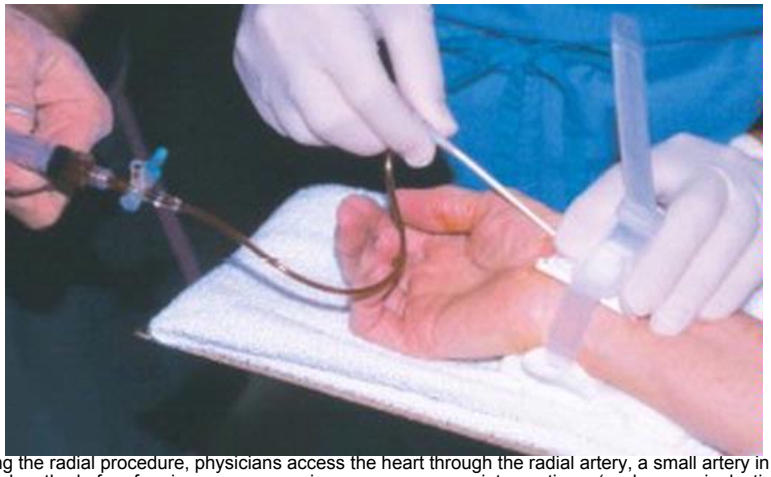
The Benefits of Radial Access For Coronary Angiograms

Skilled Eisenhower Cardiologists Offer Procedure



When using the radial procedure, physicians access the heart through the radial artery, a small artery in the wrist.

For more than 50 years, the preferred method of performing coronary angiograms or coronary interventions, (such as angioplasties or stents) was through the femoral artery, a large artery in the groin. However, in recent years, another option, the radial procedure, has gained attention. When using the radial procedure, physicians access the heart through the radial artery, a small artery in the wrist.

Eisenhower Medical Center physicians Khôi Lê, MD, Andrew Frutkin, MD, Michael Bagheri, MD and Barry Hackshaw, MD are highly skilled at the radial method of accessing the heart, which they believe is safer for their patients.

“Study after study has shown that this method offers a reduced risk of bleeding over the femoral method,” says Dr. Lê. “A patient developing bleeding problems in the groin area is rare but it can happen and when it does it can be very serious, requiring blood transfusions and even emergency surgery. By doing the procedure through the radial artery, we eliminate this type of complication.”

The radial method is not new but has been met with some resistance among cardiologists because of its high learning curve. Most physicians must do 50 to 100 cases before they are skilled at the procedure, which involves negotiating a smaller artery, working with the variations in anatomy of the arm and utilizing a less direct route to the heart than that of the femoral artery.

“It takes practice to become truly facile at performing this procedure,” says Dr. Frutkin. “However, once you have achieved the skill set, it becomes as routine as accessing a femoral artery and a very attractive approach to offer to your patients. I think the radial approach is safer for my patients and safer for patients who are at greatest risk, such as the elderly, patients who have had heart attacks or acute coronary syndrome, patients with known bleeding problems or kidney disease, obese patients, or those on anticoagulants.”

While safety is the prime motivation for performing this procedure, patient comfort and satisfaction are also key considerations. “The patients are just happier and more comfortable,” says Cindy Olson, Director of Cardiac Rehabilitation Services for Eisenhower Medical Center. Olson explains that patients receiving a femoral procedure must lie flat and still for six hours following the procedure to reduce the risk of bleeding and sometimes require additional compression on the femoral artery. “With the radial procedure, patients can sit up within a half hour of the procedure — they have less pain, there is a strap around their wrist to provide pressure on the surgical area, they can get up or have something to eat or drink — they are not restricted.”

The newest addition to the Eisenhower team is Dr. Bagheri who is very experienced in radial procedures. “This is a very safe, sophisticated and delicate approach to coronary angiograms and interventions,” says Dr. Bagheri. “I think this method is truly the future. I look forward to working with Drs. Lê, Frutkin and Hackshaw in bringing this advantageous procedure to the people of the Coachella Valley."

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