

Optimal Access/ Reliable Closure

As catheter therapy has developed, proper access techniques have become increasingly important. At the extremes are transradial and transcatheter aortic valve replacement (TAVR) approaches, representing the smallest and largest of considerations of access sheath size. In either case, the steady improvements in technique and technology have made access better and better. In this issue, we will update progress along the spectrum of vascular access.

Our coverage starts with Colin Barker, MD, and Michael J. Reardon, MD, who discuss the alternative access and closure options for TAVR patients who are not candidates for the transfemoral approach. In our next article, Robert J. Lederman, MD, and Adam B. Greenbaum, MD, discuss new options in patients who otherwise have “no good access options,” concluding that transcaval access and closure may prove to be another viable alternative.

Morton J. Kern, MD, provides 10 tips for starting a successful radial access program, demonstrating that as a lab's experience with radial access grows, the approach will show its worth in both laboratory time and satisfaction.

Gagan D. Singh, MD, and Jason H. Rogers, MD, continue the conversation by discussing the use of ultrasound guidance for targeted femoral access. By mitigating the risk of complications, the technique has gained popularity and remains an important tool for interventional cardiologists.

Davide Capodanno, MD, reviews supporting data and technical aspects of transradial coronary intervention. Although still restricted in many centers, transradial percutaneous coronary intervention of left main or non-left main bifurcation lesions can be successfully accomplished.

Our focus on Access and Closure concludes as we ask experts James Nolan, MD; Samir B. Pancholy, MD;

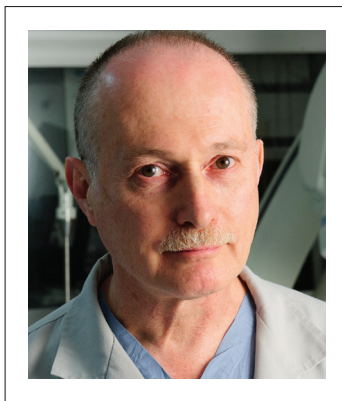
Tejas Patel, MD; and Sunil V. Rao, MD, whether they see the uptake of radial access in the United States as “a glass half full.”

Additionally, Ryan Graver, Cathie Biga, and Kelsey Reichert walk us through the Medicare Access and CHIP Reauthorization Act of 2015—a part of the ever-changing health care landscape. And finally, Srinivas Yallapragada, MD; Adhir Shroff, MD; and Amer Ardatti, MD, review various strategies employed by radialists in applying mechanical atherectomy.

We end our editorial coverage this issue by interviewing Robert O. Bonow, MD, about the upcoming Heart Valve Summit, what's on the horizon for mitral valves and bioresorbable stent technology, and his advice for fellows who are just entering the field.

Our mission remains to summarize the important topics in the interventional field and to

synthesize the vast and overwhelming cardiovascular literature. We would like very much to hear from you about whether we are accomplishing our goal and regarding future topics you would like to see in *Cardiac Interventions Today*. ■



A stylized, handwritten signature in black ink, appearing to read 'Ted Feldman'.

Ted E. Feldman, MD, MScAI, FACC, FESC
Chief Medical Editor
citeditorial@bmctoday.com