Transradial carotid interventions: how and for whom?

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Disclosure

None
Why Radial artery access for CAS?
ACCESS SITE COMPLICATIONS

The most common adverse event after CAS from the femoral approach

MOST TECHNICAL FAILURES ARE

RELATED TO A COMPLEX ARCH
Femoral environment
Aorto-iliac disease or occlusion
Tortuous SAA- elongated or bovine aortic arch
Risk of catheter-related emboli from atherosclerotic debris in the thoracic aorta
FEMORAL APPROACH LIMITATIONS II

- Increased back pain
- Urinary retention
- Delayed ambulation
- Neuropathy
ACCESS SITE COMPLICATIONS

ALTERNATIVES TO FA

• Brachial

• Radial / Ulnar

• Direct puncture
Widespread use by cardiologist

Rarely used in the SA field for dgn and less for interventions

Promising technique to solve access problems in the majority of cases
Transradial CAS

*Tailored Approach*

- Radial/ Ulnar artery
- Aortic arch, CCA takeoff
- Carotid lesion
Case 1.

RRA for CAS of LICA in patient with Acute carotid syndrome

D.K
Male
69 y.o
Right radial access
LICA subocclusion
Asahi Sheathless 7.5F
Roadsaver 7.0x25mm
Final result
Final result
Case 2.

**RRA CAS of LICA in highly symptomatic patient with Amaurosis fugax**

Male

K. G.

64 y.o
Right RA
After additional vasodilators
LICA 99% + thrombus
“Wireless” telescopic approach
Shuttle sheath 5F
Final result
Before/After
1 month follow up
Right UA CAS of RICA in HBR patient with ACS

G.I.
Male
73 y.o.
Right Ulnar access & RAO
5F Shuttle sheath
RICA 99%
Final result- Roadsaver 7.0/30mm
RRA: CAS of LICA in patient with Minor stroke

P.N.
Male
70 y.o
LICA 99%
NAV 6- Roadsaver 7.0/25mm
Post-dilatation 5.0/30mm
Final result
Case 5.

RRA: CAS of RICA in patient with Minor stroke

B.Lj.
Male
61 y.o
RICA Subocclusion
NAV 6
Final result
Final result
Case 6.

**RUA CAS of RICA**

*with contralateral occlusion*

C.T.
Male
63 y.o
LICA occluded
Roadsaver 8.0/25
Paladin system
Final result
Case 7.

**RRA CAS of RICA with MoMa proximal protection**

K.G.
Male
70 y.o
Sheathless MoMa insertion
Sheathless MoMa insertion
MoMa PPD: RICA 99%
Roadsaver 9.0/30mm
Final result
Final result
Case 8.

**RRA CAS of LICA with Neuroguard IEP**

K.J
Female
62 y.o
Neuroguard IEP 3-in-1 System
High take-off RA
LICA 90%
Stent: Neuroguard IEP
VII ЕЖЕГОДНЫЙ ТРАНСРАДИАЛЬНЫЙ ЭНДОВАСКУЛЯРНЫЙ КУРС / VII TRANSRADIAL COURSE TREC-2020
Final result
Wrist access (radial & ulnar) CAS

**MISTAKE:**

- Perform TRA only when FA is not possible!
- High threshold for primary TRA case selection!
RA for CAS in ACS is feasible and safe when performed by experienced RA operator

Easy access for CAS in difficult anatomies (bovine arch LCCA and most of the innominate artery take offs)

Allows early patient mobilization

Eliminates bleeding complications

Potentially reduced the risk of aortic embolizations

Further studies are needed before recommending wrist access for endovascular procedures as primary approach over femoral access