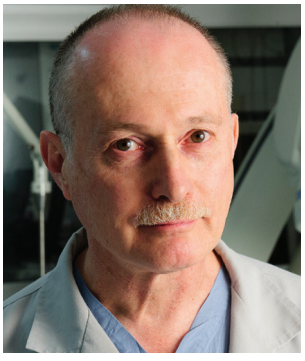
The Art of Radial

This issue highlights the state of the art for radial access and the issues surrounding its continued adoption in the United States. We begin with an interview with Duane Pinto, MD, in which he discusses how to make the transition from femoral to radial, with consideration of the possible benefits and complications, patient selection, staff preparation, and pharmacologic decisions.

If radial access is to become the predominant go-to approach in the United States, it will be important to devise strategies to maximize its potential for repeat use in the future, if needed. Sameer Gupta, MD, and Sandeep Nathan, MD, review the incidence, pathophysiology, risk factors, and prevention of radial artery occlusion and strategies to treat it and maintain radial artery patency. In addition to radial artery occlusion, there are other potential complications operators must be aware of when employing transradial access, which are distinct from those we are used to encountering with femoral access. Daniel H. Steinberg, MD, provides an overview of the unique complications that may present with radial artery access, with tips on how to prevent them, when possible, or address them during or after the procedure to gain the full benefit of this approach.



Next, Nevin C. Baker, DO, and Ron Waksman, MD, contend that the femoral route remains a viable first choice for access in certain patient subsets based on the experience and data available to date and recommend that operators carefully consider which approach to use for every case, instead of simply instituting a radial-first policy across the board.

Denise Brown and Ginger Biesbrock, PA-C, MPH, then examine the cost and patient outcome implications of increasing the use of transradial access in the cath lab.

In the last part of our discussion on radial access, we asked a few experts in the field to weigh in on the question, "Is patent hemostasis after radial access truly valuable?"

In addition to our issue's main topic, we are pleased to offer a Valve Update article by Jonathan Marvin Tobis, MD, and Islam Abudayyeh, MD, who report on a number of devices currently in development for the percutaneous treatment of mitral regurgitation, as well as a Today's Practice article by Donald E. Cutlip, MD, in which he describes how stent thrombosis can be predicted and then managed with the use of dual-antiplatelet therapy and newer-generation drug-eluting stents.

Also, Christopher U. Meduri, MD, et al, review methods to improve TAVR costs, patient satisfaction, and staffing distribution by optimizing post-TAVR care, which is another area of our field that is rapidly expanding.

To close this issue, we present an interview with the 2015–2016 SCAI President, James C. Blankenship, MD, in which he shares his outlook on his term in office and insights on many important questions facing our field today.

As is always our aim, we hope we help you to keep up with the deluge of published information that comes across our desks every day. We hope our overviews and practical reviews meet this critical need. Please let us know if there are topics you would like to read about, and let us know if we are meeting your needs. ■

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