

Improved outcomes with greater use of transradial PCI

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(HealthDay)—Greater change in hospital-level use of transradial percutaneous coronary intervention (TRI) is associated with improved periprocedural outcomes, according to a study published online June 4 in *Circulation: Cardiovascular Quality and Outcomes*.

Steven M. Bradley, M.D., M.P.H., from the Veterans Affairs Eastern Colorado Health Care System in Denver, and colleagues examined the correlation between increasing facility-level use of TRI and periprocedural outcomes. Data were collected from the National Cardiovascular Data Registry CathPCI Registry for 818 facilities with low baseline TRI use. The risk-adjusted correlation between hospital category of change in TRI use from 2009 to 2012 and trends in access site and overall [bleeding](#), fluoroscopy time, and contrast use was estimated. Hospital change in TRI use was categorized as very low, low, moderate, and high.

The researchers found that for all hospital categories, risk-adjusted access site bleeding decreased over time, with the rate of decline varying across categories (P for interaction hospital categories).

"Our findings suggest that facilities changing to greater use of TRI are associated with larger reductions in periprocedural bleeding than facilities that have not adopted a radial approach," the authors write

Two authors disclosed financial ties to the medical device industry.

More information: [Abstract](#)
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