Alice A. Perlowski, MD

Within the past 12 months, I have no financial relationships to disclose.
“Normal” anatomy
Goldilocks!

Too high...

Too low...

Just right!
Flouroscopic guidance
FAUST

Seto, et al
Radial Access
Radial Equipment
Basics of Radial Artery Access

Familiarity and practice with radial access techniques will lead to shorter access times and higher rates of successful cannulation.

BY SAMEER GUPTA, MD; SANDEEP NATHAN, MD, MSc, FACE
AND ALICE A. PERLOWSKI, MD, FACC
Ultrasound Guidance for Radial Access


BY ALICE PERLOWSKI, MD; MICHAEL H. SALINGER, MD, FACC, FSCAI; TIMOTHY MC DONOUGH, MD, FACC, FSCAI; AND TED E. FELDMAN, MD, FESC, FACC, FSCAI
Spasmolytic Cocktail/Anticoagulation

• No pretreatment associated with symptomatic spasm in up to 30% of cases
• No definite consensus on spasmolytic agent
  – Verapamil
  – Nitroglycerine
  – Nicardipine
• Anticoagulation (Heparin)
Alternative access for peripheral interventions: Retrograde LE access

- Superficial femoral
- Popliteal
- Tibial/peroneal
- Transmetatarsal/plantar
- Transcollateral

DP access

Popliteal access
Alternative access for peripheral interventions

- Failed antegrade recanalization
- Morbidly obese, hostile groin
- Flush SFA occlusion
- Distal popliteal occlusion
- Multi level PAD extending into the tibials
- Flush tibial occlusions
Optimal Femoral Access and Closure for TAVR

- Diameter
- Calcification
- Tortuosity
Novel Approaches for TAVR Access

- Transapical
- Subclavian
- Transaortic
MitraClip Access/Closure

- An image showing anatomical structures, including the anterior superior iliac spine, external iliac vein, inguinal ligament, femoral triangle, femoral nerve, femoral artery, and femoral vein.

- An image demonstrating the use of MitraClip with text indicating the location of access and closure:
  - "1 cm medial to the artery"
  - "2 - 3 cm inferior to the inguinal ligament"

- Additional images showing medical devices and procedures related to MitraClip technology.
Mitraclip access/closure:
Figure of eight stitch
Percutaneous suture ligation of the left atrial appendage (LAA)

- Epicardial closure of LAA
- FDA approval 2009
- Single retained suture
- High rates of closure
  - 95% at 90 days
  - 98% at 1 year
  - PLACE II data
Indications

- Contraindication to anticoagulation
- Embolic event while on therapeutic anticoagulation
- LAA os <40mm
- Favorable anatomy
  - LAA not posteriorly rotated (behind PA)
- Easily approachable pericardium
  - No chest wall deformity, morbid obesity
“Dry” pericardial tap
Percutaneous suture ligation of the left atrial appendage (Lauriat)

Pericardial and transseptal access

Endocardial, Epicardial magnets

Snare/suture to LAA

Suture tightened over LAA
Don't worry, I'll find a good site soon.