Tips and tricks of trans-radial coronary stenting

Masahiko Ochiai, MD, FACC, FESC, FSCAI Associate Professor Division of Cardiology and Cardiovascular Surgery Showa University Northern Yokohama Hospital

Transradial coronary intervention (TRI) has proved to be feasible, effective, and safe in terms of reducing risk of major entry-site complications, hospital staff workload, and cost. Once the guiding catheter is firmly engaged into coronary arteries and sufficient amount of passive back-up is obtained, the procedure of TRI is not dissimilar to transfemoral coronary intervention using small guiding catheters. There are two major steps during the learning curve of TRI. The first is to understand the anatomic variations of the radial artery. The second is the position of guiding catheters in ascending aorta, which will not be the same as TFI. It is very important to understand this difference in terms of selection and manipulation of guiding catheters. Left radial approach may also be different from right radial approach. During my short lecture, I would like to address these issues, disclosing some important tips and tricks obtained from my personal experiences.