Conclusions: Both 6.5 Fr SH GCs and 5 Fr GCs were shown to achieve high procedural TRI success with low RAO rates. The SH GC eliminated the disadvantages of the 5 Fr GC whilst maintaining the advantage of low RAO rates, and may become the GC of choice in TRI.

TCT-300
HASBLED Scale Utility after Percutaneous Coronary Interventions
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Background: A 20-30% of p (patients) with oral anticoagulation indication requiring percutaneous coronary intervention (PCI). In this subgroup the risk of bleeding is high (4-16% annually). HASBLED scale is used to predict the risk of bleeding in patients with atrial fibrillation. However, it has been well studied its usefulness in predicting major events in patients with indications for triple therapy after PCI.
Methods: Observational, prospective consecutive 1020 (track 100% with a mean 25.8 ± 10.1 months) after PCI and at discharge TT. 2 groups were obtained according to the scale HASBLED <3 (low-intermediate risk 55p, 53.9%) or HASBLED ≥ 3 (high risk 47p, 46.1%). Survival was assessed with Kaplan-Meier curves and log-rank test, multivariate analysis using a Cox-proportional hazards model for bleeding and MACE outcomes in coronary PCI via transfemoral approach. There is a paucity of data when comparing different strategies to reduce bleeding.
Results: 1722 patients at a high volume university medical center undergoing coronary PCI were retrospectively divided into four groups (femoral artery access with heparin, femoral with bivalirudin, radial with heparin/LMW, and radial with bivalirudin). Cardiology fellows obtained access in greater than 90% of all patients.
Results: Incremental benefit is noted in all outcomes between the four groups.

Conclusions: In this single center study, incremental benefit is noted in bleeding rate and strategies. Bivalirudin may be beneficial in Transradial PCI. Further studies to evaluate transradial coronary PCI using bivalirudin are warranted.

TCT-302
Efficacy of Transradial Approach for Coronary Angiography in Octogenarian Patients with Severe Aortic Stenosis
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Background: Octogenarians undergoing transfemoral valve implantation or surgical valve replacement for severe aortic stenosis are increasing worldwide. They have an increased risk for periprocedural complications associated to pre-operative coronary angiography (CA). Although transradial approach (TRA) constitutes an alternative to reduce vascular complications, tortuosity of vessels and aortic root dilatation in elderly patients with aortic valve stenosis might lead to TRA failure. Our aim was to evaluate the efficacy of TRA for CA in octogenarians with severe aortic stenosis.
Methods: From January 2006 to May 2013, a total of 717 octogenarian patients with severe aortic stenosis underwent CA by TRA as initial route of access at our center. Procedural failure was defined as the need to change to another vascular route to complete the CA.
Results: Mean age of patients was 83.7±3.0 years and 58.2% were females. The initial approach was right TRA in 637 (88.8%) patients and left TRA in 80 (11.2%) patients. Tortuosity of subclavian artery was present in 7 patients (1%). Procedural failure rate was 6.7%, while the crossover to femoral artery was required in 26 cases (3.6%). Logistic regression analysis demonstrated as predictors of TRA failure: tortuosity of subclavian artery (OR 4.37 [95% CI 2.28-8.37]), severe spasm of radial artery (OR 3.05 [95% CI 1.21-7.70]) and severe aortic regurgitation (OR 3.27 [95% CI 1.10-10.58]).
Conclusions: In our series of octogenarian patients with severe aortic stenosis, TRA approach for coronary angiography was associated with low rate of procedural failure, being tortuosity of subclavian artery, severe spasm of radial artery and severe aortic regurgitation the main predictors of failure.