

UCI cardiologists offer patients safer, more comfortable angioplasty option

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If you were among the 1 million people annually who need an angioplasty to open a blocked artery, would you choose a procedure that required you to lie still for up to four hours and limit your activities for at least a week and that carried a risk of internal bleeding from one of your body's largest arteries? Or would you prefer one that allowed you to quickly resume activities, with little discomfort or risk of major bleeding?

Until recently, most patients in the U.S. did not have the latter option, which involves threading a thin plastic line called a catheter through the radial artery in the wrist toward the heart. The traditional method requires inserting a catheter into the femoral artery in a patient's groin. On July 15, UC Irvine experts will lead a conference sponsored by the Society for Cardiovascular Angiography & Interventions to teach cardiologists the radial artery procedure.

“This approach really does benefit patients by offering a safe and proven alternative to traditional cardiac catheterization,” said Dr. Morton J. Kern, UC Irvine's associate chief of cardiology and co-chair of the July 15 SCAI Transradial Interventional Program in Los Angeles. “Part of our obligation as a university is to ensure that physicians know the latest techniques and learn to do them correctly.”

The femoral method was the standard of care in [angioplasty](#) for decades. It calls for an interventional cardiologist to plug the catheter insertion point in the femoral artery – the major blood vessel to the leg – after

completing the catheterization. Patients must curtail their activities to prevent the plug from coming loose, reopening the artery and possibly requiring hospitalization. The radial approach does not involve any closure devices and lessens the risk of internal bleeding.

“Cardiologists have come to understand that any bleeding during catheterization can increase complications and even mortality,” Kern said. “So minimizing bleeding has become one of our top priorities and one reason we consider radial catheterization as the primary option.”

This spring, the American College of Cardiology issued a study demonstrating the procedure’s safety compared to the femoral technique. Patients who underwent [radial artery](#) catheterization were 60 percent less likely to experience a major complication, like internal bleeding or an aneurysm at the catheter insertion site. Those who received the radial treatment during a heart attack were 61 percent less likely to suffer a stroke or another heart attack or die within 30 days of the procedure.

Despite these findings, the technique has been slow to catch on in the U.S., where 90 percent of all heart catheterizations are performed via the femoral artery. Radial catheterization is employed in nearly 50 percent of cases in Europe and Canada.

“Our experience at UC Irvine is that patients appreciate having the choice,” Kern said. “We have used the radial method with many who have undergone previous femoral catheterization at other hospitals, and their preference of the radial procedure is clear.”

Provided by University of California, Irvine

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