Radial or femoral access?

Puncture site bleeding/haematoma/vessel trauma/pseudoaneurysm is the commonest significant complication of angiography

Both

The access route that you are familiar with

If you can do both, you will default to radial:

patient preference/comfort/social pressure
reduction in bleeding complications
better survival in STEMI
early mobilisation = shorter hospital stay = lower costs.

So why bother with femoral

IABP (usage dropping, still useful)

When I must avoid radials - dialysis for eg.

Post CABG – radial harvest/easier graft access

- Not an absolute indication for femoral access.

Big sheath

Negative Allens test/Barbeau oximetry

Crossover: 5 or 6 %

Who: small, old, women, multivessel disease, PCI

Why else bother with femoral puncture?

Learning curve

You can kill people

Once you are experienced, the complication rate is unbelievably low.

I have a problem with the literature: does it reflect real world practice?

Benefits of radial demonstrable mostly in high bleeding risk patients, and when radial operators are very experienced

Predictors of complicated FA puncture

Obesity

Female

Anticoagulant

SFA puncture (instead of common)

Lytics

PAD

Repeat puncture

Long duration sheath in situ