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Transradial approach for diagnostic cerebral angiograms in the elderly: a comparative observational study

Cannon Greco Hiranaka, * Ahmad Sweid



Introduction

- The rapidly growing <u>elderly population</u> poses a unique challenge for the management of <u>cerebrovascular</u> disease.
- In this high-risk cohort, it has been demonstrated that the transradial approach (TRA) <u>reduces risk</u> of stroke, vascular complications, and death among patients undergoing <u>coronary</u> angiography.
- This project aimed to assess the technical success and safety of <u>TRA</u> for <u>elderly patients</u> (aged ≥75 years) undergoing <u>diagnostic cerebral angiograms</u>.



Objectives & Hypothesis

- Research Question
 - What is the technical success and safety of TRA for elderly patients (aged ≥75 years) undergoing diagnostic cerebral angiograms?
- Hypothesis
 - TRA is technical successful and safe for elderly patients (aged ≥75 years) undergoing diagnostic cerebral angiograms



• Study design

 Retrospective medical chart review and comparative analysis

Population / study sample

- Patients aged 75 years or older who underwent TRA cerebral angiograms
- Patients aged 75 years and older who underwent TFA cerebral angiograms
- Patients aged less than 75 years who underwent TRA cerebral angiograms
- Data source and collection
 - Thomas Jefferson Medical Charts



- Rationale for Approach
 - Compare differences between TRA and TFA approach in the elderly group.
 - Compare differences between TRA approach between the elderly and their younger counterparts.



• Analysis

Analysis was performed using unpaired t-test, χ2,
 Fisher's exact tests, and ANOVA



- Findings
 - Comparative analysis in the elderly (TRA vs TFA) showed
 - <u>No significant differences</u> for contrast dose per vessel, fluoroscopy time per vessel, procedure duration, conversion rate, and access site complications.
 - <u>Radiation exposure</u> per vessel was **significantly lowe**r in the <u>elderly TRA group</u>.



- Findings
 - The second comparison (TRA in elderly vs TRA in the young) showed
 - <u>No significant differences</u> for contrast dose per vessel, radiation exposure per vessel, procedure duration, access site complication, and conversation rate.
 - A trend for **prolonged** <u>fluoroscopy time per vessel</u> was observed in the <u>elderly TRA group.</u>



Conclusions

• Summary

- TRA is a technically feasible and safe option for diagnostic neurointerventional procedures in the elderly.
- Our small elderly cohort was not powered enough to show a significant difference in terms of access site complications between TRA and TFA.



Future Directions

• Next Steps

A multicenter study may confirm our outcomes.

 This study was conducted at a single institution by operators with extensive experience in TRA, and thus our analysis would not reflect the profile of less experienced interventionalists in the elderly.



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