

Radial access (TRA) vs femoral access (TFA)

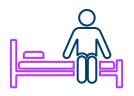
TRA has been shown to offer significant efficiency and cost benefits to hospitals...



Lower bleeding complication rates and related cost^{1,2}



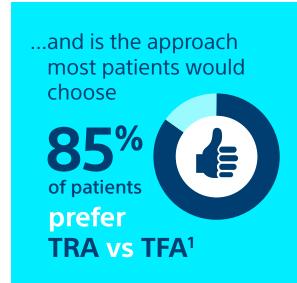
Faster haemostasis³ and easier management of patient access site¹⁻⁶



Reduced post-operative recovery time & shorter length of stay⁷



Improved workflow efficiencies and reduced staffing needs^{1,4-6}





Game-changing performance...



TruSelect™ really is a gamechanger! It has allowed me to move to radial access for all my PAE and HAE patients.

Professor Roberto lezzi

Director of Diagnostic and Interventional Radiology Gemelli Molise, Campobasso, Italy Head of Interventional Radiology Fondazione Policlinico Universitario A. Gemelli IRCCS, Roma, Italy Università Cattolica del Sacro Cuore, Roma, Italy



Faster

TruSelect[™] provides flow rates comparable to conventional 2.4F catheters to give you the **visualisation you need** – **even in small distal anatomy.**



Longer

TruSelect[™] is the **first ever 175cm-long**microcatheter – ideal
for radial access.

Safer

TruSelect™ maximises the distance from the radiation source during SIRT procedures, decreasing the risk of radiation exposure to interventionalists.



...for delivery without compromise

TruSelect[™] is compatible with all **0.018" coils, spherical embolics up to 700μm** and **Y-90** products, including **TheraSphere**[™].

Radial access: Example protocol*

Pre-procedure

 Evaluate circulation of ulnopalmar arch with modified Allen or Barbeau test – type D response is the only contraindication for radial access[†]

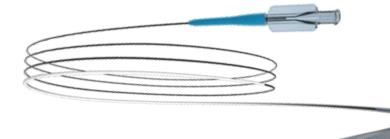


- Ultrasound to evaluate the size of the radial artery;
 2mm is reasonable minimal diameter
- Ensure catheter and microcatheter have extra working length required

† Some institutions forgo Barbeau test because of ulnar-palmar collateralisation.



- Dermatotomy is typically unnecessary
- Do not use too much lidocaine it can spasm the radial artery
- Operators who use 110-135cm-long standard catheters generally prefer 150-175cm-long microcatheters



Radial access

Position:

- Wrist extended with palm facing up
- Arm abducted vs adducted operator preference

Access:

- 2cm proximal to the radial styloid
- Puncture angle of ~30-45°
- Use of a radial access kit recommended many options available
- Ultrasound guidance with single-wall puncture using 21g needle
- Insert 0.014" guidewire, monitoring its advancement for any signs of resistance
- Hydrophilic sheath is required make sure the sheath is wet to activate coating



TruSelect[™] can make a wide variety of cases safer, faster, and better!

RFA + DEB-TACE



Single-step combined treatment for both primary and secondary liver malignancies: combination of RFA plus DEB-TACE (DCBead M1™) using 2.0Fr TruSelect™ 155cm Bern Tip & FATHOM™-14 Steerable Guidewire.

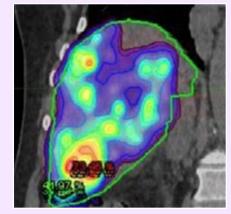
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TruSelect™ was
extremely helpful in
navigating tortuous
vessels, making easy
an ultraselective
chemoembolisation
with no compromise
in embolic compatibility.

SIRT

Transradial SIRT with Y-90 glass microspheres (TheraSphere™) delivering high dose of radiation

to a large secondary liver tumour, using 2.0Fr TruSelect™ 175cm straight and FATHOM™-14 steerable guidewire.

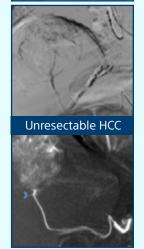








Think TruSelect[™] for all your interventional oncology cases





TruSelect™ Microcatheters

Proximal O.D.: 2.8 F Distal O.D.: 2.0 F Max Burst Rating: 800 PSI

UPN	Usable Length (cm)	Tip Shape
M001394101050	105	Straight
M001394101300	130	Straight
M001394101550	155	Straight
M001394101750	175	Straight
M001394111050	105	Bern
M001394111300	130	Bern
M001394111550	155	Bern
M001394111750	175	Bern

Fathom™ Steerable Guidewires

Ideally suited for radial access with new tip shapes and lengths.

Fathom™-16 Guidewires

Proximal/Distal O.D.



UPN	Order Number	Total Length (cm)	Nitinol Tip Length (cm)	Distal Floppy Tip Length (cm)	Tip Shape
M001509120	50-912	180	25	10	Angled
M001509200	50-920	200	25	10	Straight
M001509210	50-921	200	25	10	Angled
M001509300	50-930	215	25	10	Straight
M001509310	50-931	215	25	10	Angled
M001509000	50-900	140	25	10	Straight
M001509010	50-901	140	35	20	Straight
M001509100	50-910	180	25	10	Straight
M001509110	50-911	180	35	20	Straight

Fathom™-14 Guidewires

Proximal/Distal O.D. 0.014"

UPN	Order Number	Total Length (cm)	Nitinol Tip Length (cm)	Distal Floppy Tip Length (cm)	Tip Shape
M001508100	50-810	200	35	10	Straight
M001508110	50-811	200	35	10	Angled
M001508140	50-814	300	35	10	Straight
M001508150	50-815	300	35	10	Angled

References:

- 1. Stone JF, Zussman BM, Tonetti DA et al. Transradial versus transfermoral approaches for diagnostic cerebral angiography; a prospective, single-center, non-inferiority comparative effectiveness study. J Neurointerv Surg 2020; 2(10):993-998.
- Wang Z, Xia J, Wang W et al. Transradial versus transfemoral approach for cerebral angiography: A prospective comparison. J Interv Med 2019; 2(1):31-34.
 Mont Alverne FJA, Lima FO, De Araújo Rocha F et al. Unfavorable Vascular Anatomy during Endovascular Treatment of Stroke: Challenges and Bailout Strategies. Stroke 2020:22(2):185-202.
- 4. lezzi R, Pompili M, Posa A et al. Transradial versus Transfemoral Access for Hepatic Chemoembolization: Intrapatient Prospective Single-Center Study. J Vasc Interv Radiol 2017; 28(9):1234-1239.
- 5. lezzi R, Posa A, Bilhim T et al. Most common misconceptions about transradial approach in interventional radiology: results from an international survey. Diagn Interv Radiol 2021; 27(5):649-653.
- 6. lezzi R, Posa A, Merlino B et al. Operator learning curve for transradial liver cancer embolization: implications for the initiation of a transradial access program. Diagn Interv Radiol 2019; 25(5):368-374.
- 7. Mitchell MD, Hong JA, Lee BY et al. Systematic review and cost-benefit analysis of radial artery access for coronary angiography and intervention. Circ Cardiovasc Qual Outcomes 2012; 5(4):454-62.



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