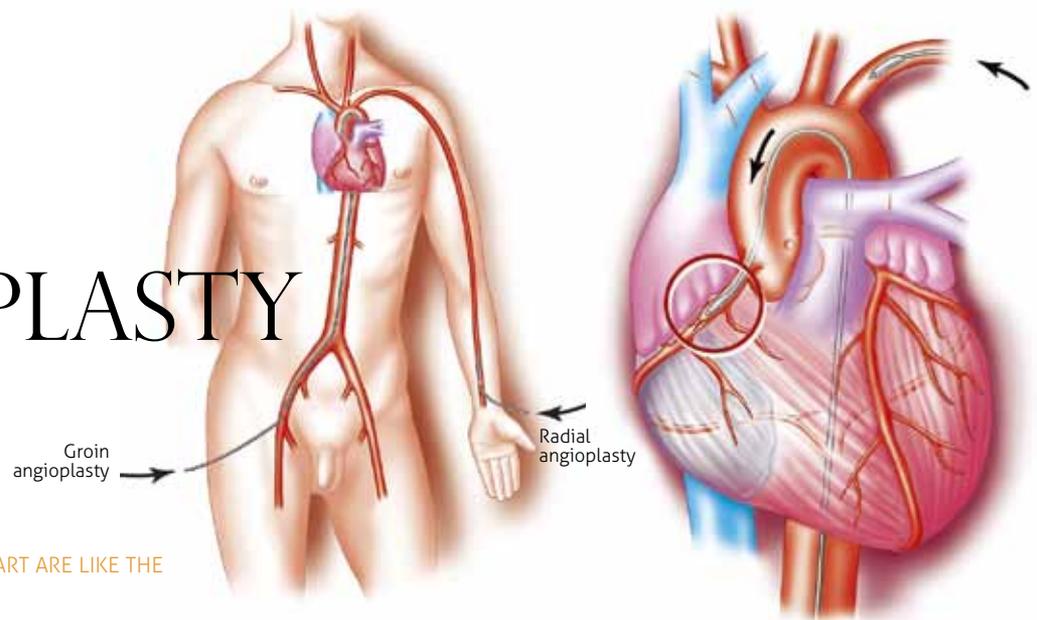


# RADIAL ANGIOPLASTY



OUR ARTERIES LEADING TO OUR HEART ARE LIKE THE main roads heading into a city.

If there is a blockage caused by accident or cars pile-up, a traffic jam occurs and causes problems to all motorists on their journey. In the same manner, when our coronary arteries are obstructed, blood flow is constricted, and this will pose a major problem to our bodily functions.

An established treatment is angioplasty, or 'stenting'. A procedure whereby a tube is inserted through the arteries via the groin area to unclog the blocked arteries. However, there may be complications from the traditional procedure which requires much hospital care and observation.

The introduction of Radial Angioplasty reduces these complications dramatically giving patients an option for less discomfort and savings on hospitalization.

## WHAT IS RADIAL ANGIOPLASTY?

The main difference between Radial Angioplasty and traditional angioplasty is the point of insertion of the tube. Traditional angioplasty routes from the groin, whereas Radial Angioplasty inserts the tube to the arteries via the wrist area.

Radial Angioplasty is a combination of the angioplasty procedure with angiography, a medical imaging technique for viewing our blood vessels to facilitate the angioplasty procedure.

Traditional site of entry using the large femoral artery predisposes to complications, the commonest being a large bruise. Blood may also leak slowly around the entry site, giving rise to a large painful bump or leading to excess blood loss. Sometimes, an abnormal connection between the artery and vein could even develop.

To prevent these unwanted effects, a pressure bandage has to be applied in the groin region and the patient must not move the leg for at least six hours after the procedure. Therefore, the patient has to lie in bed for long time before he can even sit up.

Dr. Tan Chong Hiok, a leading Cardiologist at the Cardiac Specialist Centre, relates that these

complications may occur as frequently as 3%-5% of all the patients undergoing the traditional groin approach for angioplasty.

Radial Angioplasty, though more challenging as the arteries at the wrist area are smaller, seems to have fewer complications as compared to traditional angioplasty. Dr Tan adds that the vascular complications are reduced to a mere 1%.

## WHAT DOES RADIAL ANGIOPLASTY INVOLVE?

Radial Angioplasty is exactly the same as the femoral approach of traditional angioplasty, except that the radial artery at the wrist area is used. As this artery is smaller than the femoral artery, more training is required to perform Radial Angioplasty. The artery on the right wrist is commonly used, but the one found on the left may also be a choice for the procedure.

A catheter, or tube is inserted into the radial artery, and a dye is injected into the heart at the coronary artery. Stenting and ballooning will then be performed on the artery if necessary.

There are cases where the patient's radial artery is under-developed, and this will render the patient unsuitable for Radial Angioplasty. If the artery is too narrow, it would not be able to accommodate a catheter.

Dr. Tan ensures the procedure to be safe and efficient. However, he cautions against vigorous activities with the hand after the radial angioplasty to avoid possible bleeding or bruising. ■



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