

UNE NOUVELLE VOIE D'ABORD : LA VOIE RADIALE DISTALE

VOIE RADIALE DISTALE

Ni conflit, ni intérêt...

Original Studies

Percutaneous Radial Artery Approach for Coronary Angiography

Lucien Campeau, MD



Percutaneous entry into the distal radial artery and selective coronarography using a French 5 sheath and preshaded catheters were attempted in 100 patients with a normal Allen test. Cannulation of the radial artery was not possible in ten patients, and selective catheterization of the coronary arteries was unsuccessful in two. Manipulation of catheters presented no problem, and arterial spasm was rarely observed, only before the use of a 23-cm-long sheath. Only two complications without symptoms were observed: arterial dissection of the brachial artery in one patient and occlusion of the radial artery in another. With experience, this approach may become as effective and possibly safer than the transbrachial entry.

Key words: percutaneous radial catheterization, brachial artery catheterization, "inverse" Allen test, complications of arterial catheterization, coronarography



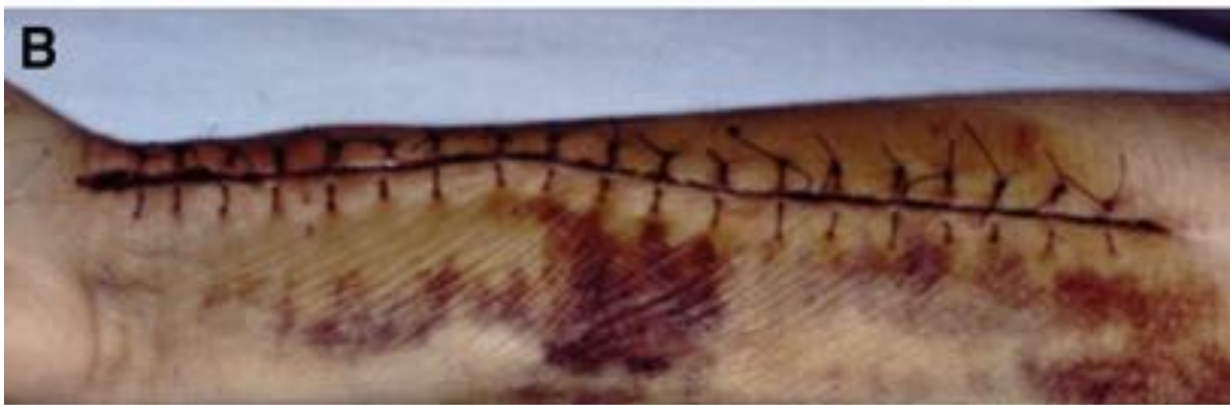
OCCLUSION THROMBOTIQUE



FAUX ANEVRYSME



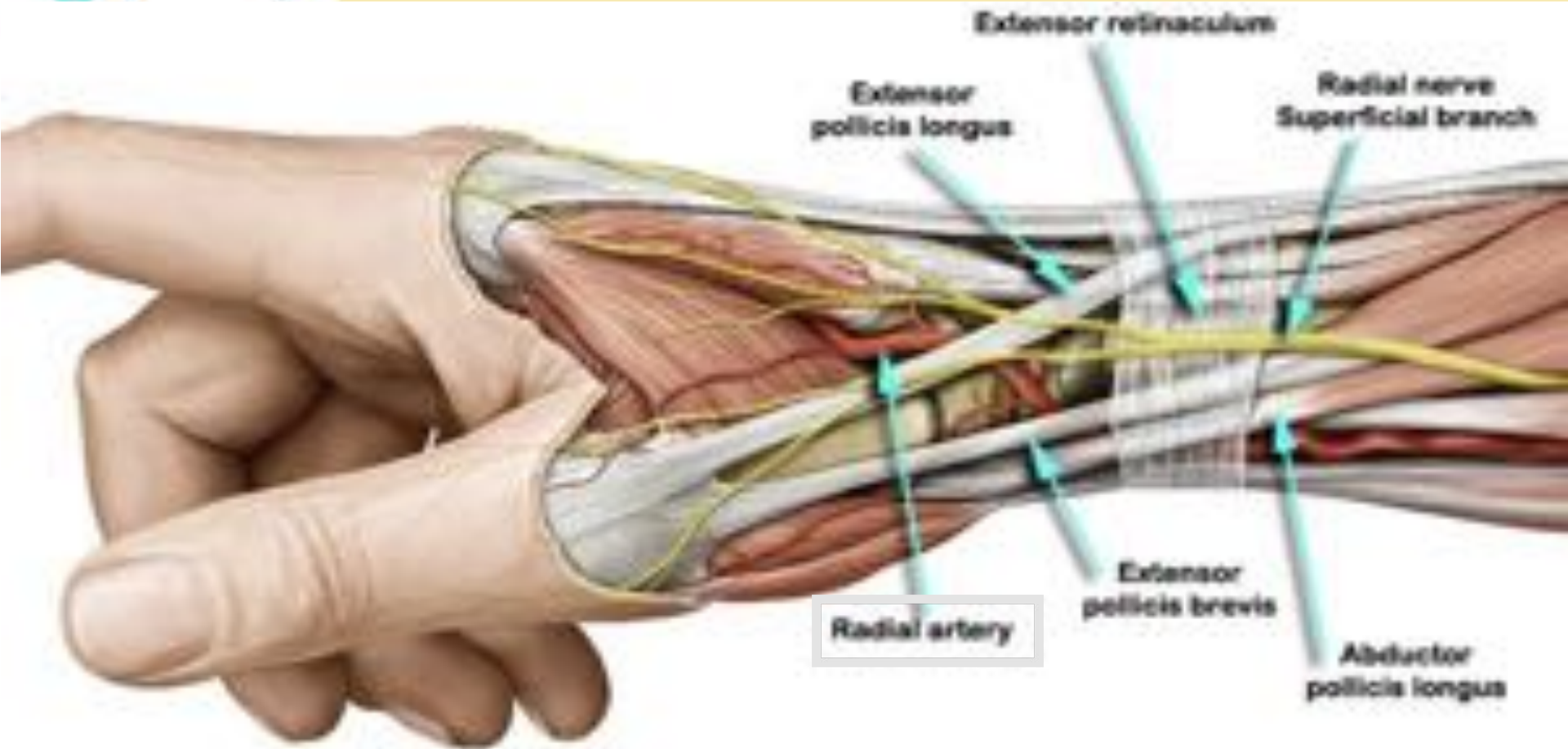
SYNDROME DES LOGES



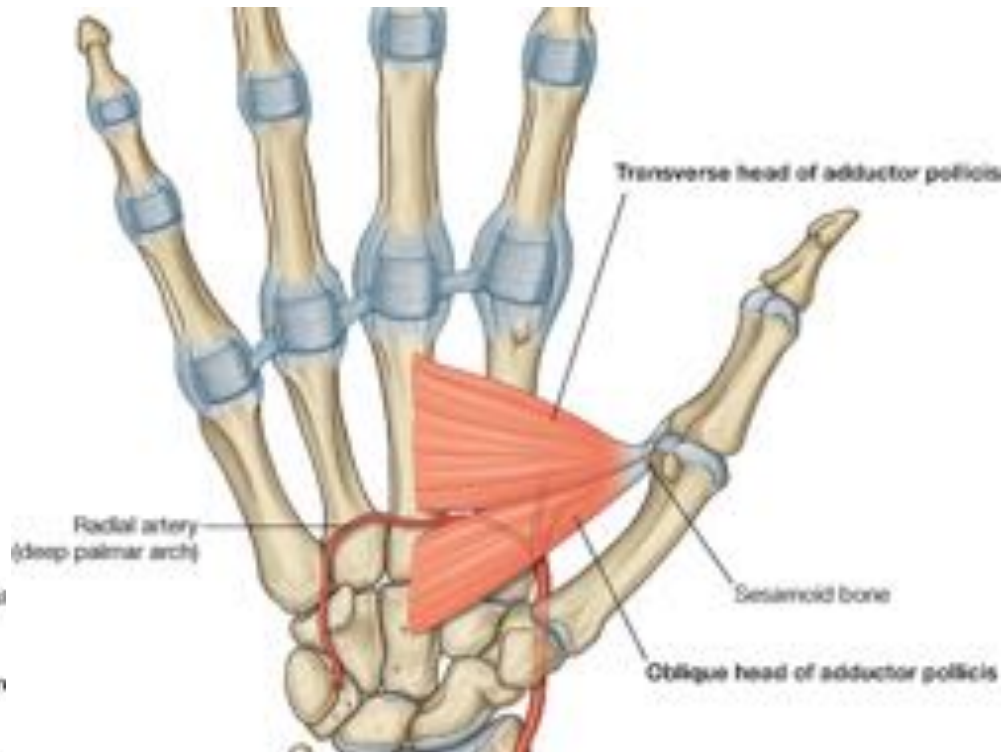
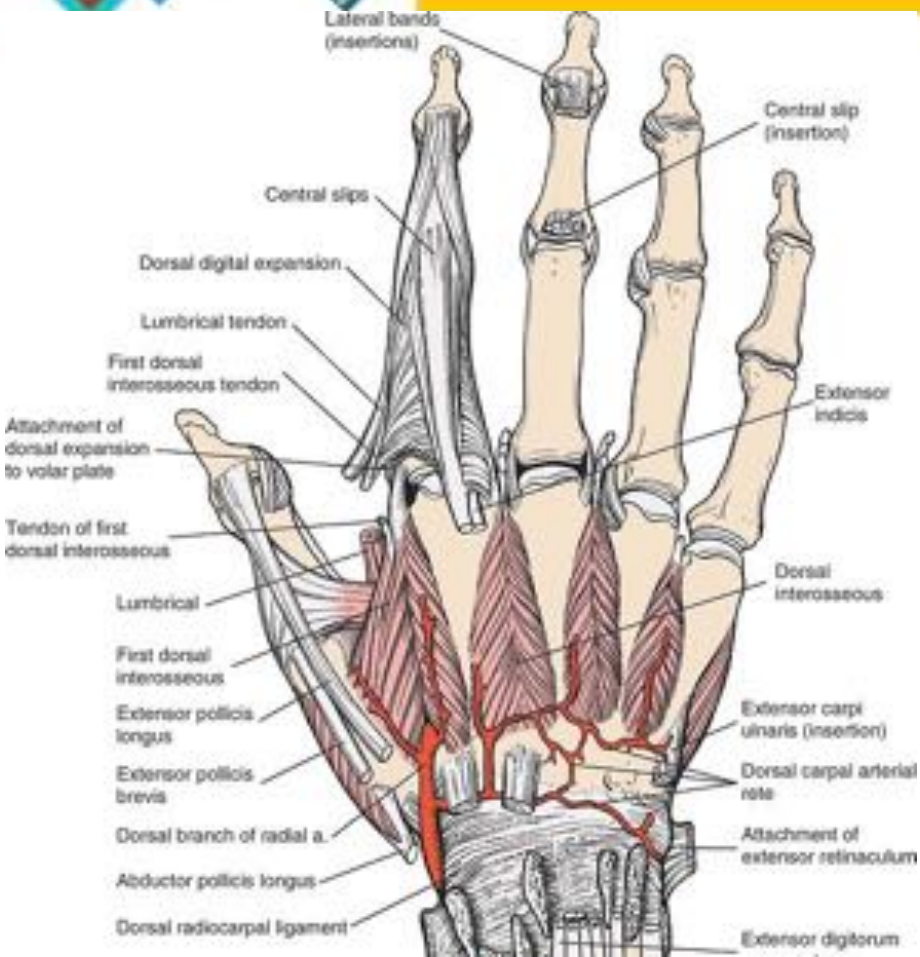
ARCADE PALMAIRE SUPERFICIELLE



TABATIERE ANATOMIQUE



ARCADE PALMAIRE PROFONDE



Cannulation of the Dorsal Radial Artery: A New Technique

Pyles Stephen T. MD; Scher, Kenneth S. MD; Vega, Elmer T. MD; Harrah, John D. MD; Rubis, Lorraine J. MD

Anesthesia & Analgesia: October 1982

CLINICAL REPORT: PDF Only

Abstract

Percutaneous cannulation of the radial artery is commonly performed to monitor arterial blood pressure and obtain arterial blood samples for blood gas analysis. The radial artery is usually entered on the volar aspect of the wrist. It is also possible to cannulate the radial artery on the dorsum of the hand, where it emerges from the anatomic snuffbox. Here the radial artery assumes a superficial location, passing beneath the tendon of the extensor pollicis longus and between the bases of the first and second metacarpals. This report reviews our experience with dorsal radial arterial cannulation.

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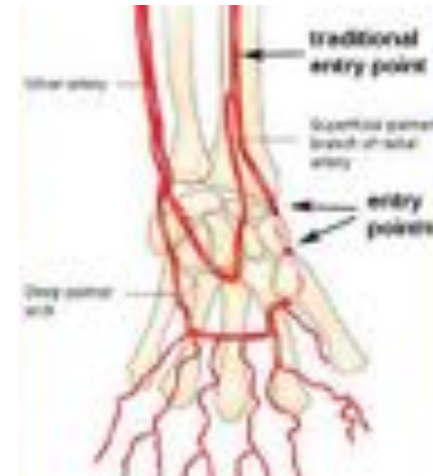
RECANALIZATION AND REUSE OF EARLY OCCLUDED RADIAL ARTERY WITHIN 6 DAYS AFTER PREVIOUS TRANSRADIAL DIAGNOSTIC CATHETERIZATION



We demonstrate the possibility of retrograde RA recanalization, dilatation, and restoration of the RA patency within 6 days after first transradial coronary diagnostic catheterization complicated with acute RA occlusion. Thus we were able to recanalize previously occluded RA and reuse it for repeat transradial coronary interventions.

Babunashvili A, Dudua, Catheter Cardiovasc Interv 2011 ; 77 : 530-6

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AVANTAGES DE LA VOIE RADIALE DISTALE



- En cas d'occlusion au point de ponction, le flux antérograde est préservé grâce à l'arcade palmar superficielle, minimisant ainsi le risque d'ischémie main et de thrombose et d'occlusion étendue de la radiale à l'avant-bras (0.4% vs 4%)(Kaledin, 3000)
- Plus confortable pour le patient, qui ne doit pas rester en supination forcée pendant l'intervention coronaire et peut mobiliser et utiliser librement son poignet après l'intervention
- Permet de préserver l'artère radiale pour une utilisation ultérieure (cathétérisme, shunt artério-veineux, prélèvement pour pontage coronaire)
- Compression courte, qui facilite l'angioplastie ambulatoire
- Pas de stase veineuse pendant la compression

AVANTAGES DE LA VOIE RADIALE DISTALE GAUCHE (Kiemeneij)

- Pour le patient droitier : plus grand confort
- Pour l'opérateur :
 1. Trajet moins tortueux
 2. Facilité d'opacification de l'A. mammaire interne gauche
 3. Facilité de manipulation des cathéters
 4. Main gauche du patient confortablement placée paume sur l'aîne droite ou la partie inférieure de l'abdomen
 5. Ponction faisable du côté droit du patient, même chez l'obèse
 6. Faible irradiation de l'opérateur, qui n'a pas besoin de se pencher

PONCTION



VOIE RADIALE DISTALE AU DOS DE LA MAIN





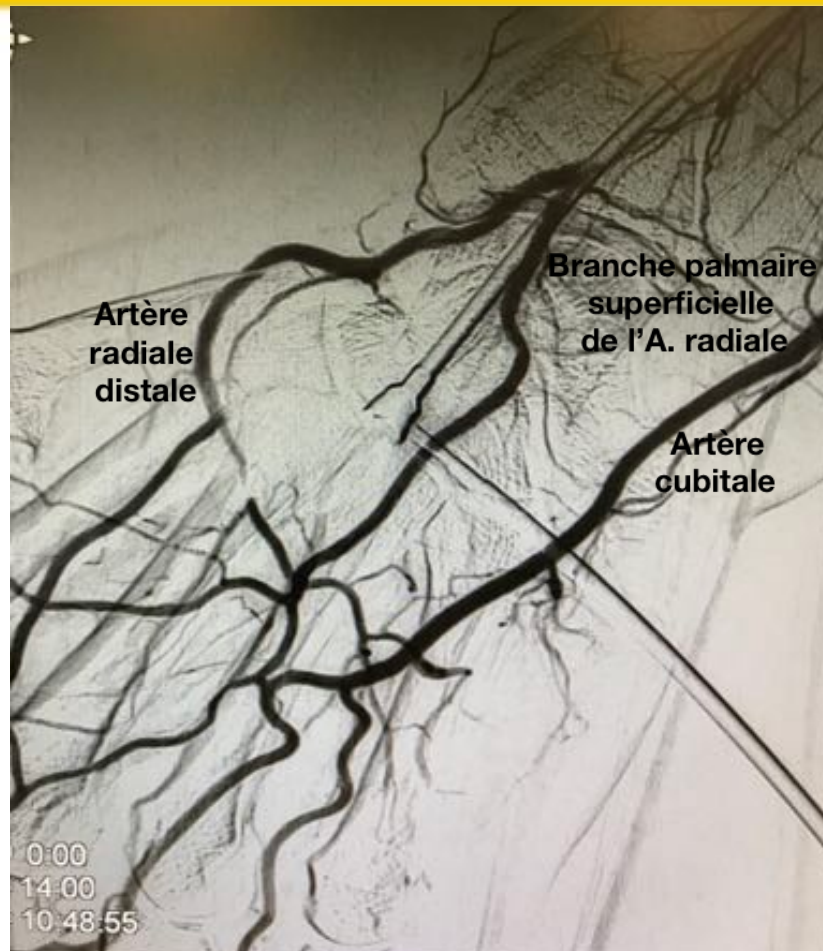
COMPRESSION



LIMITES

- Le diamètre plus faible d'environ 0.3 mm que la voie radiale traditionnelle pourrait être une limite pour certaines interventions coronaires complexes
- La voie d'abord étant quelques centimètres plus distale, les cathéters standards peuvent être trop courts chez certains patients de grande taille
- Certains dispositifs hémostatiques par compression au poignet peuvent être trop petits pour l'utilisation au niveau de la main

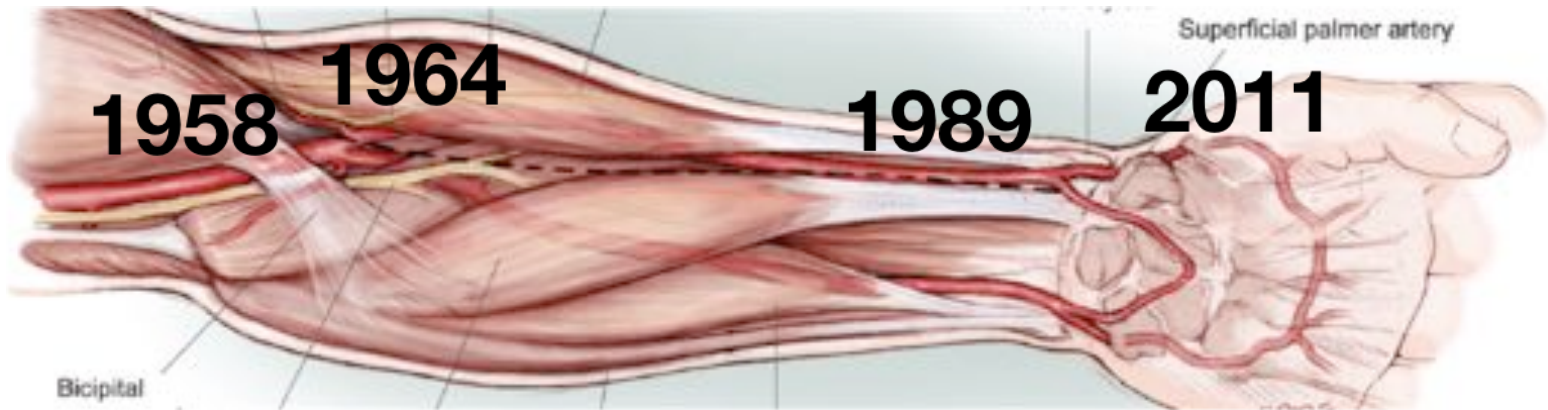
PATIENTE RECUSEE



UN PERIPLE VERS LA DISTALITE

ENTRY SITES FOR CORONARY ANGIOGRAPHY AND THERAPEUTIC INTERVENTIONS : FROM THE PROXIMAL TO THE DISTAL RADIAL ARTERY

When coronary angiography was introduced at the Montreal Heart Institute, Montreal, Quebec, in 1964, a cutdown arteriotomy of the proximal radial artery 2 to 3 cm distal to its origin was selected as the standard access site used instead of the brachial artery approach described by Mason Sones Jr.



Campeau L, Can J Cardiol 2001;3:319-25



UNE VOIE FIABLE ET CONFORTABLE

