Traditional vs distal TRA

What do we know from literature and are both scientifically comparable?
Traditional versus distal TRA

Innovation requires
1. Doing
2. Analyzing
3. Improving
4. Comparing with standard
5. Accepting or rejecting

Accepting / rejecting implies
1. Repetition 1-5
2. Innovation
Traditional versus distal TRA

Current status conventional transradial

1. Doing
2. Analyzing
3. Improving
4. Comparing with standard
5. Accepting or rejecting
Traditional versus distal TRA

Current status conventional transradial

1. Doing
2. Analyzing
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4. Comparing with standard
5. Accepting or rejecting
## Traditional versus distal TRA

<table>
<thead>
<tr>
<th>Data on traditional TRA are:</th>
<th>Data on distal TRA are:</th>
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<tbody>
<tr>
<td>• Abundant</td>
<td>• Scarce</td>
</tr>
<tr>
<td>• Solid</td>
<td>• Weak</td>
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<tr>
<td>• Convincing</td>
<td>• Promising</td>
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<tr>
<td>• Consistent</td>
<td>• Variable</td>
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<td>• Positive</td>
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</table>
Traditional versus distal TRA

Data on traditional TRA:
ABUNDANT

Pubmed search
#transradial 2099
#TR intervention 1763
#TR coronary 1637

Data on distal TRA:
SCARCE

Pubmed search
#distal RA/access etc. 22
Feasibility series 13
Traditional versus distal TRA

Data on traditional TRA:

SOLID
- CRT’s
- Meta-analyses
- Multicenter
- Many PE’s

Data on distal TRA:

WEAK
- Feasibility studies
- Case reports
- Single center
- RAO as PI
Traditional versus distal TRA

Data on traditional TRA:
CONVINCING
• Proven benefits
• Well defined disadvantages
• Class I Level A guideline
• Global default appr. 70%

Data on distal TRA:
PROMISING
• Theoretical benefits
• Ill defined disadvantages
• No guideline
• Global default <1%
Traditional versus distal TRA

Data on traditional TRA:

- Safe and effective
- Learning curve
- Patient friendly
- pRAO apprx. 3%

Data on distal TRA:

- Safety and effectiveness
- Learning curve
- Patient friendly
- Operator friendly
- pRAO apprx. <1%
Traditional versus distal TRA

Data on traditional TRA:

**POSITIVE**
- Less major bleeding
- Less MACE
- No hand dysfunction
- Low incidence PSA, AVF
- No ischemia

Data on distal TRA:

**VARIABLE/UNKNOWN**
- Hand hematoma
- Unknown; expected low
- Under investigation
- Case reports PSA, AVF
- Ischemia not reported
## Traditional versus distal TRA

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<th>dRAO</th>
<th>Hematoma</th>
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Conclusions

1. Scarce data suggest dTRA had advantages over pTRA
   - Short hemostasis
   - Less pRAO
   - Patient comfort
   - Operator comfort (ldTRA)

2. Scarce data suggest dTRA has disadvantages as well
   - Lower success rates
   - New learning curve for radialists
   - Introduction of hand hematoma

3. It is too early to define which of both radial approaches is best
Personal opinion

If dTRA is non-inferior to pTRA, dTRA is the preferable technique since...

• it will bear all advantages of TRA over TFA
  • it has its own benefits over dTRA