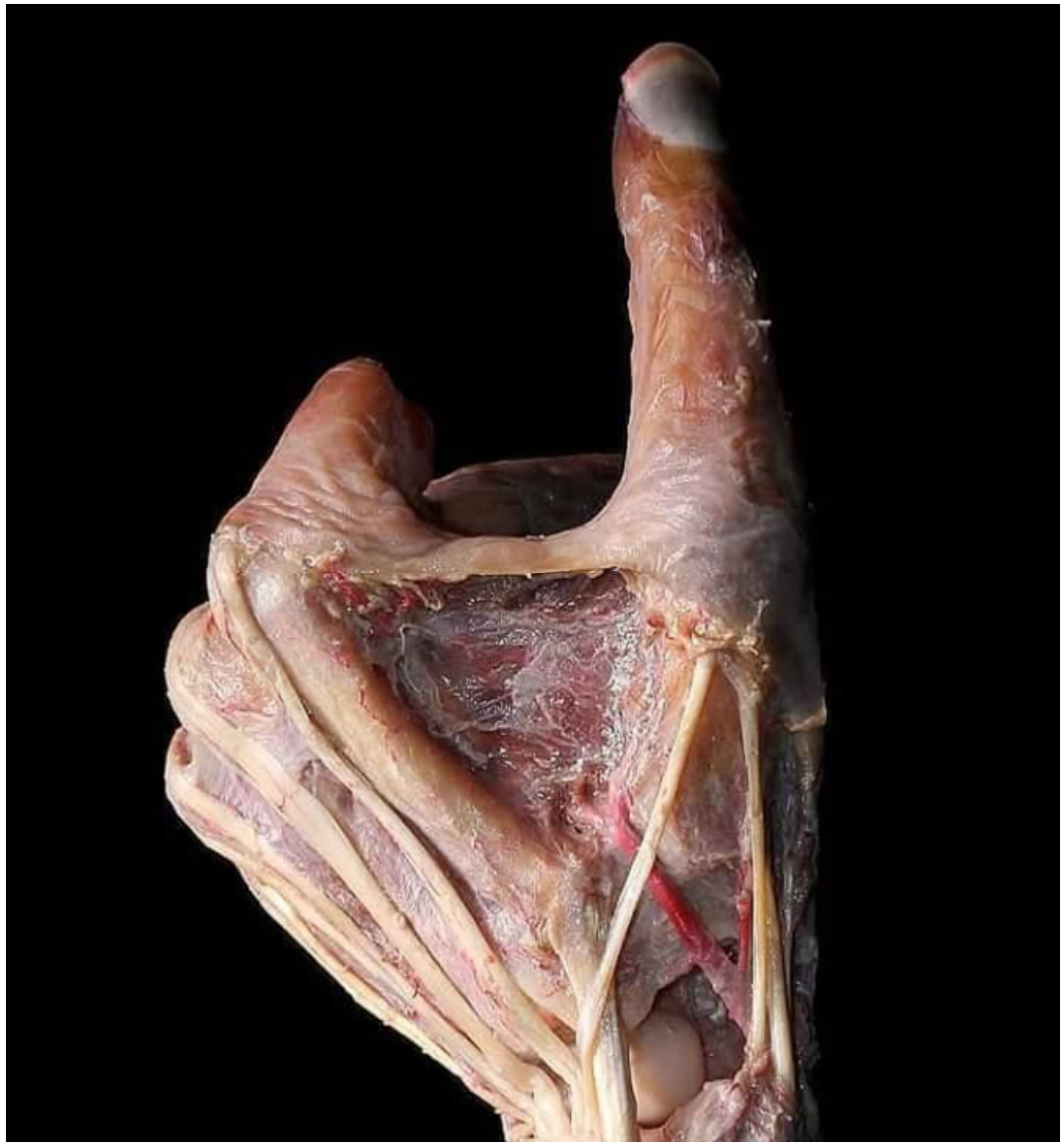
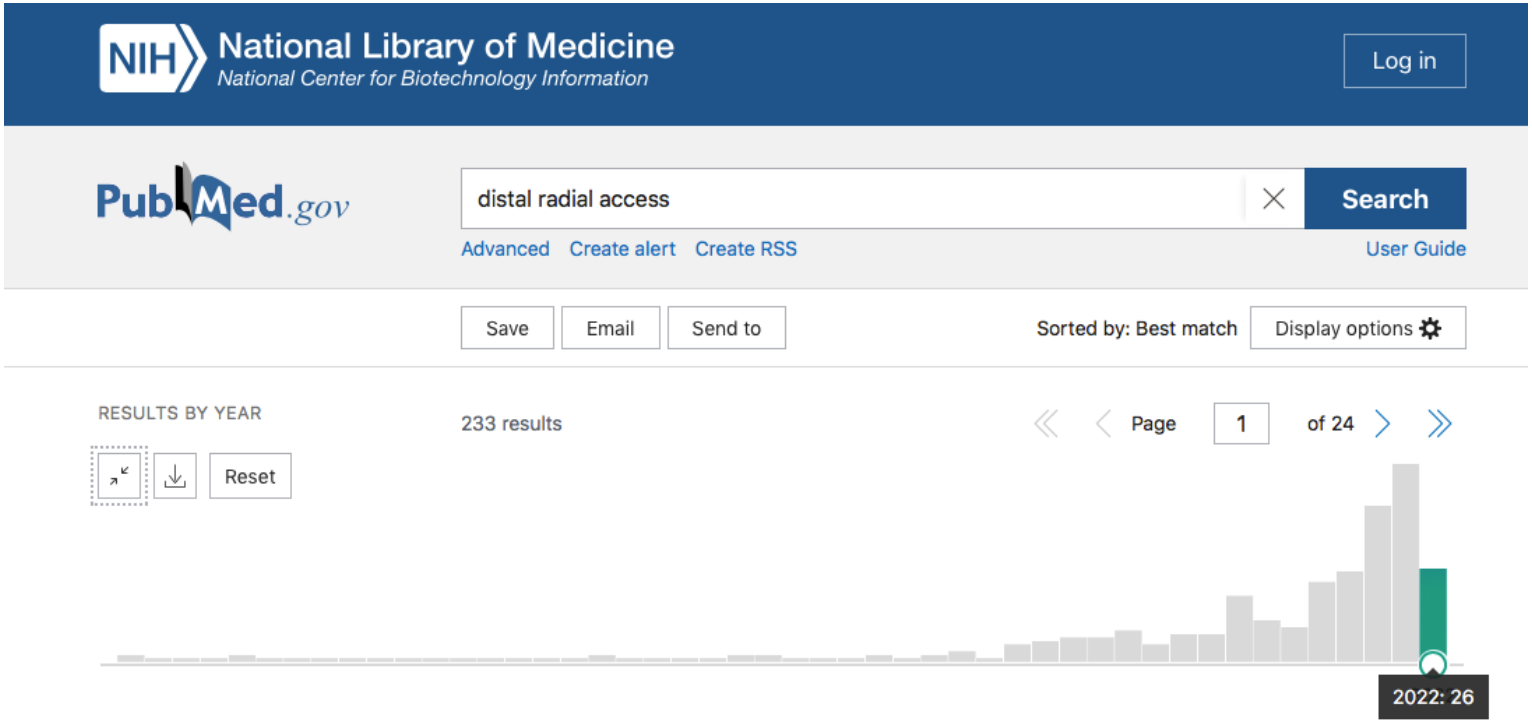
Acceso radial distal en procedimientos percutaneous

Una nueva moda??



Dr. Derek Dau V.
Cardiólogo intervencionista
Hospital santa Lucia
Cartagena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> Catheter Cardiovasc Interv. 2019 Nov 1;94(5):651-657. doi: 10.1002/ccd.28155. Epub 2019 Feb 24.

Distal transradial artery access in the anatomical snuffbox for coronary angiography as an alternative access site for faster hemostasis

Shunsuke Aoi [1], Wah Wah Htun [1], Stephanie Freeo [1], Samuel Lee [1], Htoo Kyaw [1], Victor Alfaro [2], John Coppola [3], Samir Pancholy [4], Tak Kwan [1]

Affiliations + expand

PMID: 30801939 DOI: 10.1002/ccd.28155

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Editorial > Catheter Cardiovasc Interv. 2019 Nov 1;94(5):658-659. doi: 10.1002/ccd.28551.

Distal radial access at the anatomic snuffbox: The new standard for left radial access?

Iosif Xenogiannis [1], Emmanouil S Brilakis [1]

Affiliations + expand

PMID: 31675155 DOI: 10.1002/ccd.28551

PubMed.gov

distal radial access review

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Search results

Review > Cureus. 2020 Mar 7;12(3):e7201. doi: 10.7759/cureus.7201.

Distal Radial Artery Access: The Future of Cardiovascular Intervention

Zaid Nairoukh [1], Saira Jahangir [2], Dennis Adjepong [3], Bilal Haider Malik [1]

Affiliations + expand

PMID: 32269880 PMCID: PMC7137675 DOI: 10.7759/cureus.7201

Free PMC article

Distal Radial Access: Consensus Report of the First Korea-Europe Transradial Intervention Meeting

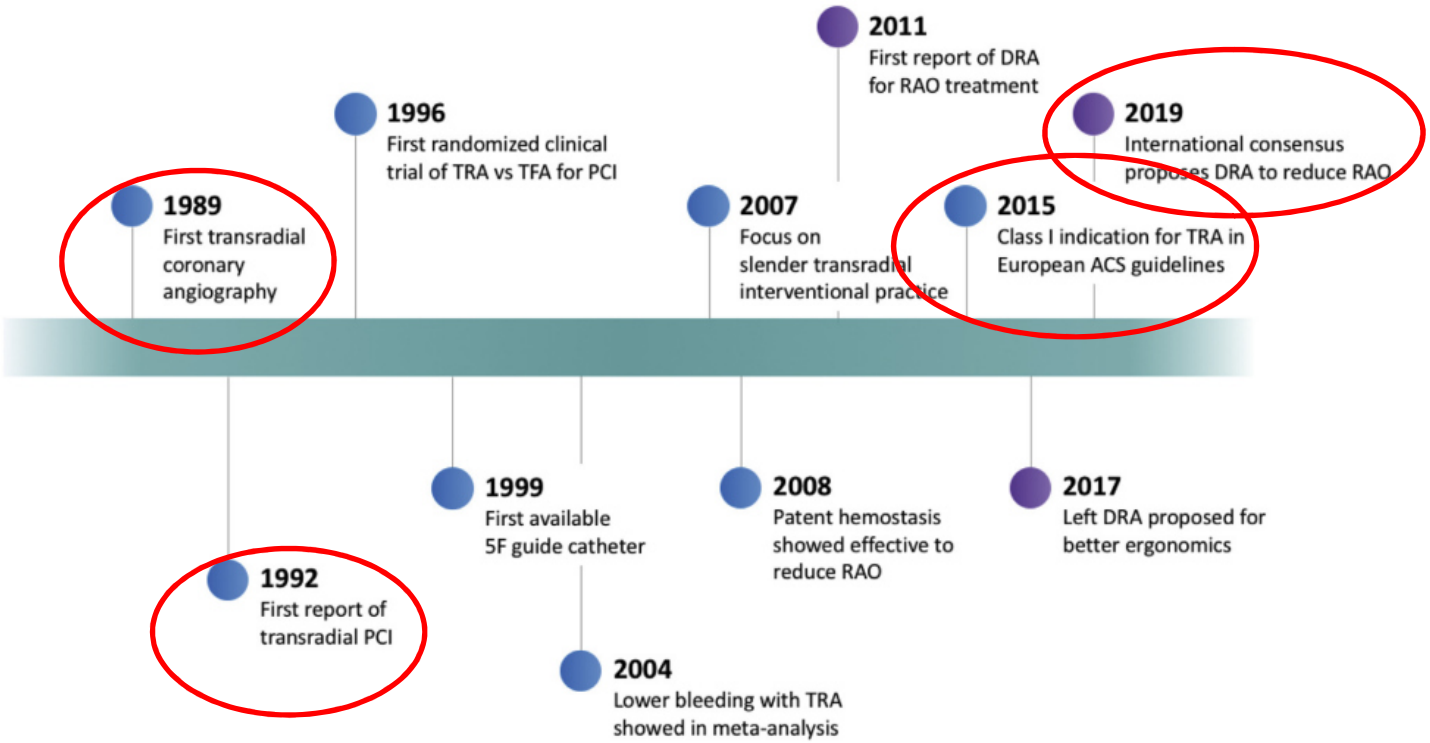
State-Of-The-Art Review

Gregory A. Sgueglia, Bong-Ki Lee, Byung-Ryul Cho, Avtandil Babunashvili, Jin Bae Lee, Jun-Won Lee, Karsten Schenke, Sang Yeub Lee, and Stefan Harb

J Am Coll Cardiol Intv. 2021 Apr, 14 (8) 892–906

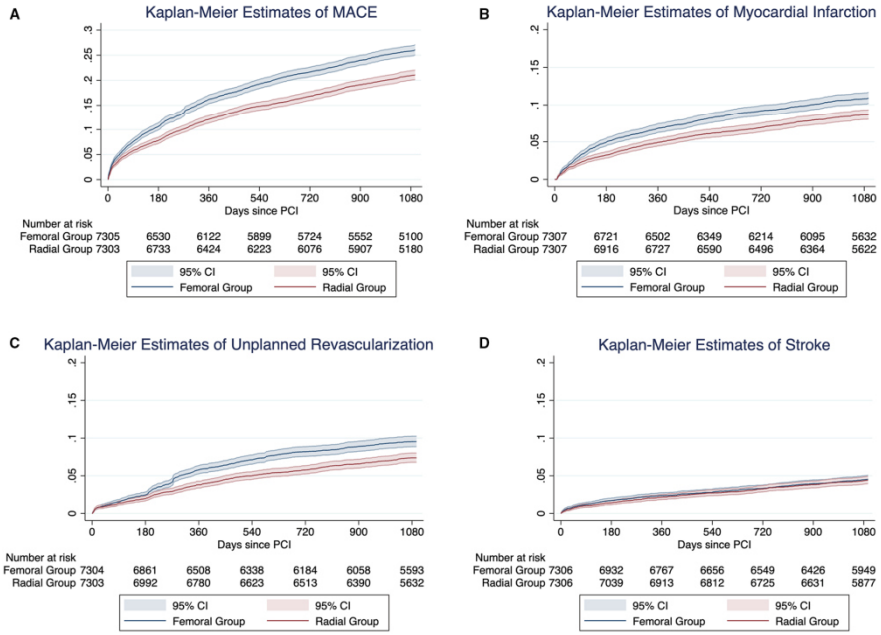
Anatomic Basis and Physiological Rationale of Distal Radial Artery Access for Percutaneous Coronary and Endovascular Procedures

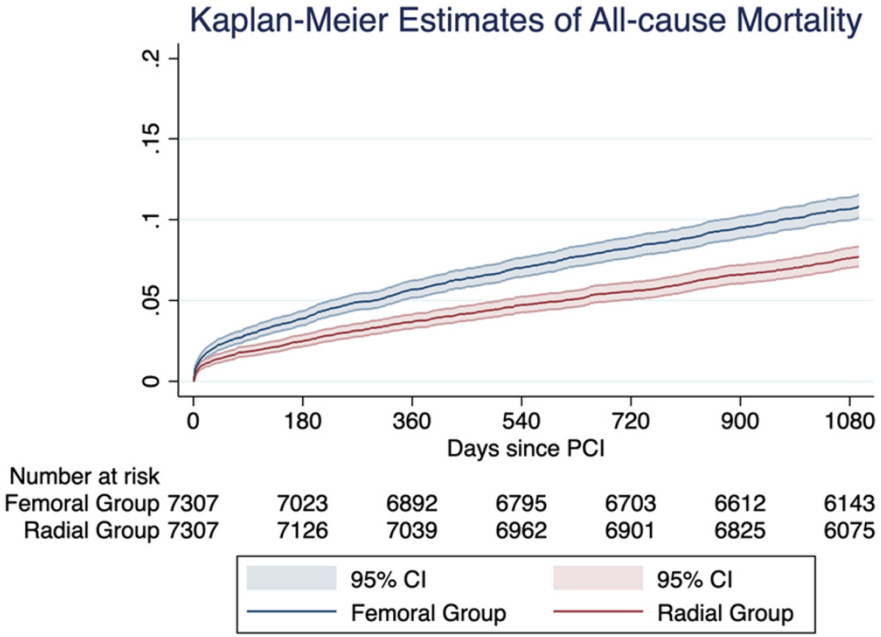
Gregory A. Sgueglia, MD, PhD,[a] Angela Di Giorgio, MD,[b] Achille Gaspardone, MD, MPhil,[a] Avtandil Babunashvili, MD, PhD[c]



The timeline shows selected influential developments in interventional cardiology since the introduction of transradial access (TRA) for percutaneous coronary procedures. **Blue dots** pertain to conventional transradial access, and **purple dots** are related to distal radial access. ACS = acute coronary syndrome; DRA = distal radial access; PCI = percutaneous coronary intervention; RAO = radial artery occlusion; TFA = transfemoral access.

- Journal of the American Heart Association. 2021;10:e021256





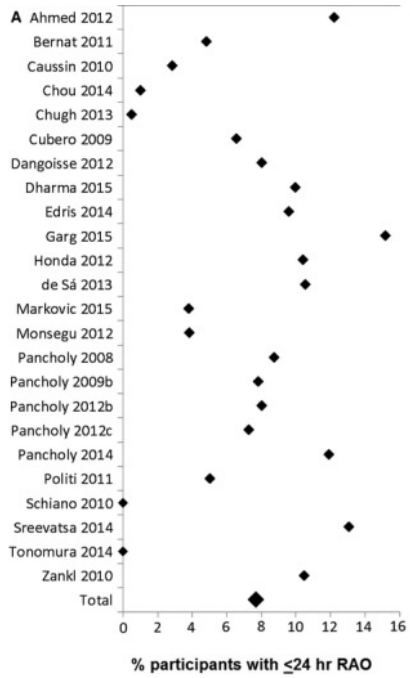
Radial Artery Occlusion After Transradial Interventions: A Systematic Review and Meta-Analysis

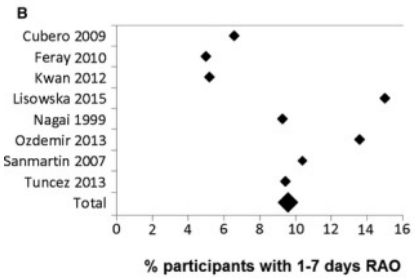
66 estudios

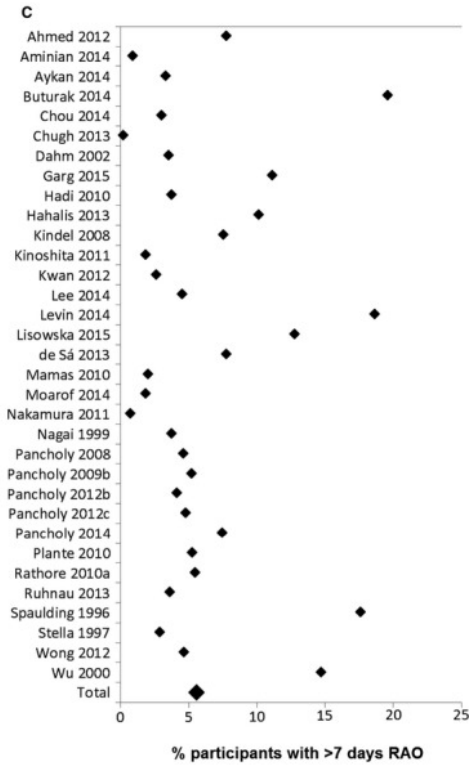
31345 participantes

J Am Heart Assoc . 2016 Jan 25;5(1):e002686

doi: 10.1161/JAHA.115.002686.

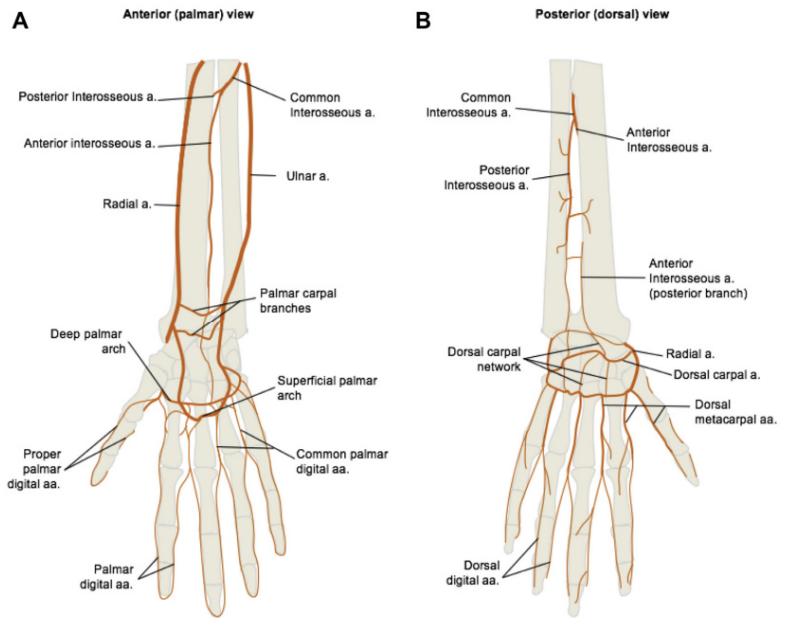






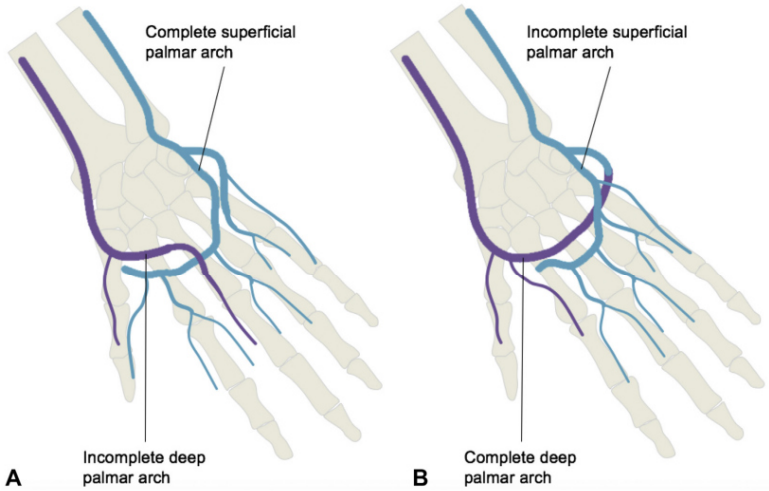
Group	No. of studies	RAO events	Total	Mean	SD	95%CI
RAO at 1 day	24	841	10938	7.69	4.23	0.08
RAO at 2-6 days	8	132	1377	9.59	3.69	0.19
RAO at 7+ days	33	602	10821	5.56	5.19	0.1

FIGURE 1 Anatomy of Forearm and Hand Arterial Circulation



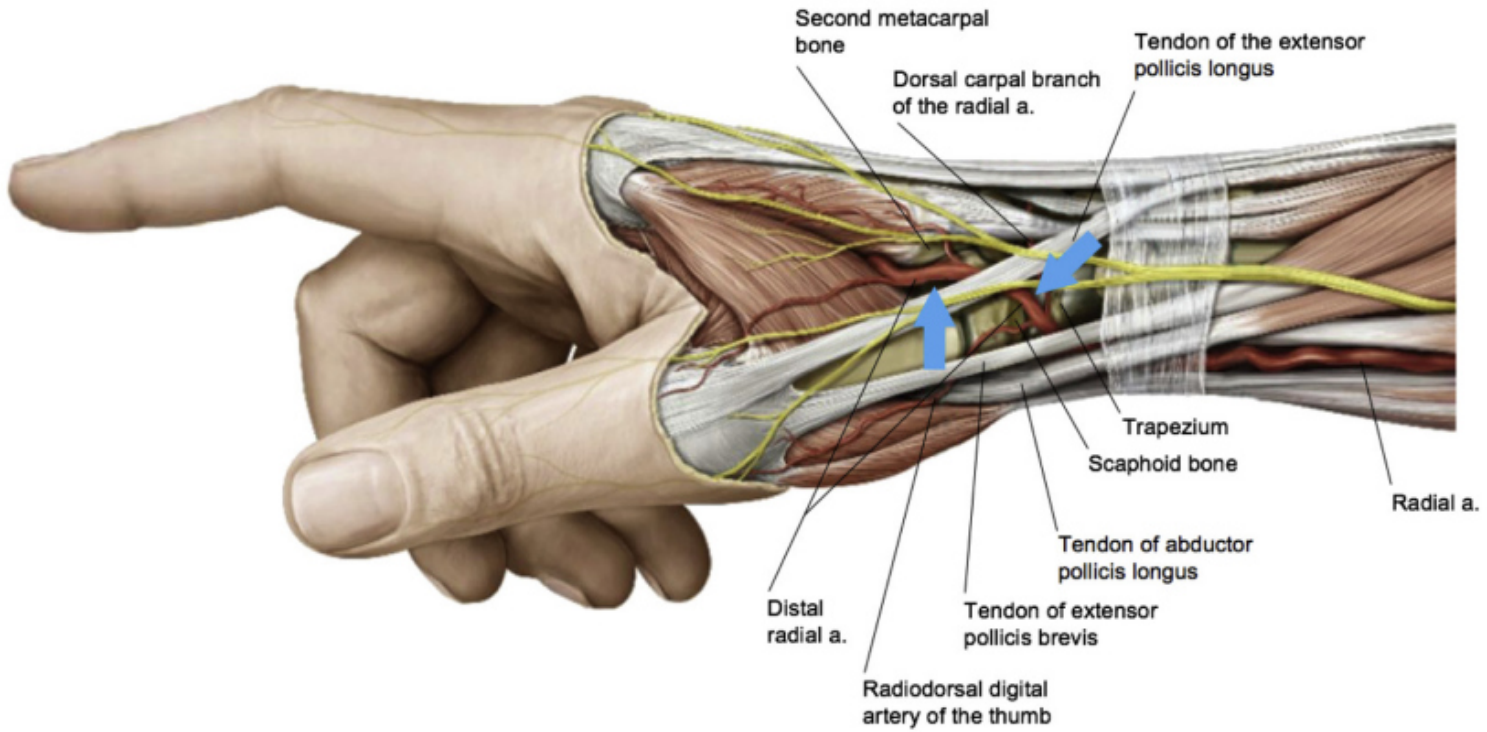
Upper limb blood supply in anterior or palmar view **(A)** and posterior or dorsal view **(B)**.

FIGURE 2 Palmar Arch Incompleteness



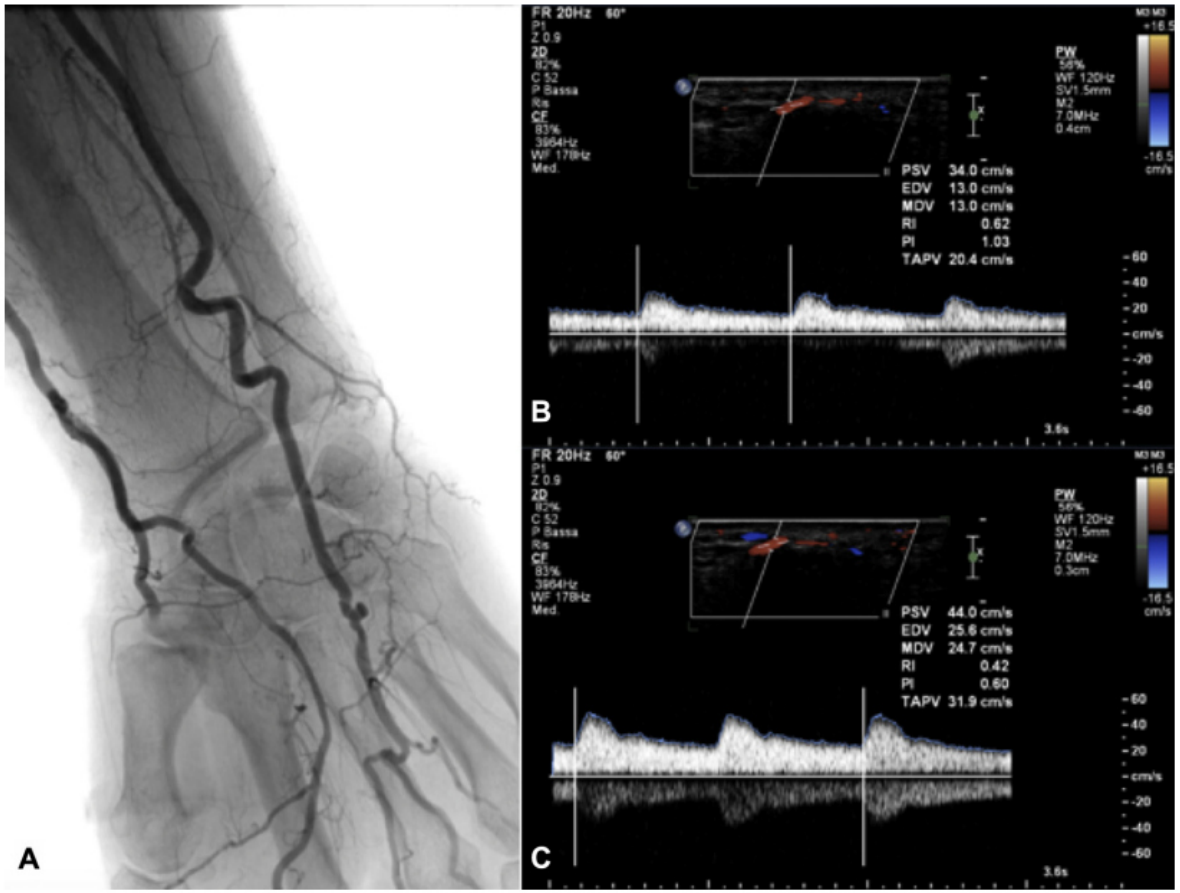
The deep palmar arch is defined as incomplete when the end of the radial artery **(violet)** is not connected with the deep palmar branch of the ulnar artery **(turquoise)** **(A)**. See Online Video 2. The superficial palmar arch is defined as incomplete when it does not directly supply all fingers (including the thumb) **(B)**.

FIGURE 3 **Distal Transradial Access Point**



Distal radial artery puncture sites **(blue arrows)** and relevant surrounding anatomic structures (Online Video 3).

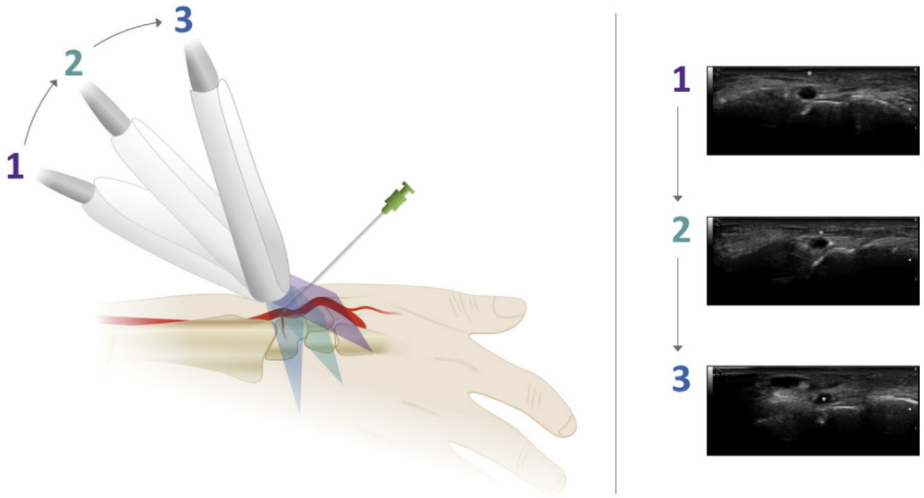
FIGURE 4 **Modeling of Radial Artery Occlusion**



Radial artery occlusion was modeled with a hemostasis device. Digital subtraction angiographic imaging of distal radial artery occlusion within the first intermetacarpal space showing persistent blood flow in radial and ulnar arteries **(A)**. See also Online Video 1. Doppler ultrasound assessment of the radiodorsal digital artery of the thumb showing lower flow measurements when the radial artery is compressed at the wrist level **(B)** compared with a distal site **(C)**.

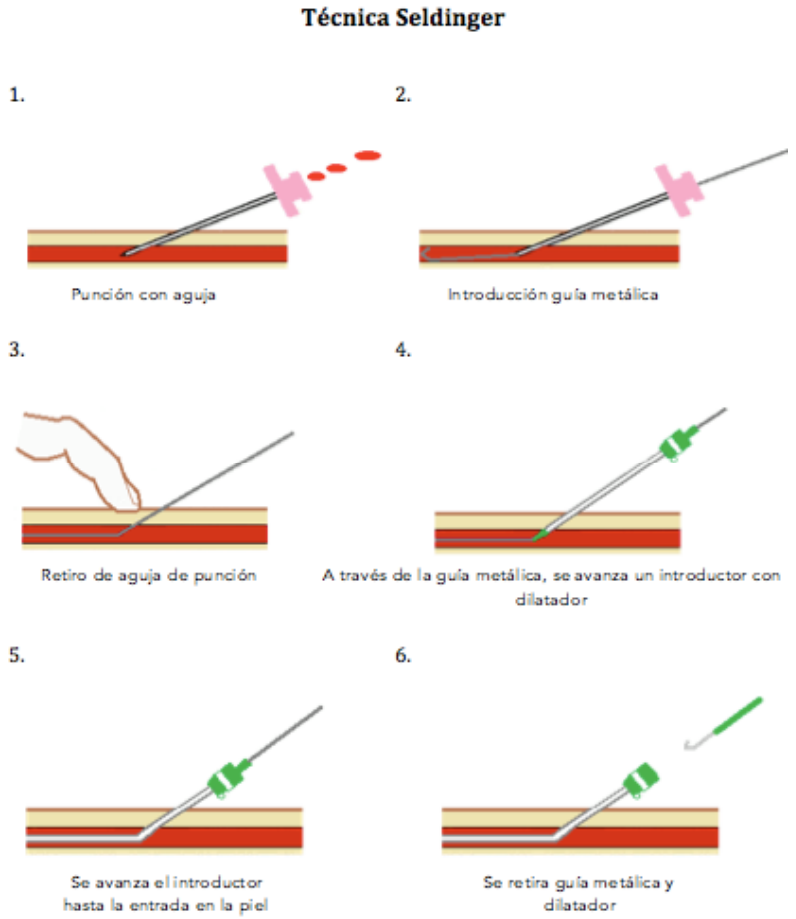
Técnica

FIGURE 5 Ultrasound-Guided Distal Radial Puncture



The schematic illustration shows how the ultrasound probe must be tilted **(left)** to image and follow the needle along its progression from the skin surface to the distal radial artery **(right)**. Three representative color-coded scanning planes are provided as examples. The needle appears as an enhanced bright small round area in the ultrasound images **(right)**.

Técnica


Técnica Seldinger
1.
Punción con aguja
2.
Introducción guía metálica
3.
Retiro de aguja de punción
4.
A través de la guía metálica, se avanza un introductor con dilatador
5.
Se avanza el introductor hasta la entrada en la piel
6.
Se retira guía metálica y dilatador

Hemostasis

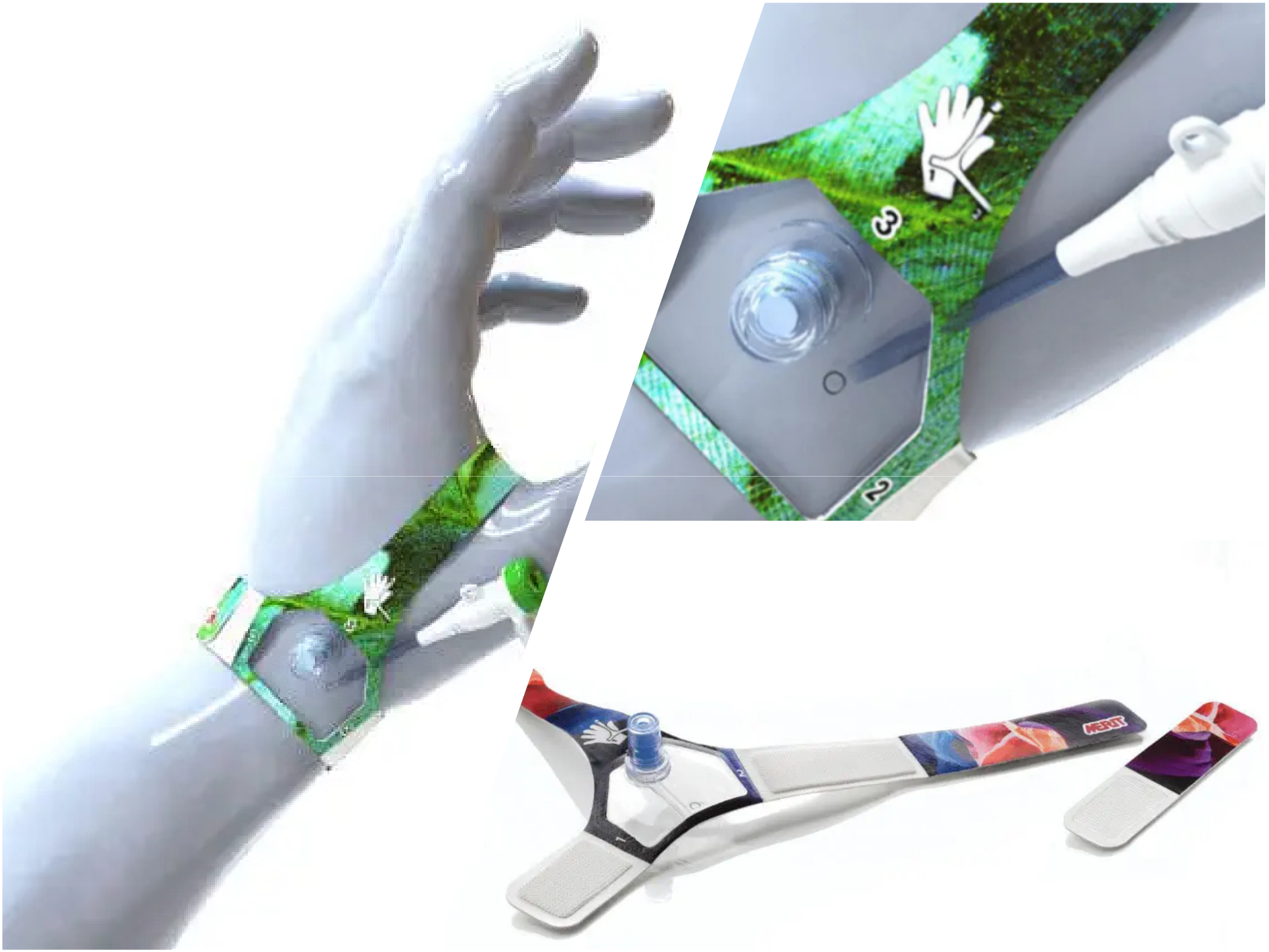
- Menor diámetro
- Velocidades de flujo mas bajas.

MENOR TIEMPO DE COMPRESION

Radial distal
DIAGNOSTICO 45 min.
ACTP 2 horas

Vs

Radial anterior
1h por French


3
2
MERIT

1 Ensure proficiency with classical transradial procedures, including ultrasound-guided punctures

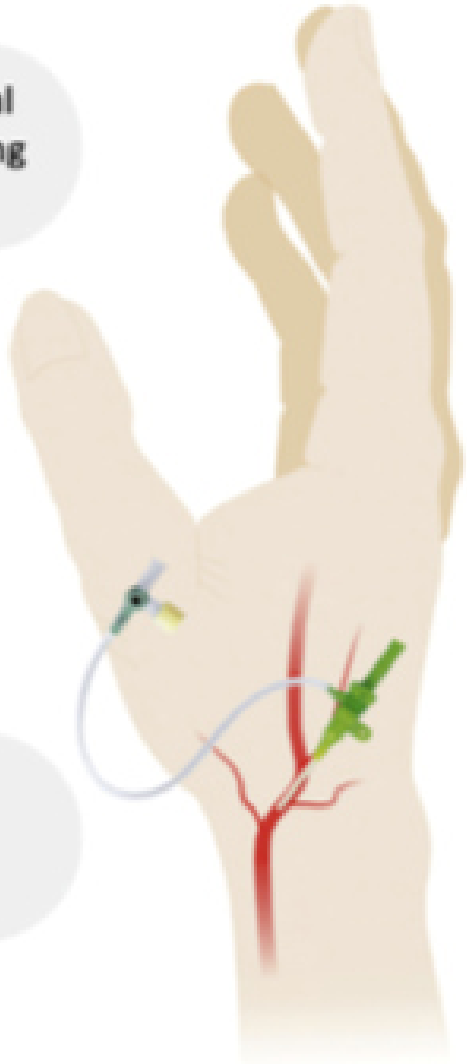
Acquire good knowledge of the anatomy of the radial artery in the hand

Interact with expert distal radial access operators

Focus on one distal radial access at a time

5 Start a distal radial access program with diagnostic procedures

Learning curve has to be completed by the operators and the nursing staff as well

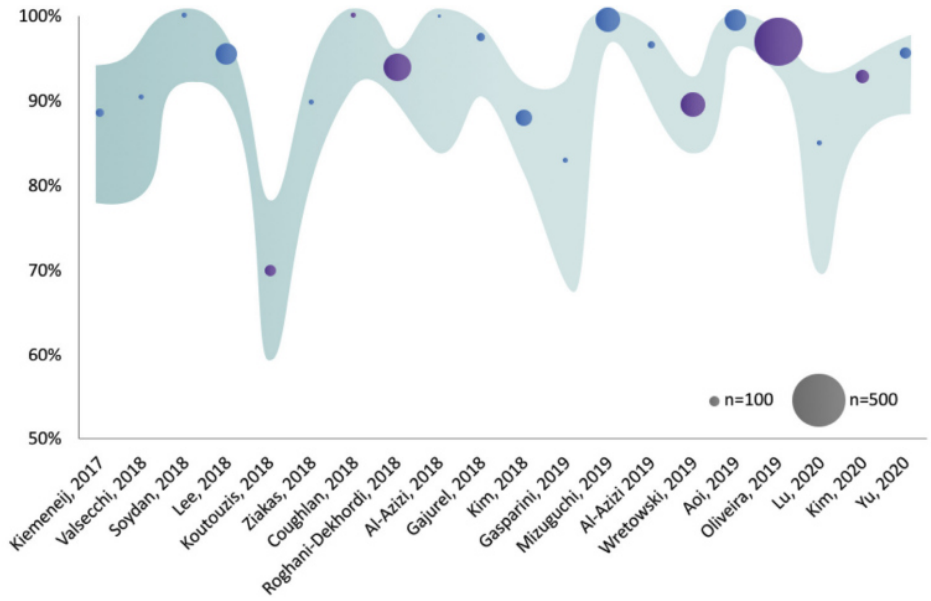


Transición a radial distal

A. et al. J Am Coll Cardiol Intv. 2021;14(8):892-906.

Que dicen los estudios ?

FIGURE 7 **Distal Radial Access Success in Published Registries**



Indexed English-language studies in interventional cardiology show significant variability in distal radial access success rate ranging from 70% to 100%. Each **dot** represents a study, and **dot** size is proportional to study population size. Smooth confidence band is in **turquoise**. **Blue dots** represent studies providing data on forearm radial artery occlusion after distal radial access procedure, and **purple dots** represent studies that do not provide such information. Specifically, only 1 documented forearm radial artery occlusion was registered among 1,341 patients (0.075%).

Meta-Analysis > J Interv Cardiol. 2021 Nov 12;2021:4371744. doi: 10.1155/2021/4371744.
eCollection 2021.

Safety and Effectiveness of Coronary Angiography or Intervention through the Distal Radial Access: A Meta-Analysis

Jun Cao [1], Huaxiu Cai [2], Weibin Liu [1], Hengqing Zhu [1], Gang Cao [1]

Affiliations + expand

PMID: 34867106 PMCID: PMC8604602 DOI: 10.1155/2021/4371744

- 204 ESTUDIOS
- 6RCTs
- 2825 participantes
    - Tasa de éxito → p: 0.1
    - Hematoma sitio de punción → p: 0.6
    - Oclusión radial → p: 0.001
    - Espasmo radial → p: 0.029

Meta-Analysis > Am J Cardiol. 2022 Feb 1;164:52-56. doi: 10.1016/j.amjcard.2021.10.034.
Epub 2021 Nov 20.

Meta-Analysis Comparing Distal Radial Artery Approach Versus Traditional for Coronary Procedures

Rohan M Prasad [1], Pranay Pandrangi [2], Gautam Pandrangi [3], Heesoo Yoo [4], Adolfo M Salazar [4], Esosa Ukponmwan [4], Michael Kehdi [2], George Abela [5]

Affiliations + expand

PMID: 34815063 DOI: 10.1016/j.amjcard.2021.10.034

- 5 RTCs
- 1005 participantes
    - Tasa de éxito p:0.16
    - Espasmo p: 0.0007
    - Oclusión radial p:0.08
    - Tiempo de hemostasis p: 0.0005
    - Acceso alternativo p:0.05 (a favor de TRA)

TABLE 2 Main Ongoing Randomized Clinical Trials Comparing Distal Radial Access With Conventional Transradial Access

Trial	Registration	N	Primary Endpoint
ANGIE	NCT03986151	774	Forearm radial artery occlusion
CORRECT Radial	NCT04194606	500	Forearm radial artery occlusion
DAPRAO	NCT04238026	282	Forearm radial artery occlusion
DISCO Radial	NCT04171570	1,330	Early forearm radial artery occlusion
DIPRA	NCT04318990	300	Motor hand function
DRAMI	NCT03611725	352	Puncture success in STEMI
TENDERA	NCT04211584	1,500	Late radial artery occlusion

CORRECT Radial = Coronary Angiography and Interventions via Distal vs Proximal Access; DIPRA = Distal vs Proximal Radial Artery Access for Cath; DISCO Radial = Distal Versus Conventional Radial Access for Coronary Angiography and Intervention; DRAMI = Comparison of Success Rate Between Distal Radial Approach and Radial Approach in STEMI; STEMI = ST-segment elevation myocardial infarction.

Conclusiones

- La oclusión radial es la complicación mas frecuente de la punción radial convencional.
- La interrupción de flujo es el único factor predictor significativo de oclusión.
- El acceso radial distal a nivel de la tabaquera anatómica y del dorso de la mano es una alternativa segura y efectiva para la realización de procedimientos percutáneos.
- la punción distal disminuye significativamente la tasa de oclusión. El espasmo radial y el tiempo de hemostasia.
- Beneficios adicionales durante el procedimiento como ser mas cómodo para el paciente y el operador.