Distal transradial access as default approach for coronary angiography and interventions

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Access sites for coronary intervention have been changing over the last several decades. Distal radial access, is still not recommended by the guidelines, shows a higher success rate and less complications than other sites. Several complications have been associated with the TRA, such as radial artery occlusion (RAO), radial artery spasm, radial arterial perforation, radial artery pseudoaneurysm, arteriovenous fistula, bleeding, nerve damage, and complex regional pain syndrome.[1-3] Recently, a new approach was proposed to overcome these limitations and also to give the advantage over the transfemoral approach; this was a "distal transradial approach (dTRA) (snuffbox approach)". dTRA technique seems to have more advantages. First, the arm position during the intervention is comfortable for the patient. No equipment or investments are necessary to support the patients left arm. The operator can work as usual from the right side of the patient and does not need to bend over the patient to reach for the left radial artery. Second, there is low rate of DRA obstruction since antegrade flow through the superficial palmar arch is still maintained. Other advantages include early hemostasis, low risk for hematoma formation, low level of pain perceived by patients, reduced risk of compartment syndrome, saving the radial artery for possible future coronary artery bypass graft, and the ability of the operator to work at a safe distance from the radiation source. The disadvantages of dTRA are that they are technically more demanding and time-consuming. The radiation time was more. The snuffbox radial artery is smaller in diameter than the radial artery, and there is a higher risk of puncture-mediated vasospasm than TRA. Lastly, the short length of a typical radial catheter is a significant drawback to the snuffbox technique. Distal radial access is a new site for cardiovascular interventions, and it has several advantages over the old access sites. The main advantages are less arterial obstruction and short hemostasis. The main disadvantage is the difficulty in cannulation. However, more studies, especially randomized studies, and meta-analyses, are needed to be a guideline in the future.

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LITERATURE

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