Is Transfemoral Approach versus Transradial Approach for Cardiac Catheterization Associated with Fewer Complications?

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Introduction
- Over 2 million Americans undergo cardiac catheterizations each year.
- Cardiac Catheterizations are used most commonly to treat chest pain, unstable angina, ST elevation myocardial infarctions, and Non-ST elevation myocardial infarctions.
- The Transfemoral approach is the traditional and predominant technique used in roughly 92% of cardiac cases.

Method
- CINAHL Complete with Ebsco host were used to retrieve literature from the TAMIU Killam Library databases.
- Keywords used in locating literature were “cardiac catheterization approach” and “percutaneous coronary intervention approach.”
- Our search was limited to English language articles, full text articles, and peer reviewed journals published within the last 5 years.

Results
- The TRA was associated with less immobility time post procedure with 4.4 hours versus 12 hours for the TFA.
- Fewer vascular complications such as bleeding, hematoma, and ischemia were associated with the TRA.
- The TRA is less expensive than the TFA.
- The TRA is associated with a significant reduction of death as compared to the TFA.

Conclusion
- Current evidence supports the use of the TRA over the TFA.
- Fewer clinical complications were reported with the TRA.
- We recommend large randomized multicenter studies in order to confirm the general applicability of the findings.
- Further research needs to be conducted regarding barriers to implementing the use of the TRA.

Purpose
- To determine which cardiac catheterization approach, Transradial (TRA) or Transfemoral (TFA), is associated with fewer complications.

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