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FOR IMMEDIATE RELASE
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THE WAY TO A PERSON'S HEART IS THROUGH…. THE WRIST?

TUPELO, Miss.—The vast majority of cardiac catheterizations go through the groin to gain access to the arteries that lead to the heart, a method known as transfemoral access. But patients of cardiologist Joe Adams, M.D., at North Mississippi Medical Center may be surprised to find that the pathway to the heart starts at the wrist instead, a method called transradial access.

Once the artery is engaged, whether through the wrist or the groin, the procedure is virtually the same. Cardiologists can do a diagnostic procedure, which determines if and where there are blockages that impede blood flow to the heart muscle, or interventional procedures known as angioplasty to open up the blocked artery.

One big difference, however, is what happens at the end of each procedure. With transfemoral access, the patient must generally lie flat for four to six hours afterward so that a staff member can apply pressure to the groin to prevent further bleeding.

With transradial access, virtually no bed rest is required. "Unless the patient is heavily sedated, the patient is able to sit up and walk around almost immediately after the procedure," Dr. Adams said. "You can't do that with transfemoral access."

Transradial access is not new; physicians have been performing procedures through the wrist for more than 20 years, especially in other countries like Canada, China, Europe and Japan. Dr. Adams learned the transradial approach during fellowship training at Duke University in Durham, N.C., from Dr. Tift Mann, a cardiologist at Wake Medical Center in nearby Raleigh. Dr. Adams joined the NMMC medical staff in 2003 and only recently began incorporating the transradial approach into his practice.

Studies show that the wrist approach offers less risk of complications, and can also result in less post-procedure pain and faster recovery. The entry point in the wrist may be easier for the cardiologist to access than in the groin, especially in obese patients.

Another bonus is that the wrist offers a back-up blood supplier should something unforeseen happen. "The hand has good dual blood supply," Dr. Adams said. "There are two arteries there—the radial and the ulnar. If the patient's ulnar artery offers good blood supply to the hand, then if something should happen while we're working through the radial artery, blood

can still get to the hand through the ulnar artery. Conversely, the femoral artery is the only artery that supplies blood to the leg. If something happens there, you could potentially lose the leg."

Transradial access is growing in popularity nationwide, and Dr. Adams believes this trend will continue. "As the scientific evidence about the benefits of this approach grows, people will start asking for it," he said.

For more information about this and other services offered by the NMMC Heart Institute, call 1-800-THE DESK (1-800-843-3375).

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