TCT-269
RAS Registry, Real world incidence of Spasm in Trans radial Intervention
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This study shows that the radial artery approach with the 7.5F SGC is at slightly higher following femoral approach. A temporary wire was placed in 10% of femoral patients. No in-hospital death was observed.

Conclusions: This study shows that the radial artery approach with the 7.5F SGC is at slightly higher risk following femoral approach. A temporary wire was placed in 10% of femoral patients. No in-hospital death was observed.

Background: To report the incidence and predictors of moderate/severe radial artery spasm (RAS) in patients undergoing cardiovascular percutaneous procedures through a transradial approach (TRA) in centers with TRA expertise. Data regarding the actual incidence of RAS was classiﬁed including prospectively and consecutively all TRP (diagnostic and therapeutic) in 14 highly experienced hospitals in 7 countries. We sub-analyzed the incidence of RAS in those patients who had received one or more spasmolytic drugs (group 1) compared to those without any spasmolytic drug (non-cocktail strategy) (group 2). Incidence of RAS was classiﬁed as mild (minimal local pain), moderate (signiﬁcant local pain with possibility of moving the catheter to complete the procedure), and severe (cross-over to another access due to local pain during catheter movements compelling operator to stop the procedure or catheter trapping that does not allow proper handling).

Results: A total of 1,926 patients were analyzed. 1,552 (80.6%) belonged to group 1 and 374 (19.4%) belonged to group 2. There were no statistical differences in patient and procedural characteristics between the two groups. RAS (mild/moderate/severe) incidence was: group 1: 10.9% and group 2: 9.9% (p=0.04) and RAS (severe only) incidence was: group 1: 0.83% and group 2: 1.06% (p=0.04).

Conclusions: Provided procedures are performed by highly experienced operators, a non-cocktail strategy for TRP can be performed safely and without an increase of RAS incidence if compared with patients on spasmolytic drugs, with the possibility of avoiding the side effects of these drugs.

TCT-270
Non-Cocktail Strategy for Transradial Procedures. A Sub-Analysis of an International Multicenter Registry
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Background: Radial artery spasm (RAS) is the most common complication during transradial procedures (TRP). Different spasmolytic drugs are used alone or in combination to avoid this complication. Radial hydrophilic sheaths offer less traumatic vascular access, and dedicated transradial catheters help avoid the use of larger French catheters and multiple exchanges, commonly associated with RAS. All these improvements, added to an ample learning curve in TRP, transformed a RAS into a less frequent complication. Because there is not enough evidence to support the non-use of spasmolytic drugs for TRP in daily practice, known as non-cocktail strategy, we assessed the hypothesis that the use of dedicated transradial devices by highly experienced operators makes spasmolytic cocktails unnecessary.

Methods: Throughout 2012 a multicenter transradial registry (RAS Registry) was created including prospectively and consecutively all TRP (diagnostic and therapeutic) in 14 highly experienced hospitals in 7 countries. We sub-analyzed the incidence of RAS in those patients who had received one or more spasmolytic drugs (group 1) compared to those without any spasmolytic drug (non-cocktail strategy) (group 2). Incidence of RAS was classiﬁed as mild (minimal local pain), moderate (signiﬁcant local pain with possibility of moving the catheter to complete the procedure), and severe (cross-over to another access due to local pain during catheter movements compelling operator to stop the procedure or catheter trapping that does not allow proper handling).

Results: A total of 1,926 patients were analyzed. 1,552 (80.6%) belonged to group 1 and 374 (19.4%) belonged to group 2. There were no statistical differences in patient and procedural characteristics between the two groups. RAS (mild/moderate/severe) incidence was: group 1: 10.9% and group 2: 9.9% (p=0.04) and RAS (severe only) incidence was: group 1: 0.83% and group 2: 1.06% (p=0.04).

Conclusions: Provided procedures are performed by highly experienced operators, a non-cocktail strategy for TRP can be performed safely and without an increase of RAS incidence if compared with patients on spasmolytic drugs, with the possibility of avoiding the side effects of these drugs.