

**70TH ESCVS
CONGRESS & 7TH
IMAD MEETING**



20 | 23 JUNE 2022

Liège | Théâtre de Liège | Belgium
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WHICH IS THE BEST ACCESS: UPPER LIMB OR FEMORAL PUNCTURE ?

Dr Denis HENROTEAUX





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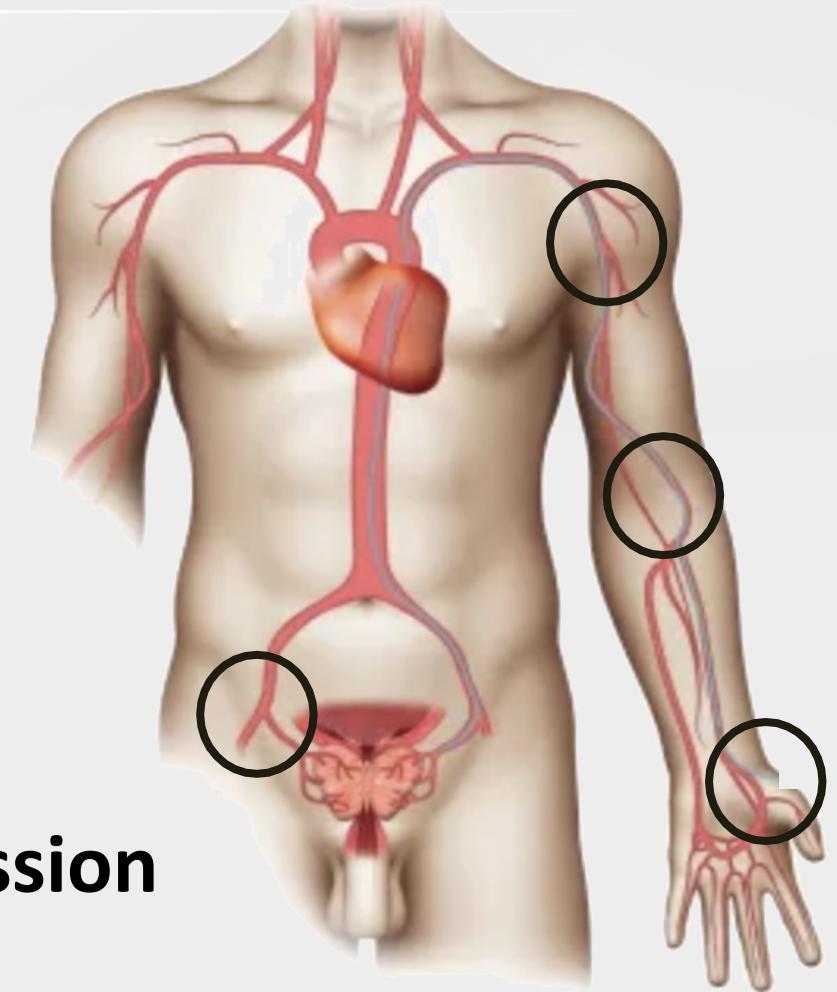
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My disclosures:

- Medtronic consulting
- Balt consulting

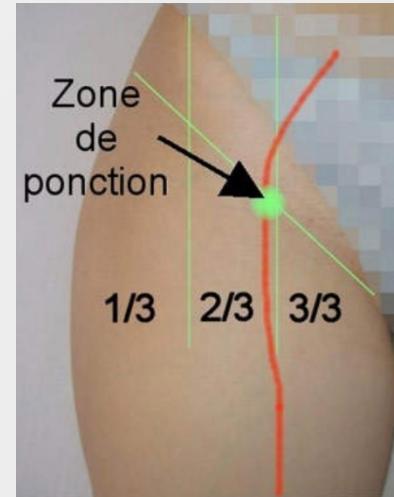
WHAT'S A GOOD ARTERIAL ACCESS?

- Close to the skin
- Palpable or visible on US
- Sufficient size > 2 mm (6F)
- Away from motor nerve structure
- Against a hard surface allowing compression



HOW TO GUIDE THE PUNCTURE

- « Hand » guided puncture
- US guided
 - Optimal point of puncture
 - Avoiding calcified plaque
 - Single wall puncture
- Using anatomical landmark
- Fluoroscopy guided puncture



HOW TO CHOICE IT ?

- Imaging
- Treatment planned
- Patient body habitus
- Personnal preference



FEMORAL VERSUS BRACHIAL ACCESS

RadioGraphics

Chronic Mesenteric Ischemia: Imaging and Percutaneous Treatment¹

CME FEATURE

See accompanying test at <http://>

François Cognet, MD • Douraied Ben Salem, MD • Marie Dransart, MD
Jean-Pierre Cercueil, MD • Michel Weiller, MD • Etienne Tatou, MD
Louis Boyer, MD • Denis Krause, MD



There are three curves in opposite directions when the CA is approached by the femoral route but only two when it is approached by the humeral route

FEMORAL VERSUS BRACHIAL ACCESS

CLINICAL RESEARCH STUDIES

From the Society for Clinical Vascular Surgery

Endovascular treatment of stenotic and occluded visceral arteries for chronic mesenteric ischemia

Timur P. Sarac, MD, Ozcan Altinel, MD, Vikram Kashyap, MD, Jams Bena, MD, Sean Lyden, MD, Sunita Srivastava, MD, Matthew Eagleton, MD, and Daniel Clair, MD, *Cleveland, Ohio*

Retrospective study

- 65 patients – 87 vessel
- Occlusion =28%, stenosis > 60% = 72%
- Femoral access 29,9%
- Brachial access 70,1%

One-year primary patency was worse among patients with chronic obstructive pulmonary disease (OR, 3.2; 95% CI, 1.4-7.7; P=0.009) or who had femoral access (OR, 3.0; 95% CI, 1.1-7.9; P=0.015).

FEMORAL VERSUS BRACHIAL ACCESS

Endovascular Treatment of Chronic Mesenteric Ischemia: Results in 14 Patients

Tamam Chahid, Agaicha T. Alfidja, Marie Biard, Anne Ravel, Jean Marc Garcier,
L. Boyer

Radiology Department, University Hospital, Clermont-Ferrand-France

Retrospective study - 14 patients

- **13 femoral access**
- **additional brachial access facilitated stent placement in 3 patients**

FEMORAL VERSUS BRACHIAL ACCESS

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Retrospective study

- 25 Patients
- 28 ProcedureS
- 26 vessels

A femoral approach was used for 21 procedures (75%), whereas a brachial approach (either primary or adjunctive) was used for 7 procedures.

REFERENCES

Review > *Prog Cardiovasc Dis.* Mar-Apr 2021;65:71-75. doi: 10.1016/j.pcad.2021.03.002.

Epub 2021 Apr 24.

Chronic mesenteric ischemia: Diagnosis and management

Partha Sardar ¹, Christopher J White ²

> *Eur J Vasc Endovasc Surg.* 2021 Apr;61(4):603-611. doi: 10.1016/j.ejvs.2021.01.003.

Epub 2021 Feb 13.

Endovascular Treatment of Chronic and Acute or Chronic Mesenteric Ischaemia: Results From a National Cohort of 245 Cases

Ümit Altintas ¹, Martin Lawaetz ², Louise de la Motte ³, Hadi Riazi ², Lars Lönn ⁴, Mats Lindh ⁵, Henrik Sillesen ³, Jonas Eiberg ⁶

> *Eur Radiol.* 2012 Jun;22(6):1372-84. doi: 10.1007/s00330-011-2376-z. Epub 2012 Feb 3.

Chronic mesenteric ischaemia: 28-year experience of endovascular treatment

Ulku Cenk Turba ¹, Wael E Saad, Bulent Arslan, Saher S Sabri, Stacey Trotter, John F Angle, Klaus D Hagspiel, John A Kern, Kenneth J Cherry, Alan H Matsumoto

> *J Med Vasc.* 2019 Sep;44(5):318-323. doi: 10.1016/j.jdmv.2019.06.001. Epub 2019 Aug 19.

[Endovascular treatment of chronic mesenteric ischemia]

[Article in French]

M Ben Hammamia ¹, M Ben Mrad ², S Hadhri ², M Tarzi ², R Miri ², F Ghedira ², B Derbel ², S Ben Omrane ², T Kalfat ², J Ziadi ², R Denguir ²

AND RADIAL ACCESS ?

Transradial Approach for Noncoronary Interventions: A Single-Center Review of Safety and Feasibility in the First 1,500 Cases

Raghuram Posham, MPA, Derek M. Biederman, MD, Rahul S. Patel, MD,
Edward Kim, MD, Nora E. Tabori, MD, F. Scott Nowakowski, MD,
Robert A. Lookstein, MD, and Aaron M. Fischman, MD

- chemoembolization (485)
- yttrium-90 mapping (391) and infusion (293)
- renal/visceral intervention (172)
- uterine artery embolization (116)
- peripheral intervention (43)
- endoleak repair (10)
- other (2)

- Technical success was 98.2%
- Major complications (0.13%)

- Pseudoaneurysm (1)
- Andseizure (1).

- Minor complications(2.38%)

- hematoma/bleeding (13)
- RA occlusion (11),
- Armpain (6)
- RA spasm(6).

Twentyseven cases (1.8%) required cross-over to transfemoral access. Crossover rates were higher in female patients, height 1.7 m, renal/visceral intervention and endoleak intervention. Multivariate analysis demonstrated intervention type to be the only significant predictor of TFA crossover

AND RADIAL ACCESS ?

NEED TO TEST THE ULNAR–PALMAR ARCH PATENCY (BARBEAU OR ALLEN TEST)

Screened for additional TRA exclusion criteria

- Sheath requirements > 6 F,
- Radial artery diameter < 2mm on ultrasound
- Prior history of severe vascular tortuosity
- Radial artery occlusion
- Need for dialysis.

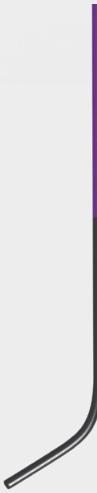
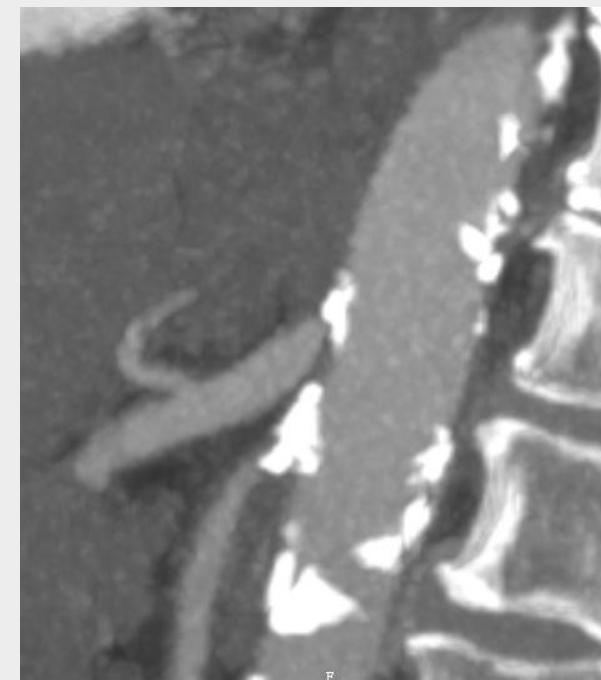


Of 1,531 procedures evaluated 1,512 met the inclusion criteria for TRA (1.24%)

ANGULATION OF TC/AMS INFLUENCING THE CHOICE OF ACCESS ?

Not really but use the right catheter

(the one with which you have the most facility or experience)



SOMETIMES 2 ATTEMPTS ARE NECESSARY



TAKE HOME MESSAGE

- Choose the access you are most comfortable with
- Have an alternative way
- Have the right equipment for the access
- Avoid complications by using proper guidance

Thanks you for you attention