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**Background:** Transradial intervention (TRI) is feasible and safety in elective patients with low incidence of vascular complications. According to ESC guideline, TRI is recommended in patients with ST-elevation acute myocardial infarction (STEMI). **Objectives:** We investigated whether TRI in patients with STEMI is safe in a low-volume center. **Methods:** Between March 2009 and August 2015, consecutive 172 patients with STEMI treated by primary stenting within 24-hour after onset were enrolled. Patients with cardiogenic shock (Killip-4) were excluded. We investigated the incidence of major cardiac events (MACE; total death, myocardial infarction, stroke, target vessel revascularization) at 30 days and bleeding complication. **Results:** We performed TRI in 160 patients. Twelve patients were treated by transfemoral approach because of small radial artery and operators' decisions. In one patient, approach site was switched to femoral artery because of tortuosity of subclavian artery. MACE at 30days was 1.9% (Death: 2 patients, Stroke: 1 patient). Incidence of total bleeding complication was 2.5%, there was no vascular complication at access site. Door to balloon time was  $69 \pm 26$  min, needle to balloon time was  $20 \pm 7.5$  min, fluoro time was  $23.7 \pm 9.2$  min, and contrast volume was  $137.4 \pm 44.2$  ml. **Conclusion:** Even in a low-volume center, results of TRI in patients with STEMI are acceptable.