

Short-term quality of life between radial and femoral access for cardiac catheterization

Gwo-Ping Jong*, Tsung-Yuan Yang

Department of Internal Medicine, Chung Shan Medical University Hospital and Chung Shan Medical University, Taichung, Taiwan, ROC.



Declaration of interest

All authors have nothing to declare.

Introduction

Over the past several years, the trans-radial approach for cardiac catheterization has become increasingly adopted in the world that have shown a reduction in access site complications compared to trans-femoral approach. However, the quality of life between trans-radial and trans-femoral access is inconsistent.

Purpose

We aimed to assess whether radial or femoral access impacts formal measures of quality of life undergoing cardiac catheterization.

Methods

We conducted a retrospective study using the Chung Shan Medical University Hospital database (2018–2023). We performed a single center in which 121 patients underwent trans-femoral and 465 underwent trans-radial diagnostic cardiac catheterization. Quality of life was measured with the SF-36 at baseline, one week, and three months.

Keywords

Cardiac Catheterization, Quality of life, Radial access, Femoral access



Results

After adjustment for baseline scores, there was no effect of assigned access on SF-36 (one week -1.5; 95% CI -5.7 to 2.6; one month -6.7; 95% CI -9.9 to 3.8) scores. At one week, 72.5% versus 75.5% ($P = .58$) of patients in radial and femoral groups were free from access site pain; at three months, rates were 87.8% versus 83.6% ($P = .42$), respectively. Five patients in the trans-femoral group and one patient in the trans-radial group had a local hematoma over the puncture site.

Conclusions

Among patients undergoing diagnostic cardiac catheterization, trans-radial access leads to low rate of complication after the procedure. However, there was no significant difference in quality of life between trans-radial and trans-femoral access for cardiac catheterization in short-term follow-up.

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