

Single center experience for peripheral arterial interventions via percutaneous brachial artery access using a 4F sheath

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Disclosure

Speaker name:

Daniel Kretzschmar

I have the following potential conflicts of interest to report:

- Consulting
 - Employment in industry
 - Stockholder of a healthcare company
 - Owner of a healthcare company
 - Other(s)
-
- I do not have any potential conflict of interest

Need for alternative access

- recent intervention to CFA
- severe aortoiliac-femoral occlusive disease
- femoral aneurysms/pseudoaneurysm
- groin hematomas
- obesity
- infections
- need for bilateral interventions and/or simultaneous accesses

Options

- axillary, radial, ulnar arteries
- translumbar approach
- Brachial artery:
 - favourable route of entry in caudally oriented visceral arteries
 - left > right
 - -> crossing only one brain supplying artery
 - -> shorter/more direct way (distal lesions)
 - -> handedness

Sheaths for intervention-Fortress

4F

5F

6F

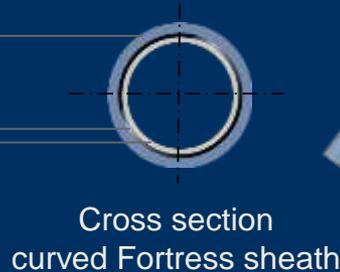


The Fortress introducer sheaths have a friction lowering PTFE liner with a polymer embedded stainless steel coil shaft design. This construction offers great flexibility and kink and deformation resistance.

Polymer cover

Stainless steel coil

PTFE liner



Cross section curved Fortress sheath



The Fortress coil reinforced sheath does not oval when curved – non-ovaling – thus diameter is maintained



Cross section curved non-reinforced sheath



Standard competitive non-reinforced sheath ovals when curved - thus diameter reduced

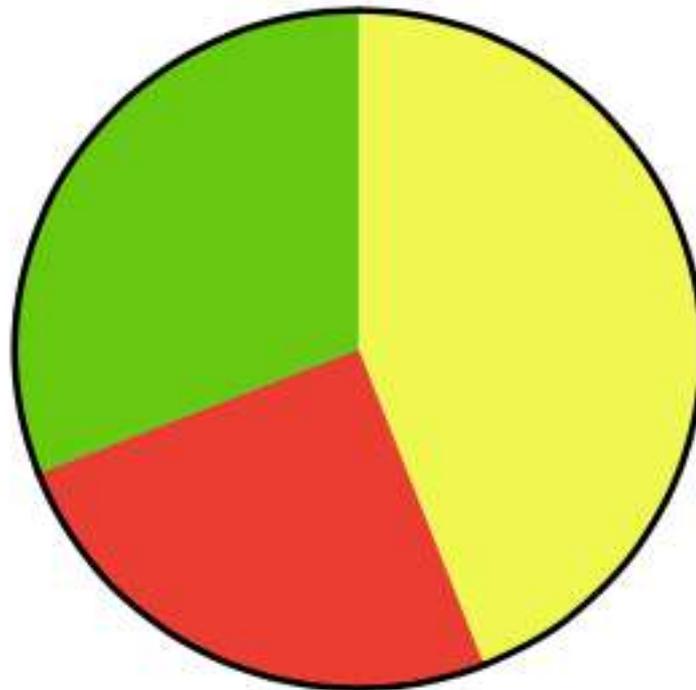
Demographics and puncture site

Variables	n
Investigations	119
Patients	110
Age (years, mean, range)	67 (46-85)
Male gender	92 (77 %)
Female gender	27 (23 %)
Left brachial artery	109 (92 %)
Right brachial artery	9 (8 %)
Puncture failure	1 (1 %)

Arterial region treated

Region	N (%)
no intervention	34 (29 %)
subclavian	2 (2 %)
aorto-iliac	58 (69 %)
femoral	32 (38 %)
unilateral intervention	75 (89 %)
bilateral intervention	9 (11 %)

Sheath size for intervention



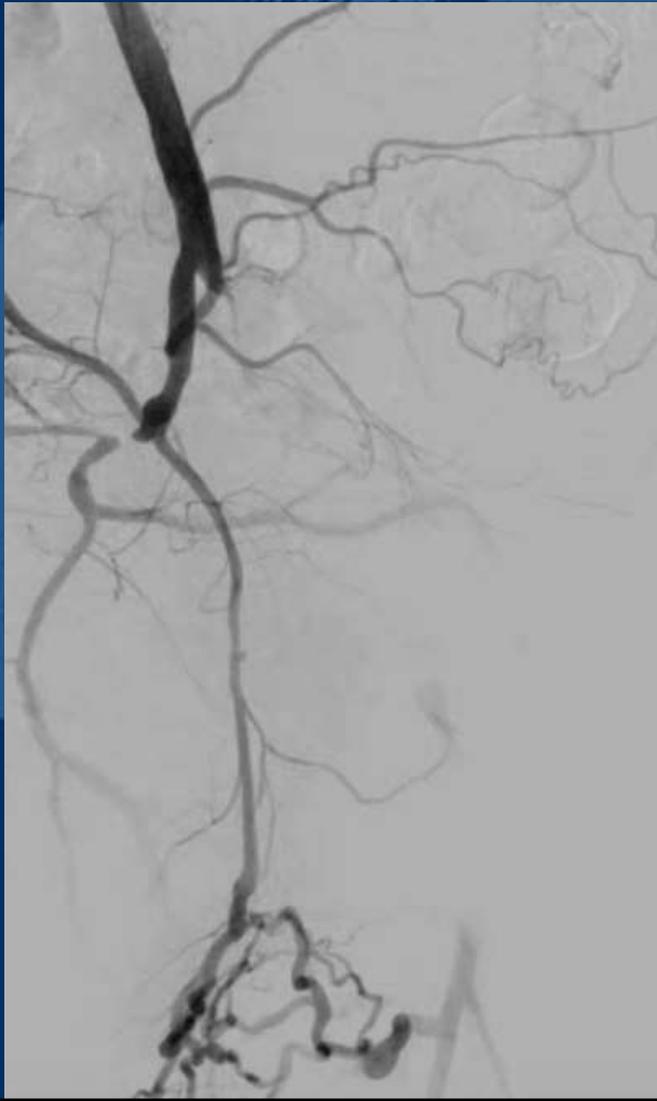
- 4 F Sheath
- 5 F Sheath
- 6 F Sheath

Total=84

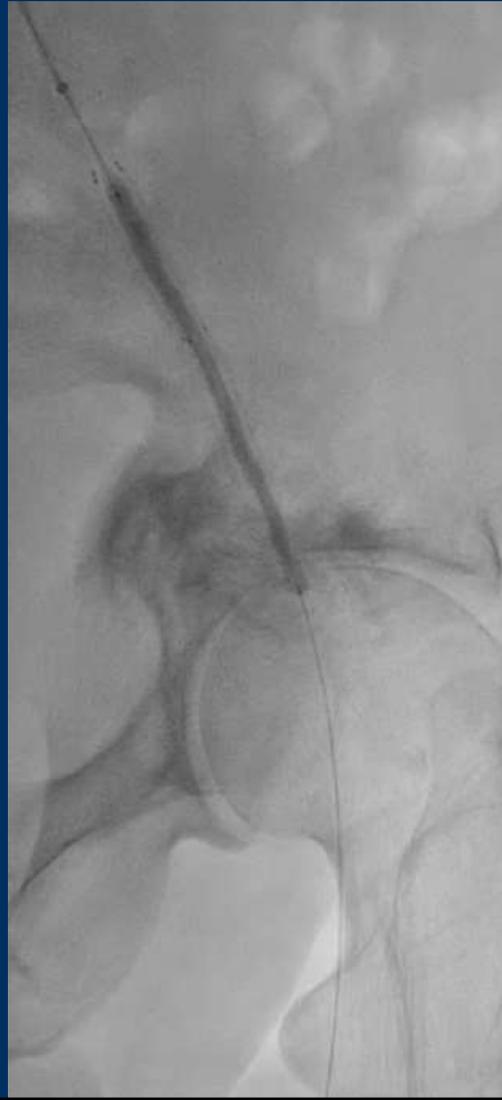
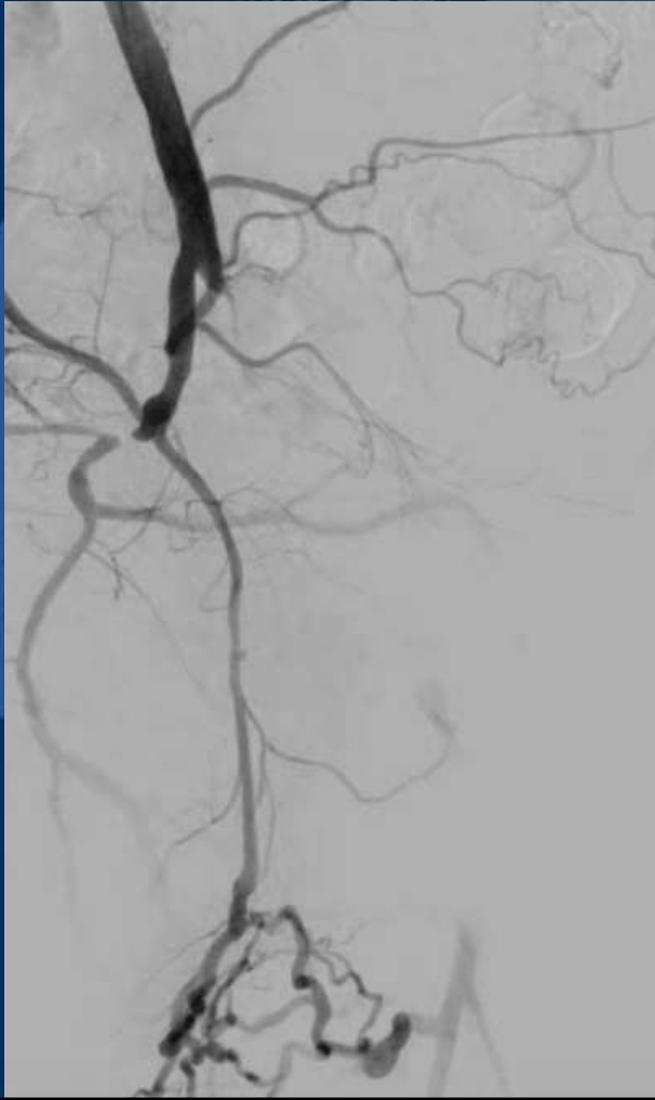
Complications

Typ	N (%)	Sheath size
Puncture failure	1 (0,8 %)	
Hematoma	1 (0,8 %)	4 F
Pseudoaneurysm need repair	2 (1,7 %)	5/6 F
Pseudoaneurysm conservatively	5 (4,2 %)	4/6F
Brachial artery dissection	1 (0,8 %)	6 F

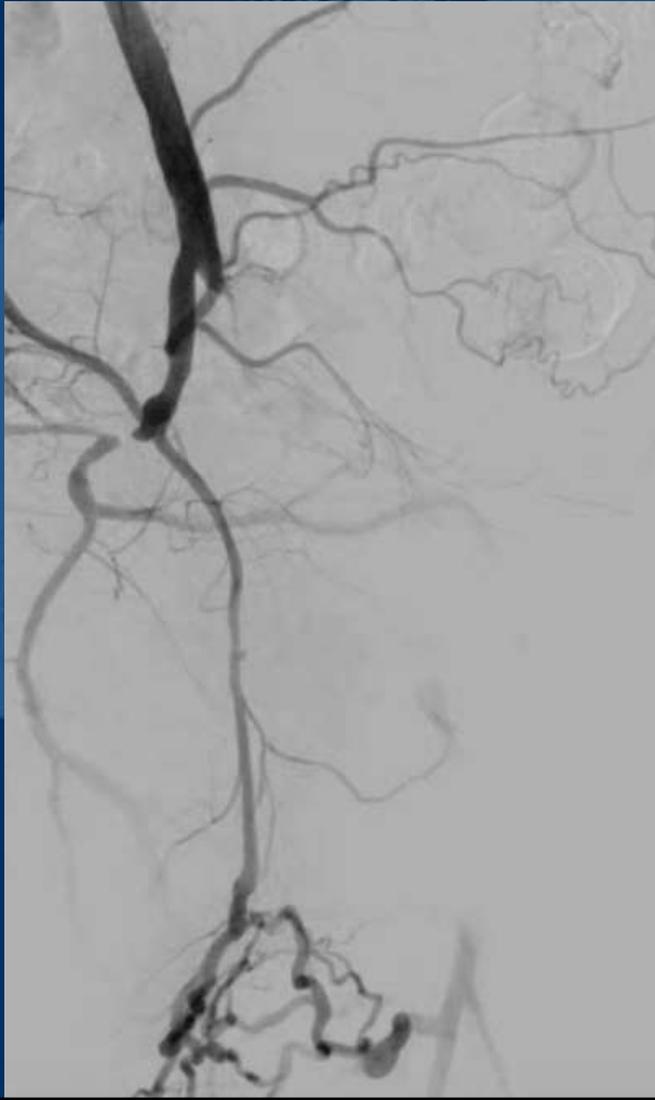
Example-4F



Example-4F



Example-4F



Conclusion

- BA access is reliable/effective option
- offers full range of interventions
- earlier mobilization
- low complication rate
- -> especially with 4F-Intervention
(2.5 % complication rate)
- postprocedural vigilance is paramount

Thanks



- Marcus Thieme

Stefan Betge

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