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Activated clotting time guided transradial band removal post-coronary angiography: a pilot study

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THEME: Coronary Interventions
TOPIC(S): Stable CAD

AIMS

To ascertain whether a rapid release protocol using ACT as a guide to deflate a TR Band decreases total time to wean (TTTW) safely, compared to usual care for patients following radial artery angiography.

METHODS AND RESULTS

This study examined 60 consecutive patients having radial coronary angiography as a day procedure. Patients were randomised to a control or treatment group. The control group followed the usual care using the 4 hour deflation process post TR band application. The treatment group followed an ACT guided rapid release protocol. Baseline clinical characteristics, demographics and procedural characteristics were collected. Complication rates such as bleeding, radial access site haematoma and pain were recorded post procedure. Statistical analysis was carried out to ascertain any differences between the two groups.No statistical difference was found between the control and treatment groups for baseline clinical characteristics. There was a statistically significant reduction in TTTW the TR band in the treatment group 152 minutes $\pm$ *59* vs 231 minutes $\pm$ *26* (mean $\pm$ *SD*); p<0.001. 94% of the treatment group (n=30) had ACT levels $\leq$150secs at 120 minutes post application of the haemostatic device allowing removal of the haemostatic device in accordance with the rapid release protocol. Reduction in TTTW in the treatment group was not associated with a statistically significant increase in radial access site bleeding (treatment 7% vs control 0%; p=0.31).

CONCLUSIONS

This study demonstrated that a rapid release TR band protocol using ACT levels as a guide safely reduced total time to wean. A larger study is required to identify whether these results can be replicated in patients requiring higher doses of heparin for coronary intervention.