

# Réapprendre la ponction fémorale à l'ère du tout radial

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# DÉCLARATION DE LIENS D'INTÉRÊT AVEC LA PRÉSENTATION

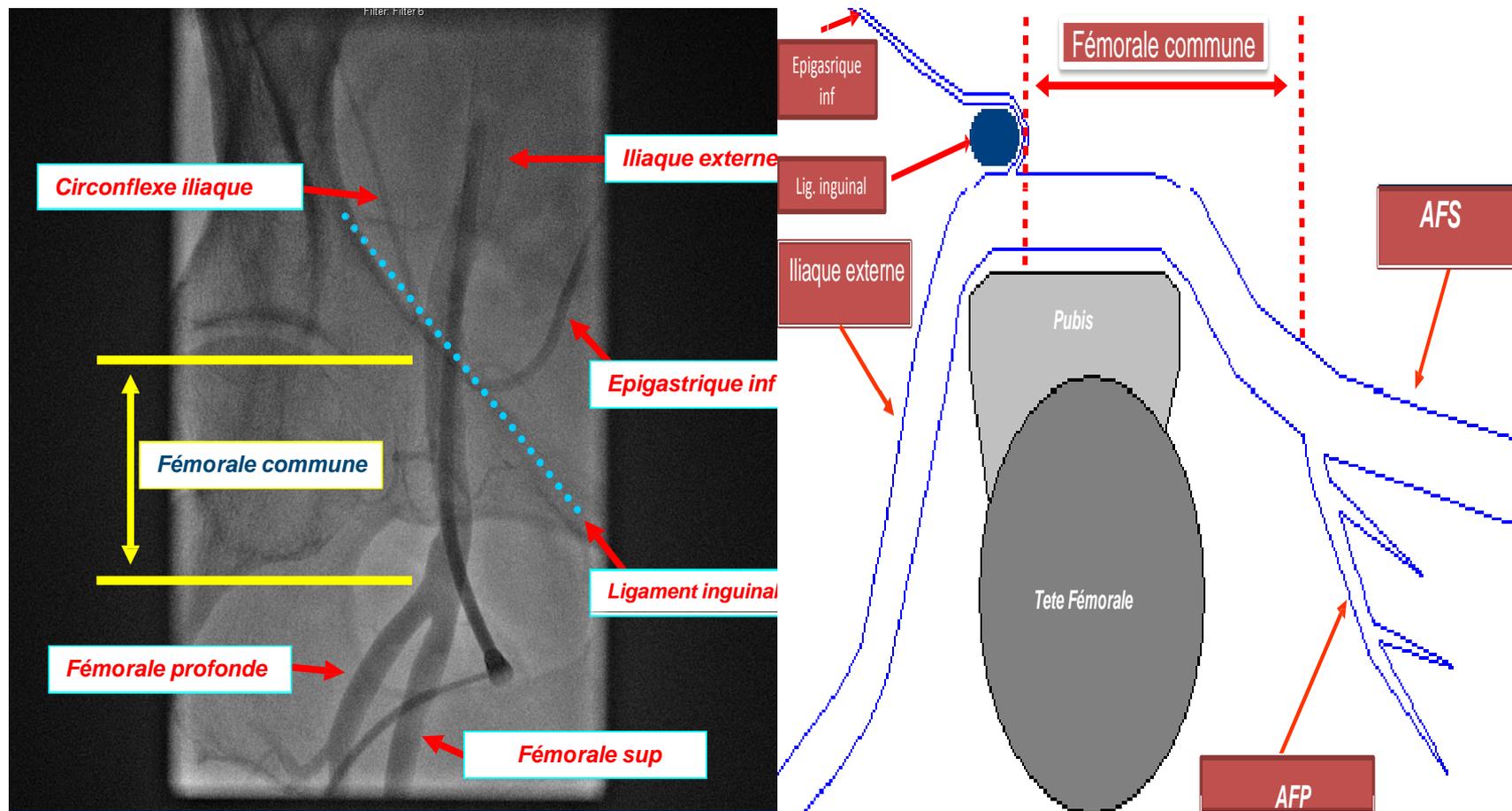
**Intervenant : Sylvain CARILLO, Marseille**

Je n'ai pas de lien d'intérêt à déclarer

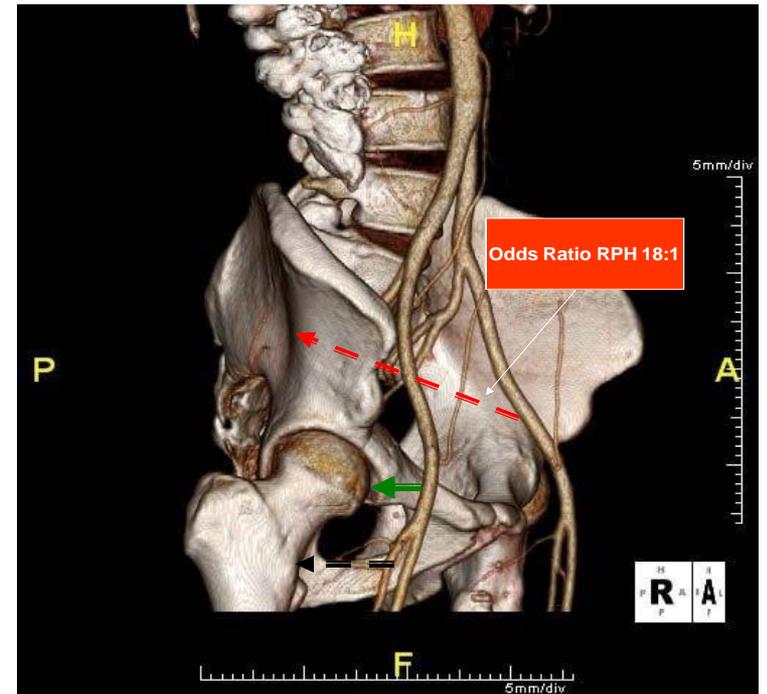
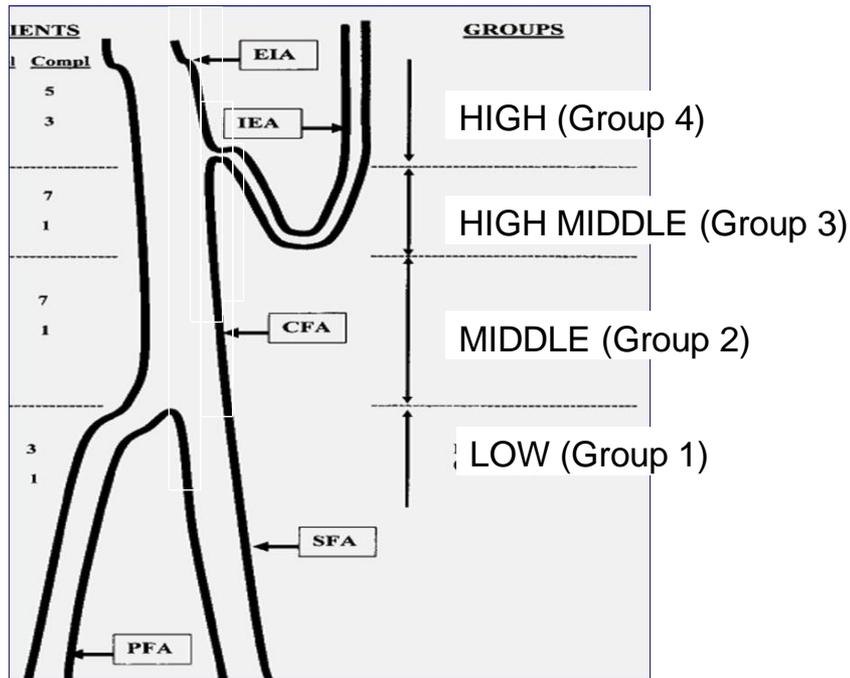
# Les 3 dogmes (antérograde / rétrograde)

- Ponction unique
- Non transfixiante
- Dans la zone cible de la fémorale commune

# La zone cible?



# Facteurs angiographiques prédictifs de complications

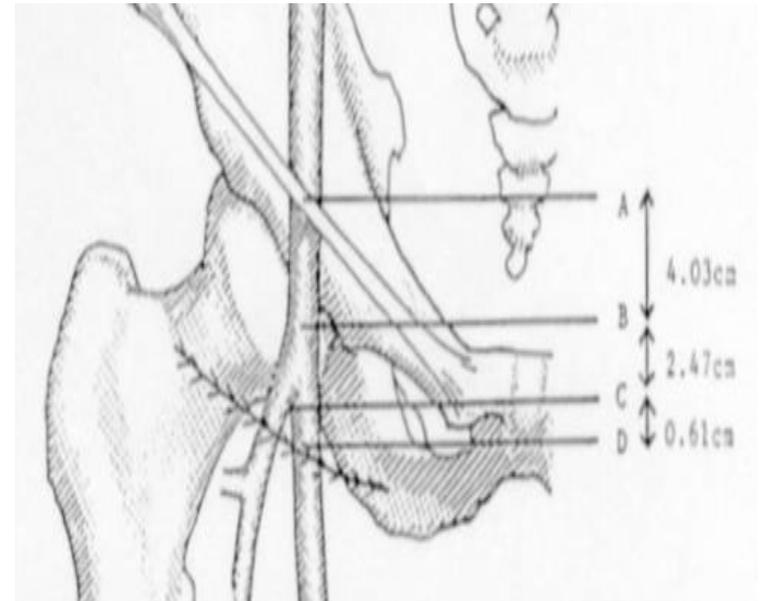


- 100% FA groupe 1
- 100% HRP groupes 3 et 4

Sherev DA, et al. Cath Cardiovasc Interv 2005;65:196

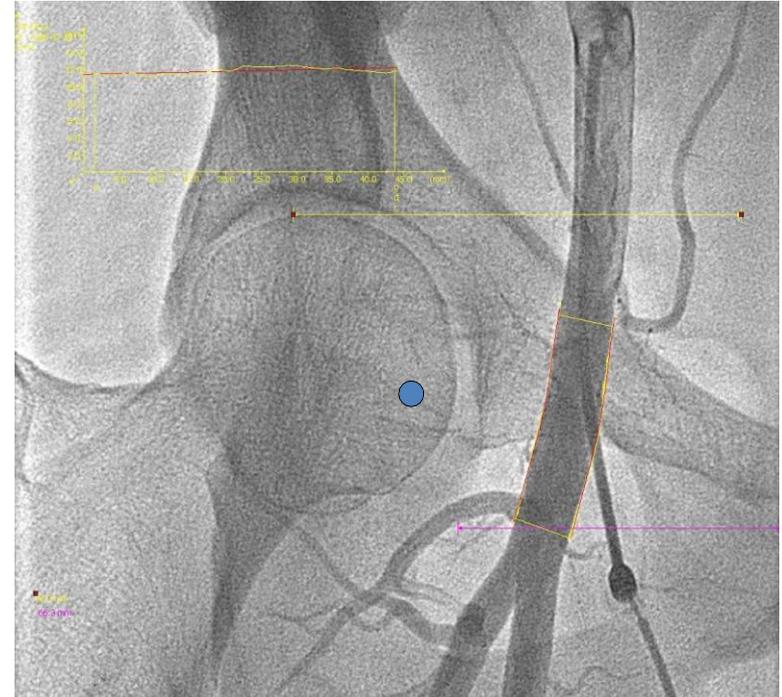
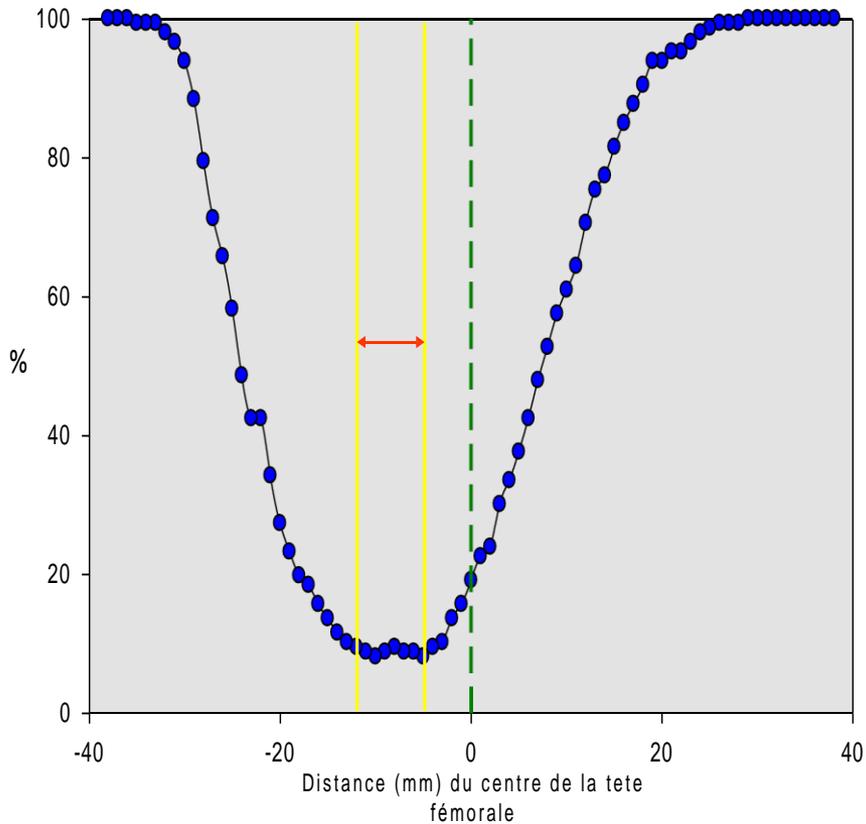
# Quels repères en pratique?

- Pli inguinal? 70%
- Pouls fémoral? 92%
- Fluoroscopie + Pouls? 98%



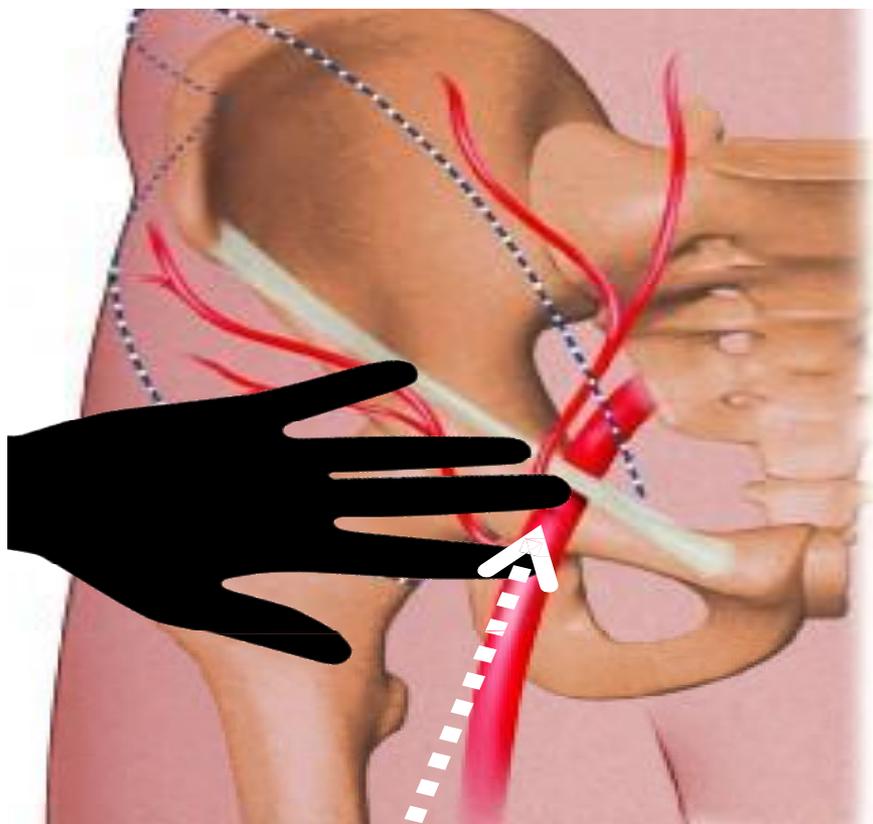
Grier D; Br J Radiol 1990; 63: 602

# Zone cible et fluoroscopie

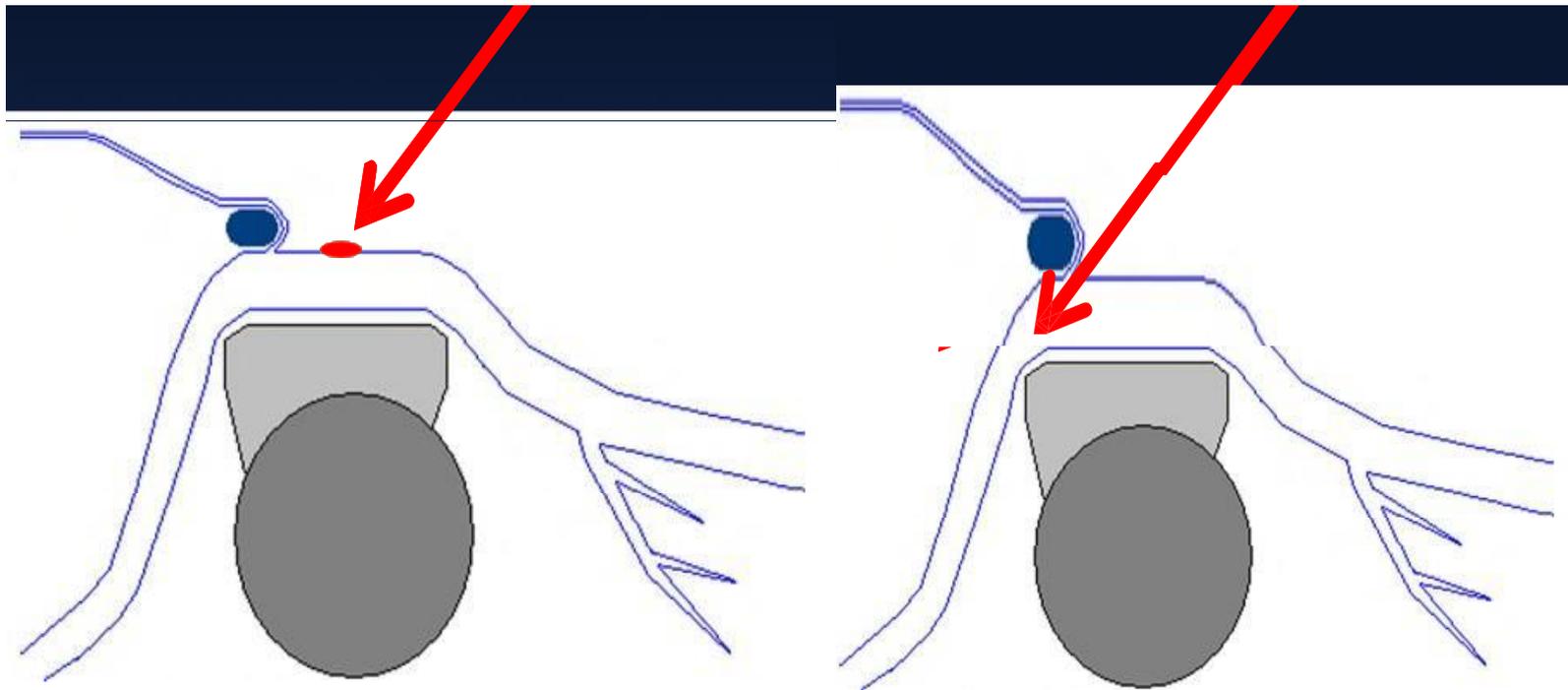


Grier D; Br J Radiol 1990; 63: 602

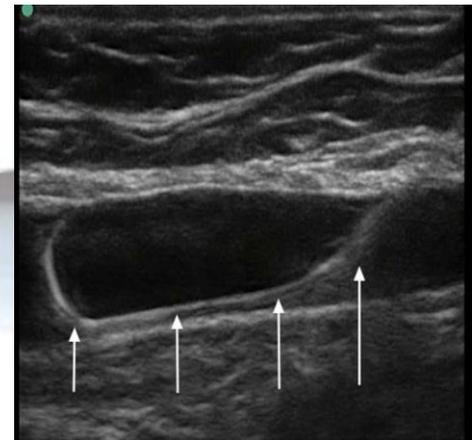
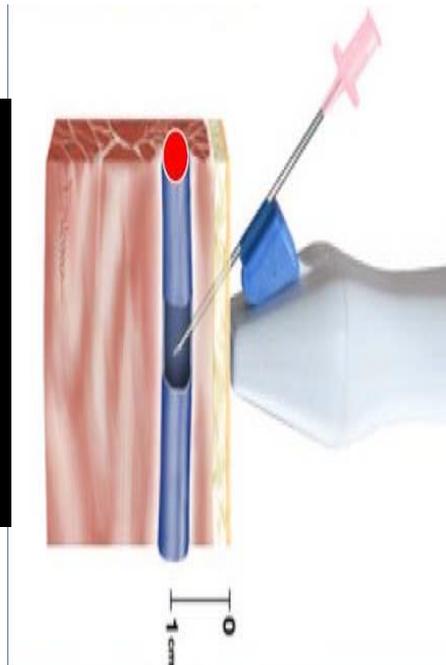
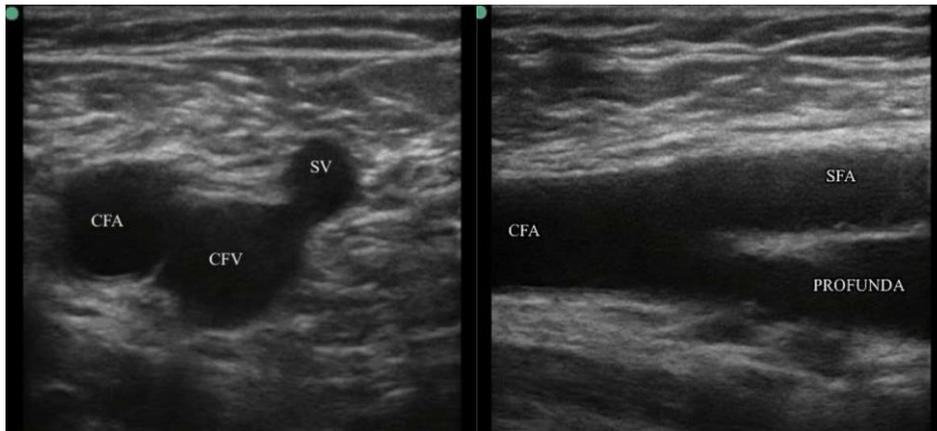
# Ponction Fluoroguidée (1)



# Ponction Fluoroguidée (2)



# Ponction échoguidée



# Pouls + Fluoroscopie vs Echographie(1)

## Real-Time Ultrasound Guidance Facilitates Femoral Arterial Access and Reduces Vascular Complications

### FAUST (Femoral Arterial Access With Ultrasound Trial)

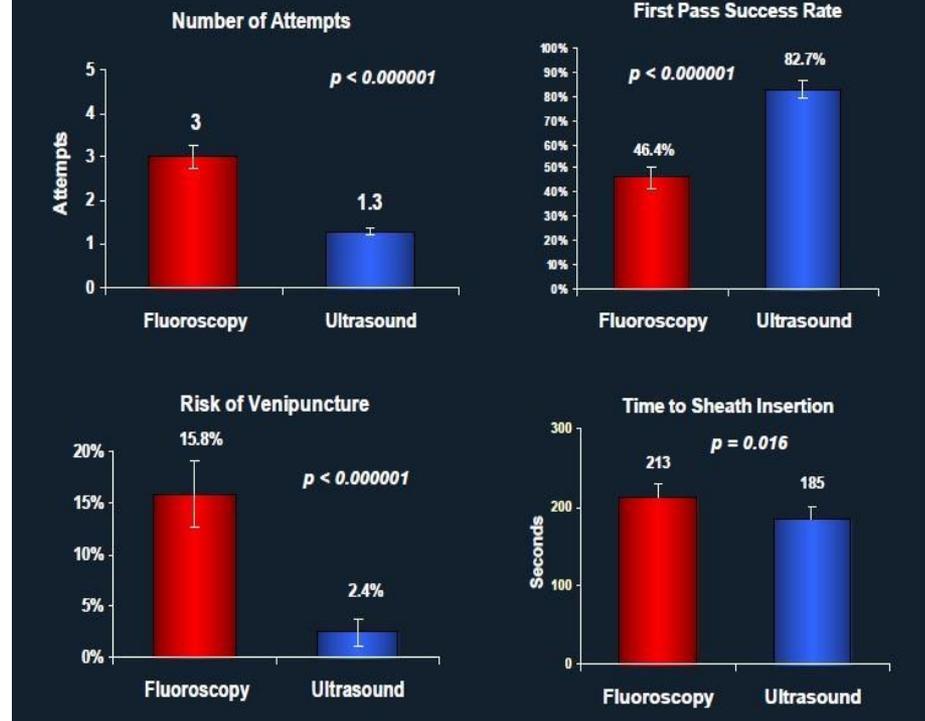
Arnold H. Seto, MD, MPA,\* Mazen S. Abu-Fadel, MD,† Jeffrey M. Sparling, MD,†  
 Soni J. Zacharias, MD,† Timothy S. Daly, MD,† Alexander T. Harrison, MD,\*  
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 Morton J. Kern, MD\*

Orange and Long Beach, California; and Oklahoma City, Oklahoma

Table 4. Vascular Access Complications

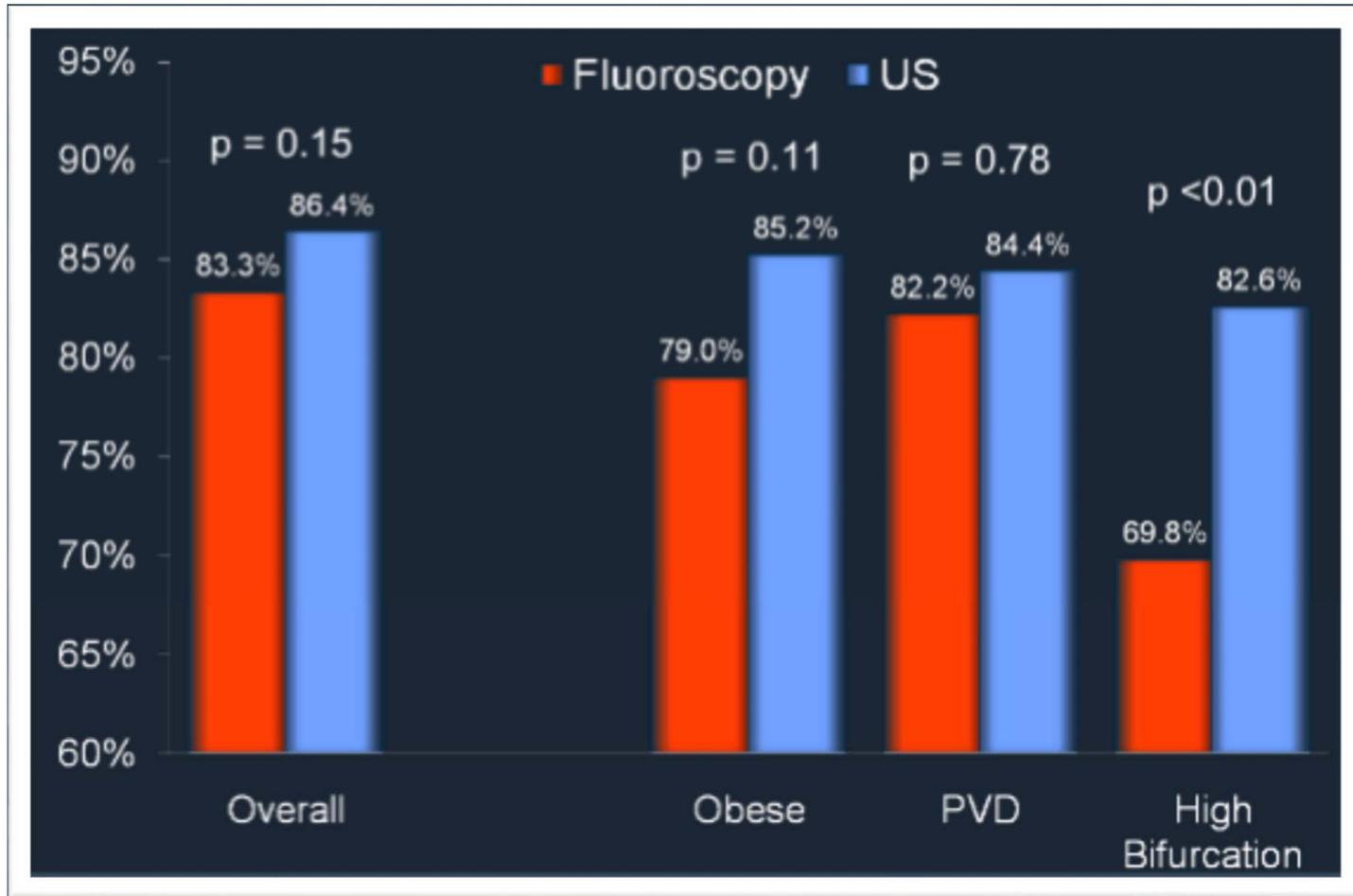
Complication	Fluoroscopy (n = 501)	Ultrasound (n = 503)	p Value
Hematoma ≥5 cm	11 (2.2%)	3 (0.6%)	0.034
Pseudoaneurysm	0	1	NS
Dissection	3	2	NS
Access bleeding, transfusion	2	1	NS
Hematoma with DVT	1	0	NS
Any complication	17 (3.4%)	7 (1.4%)	0.041

## Procedural Outcomes



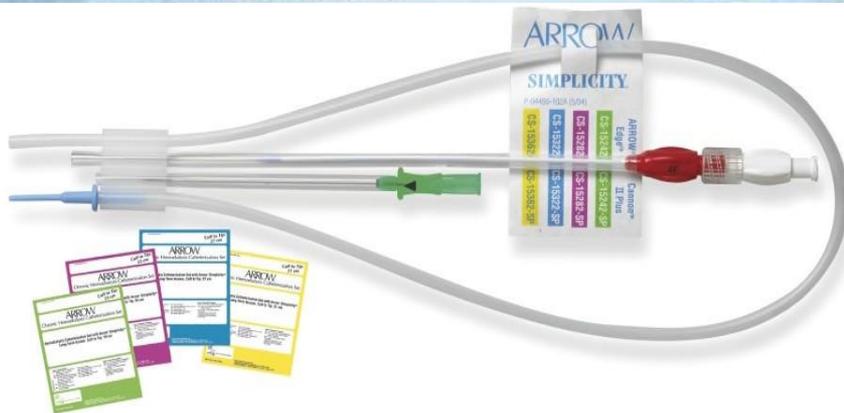
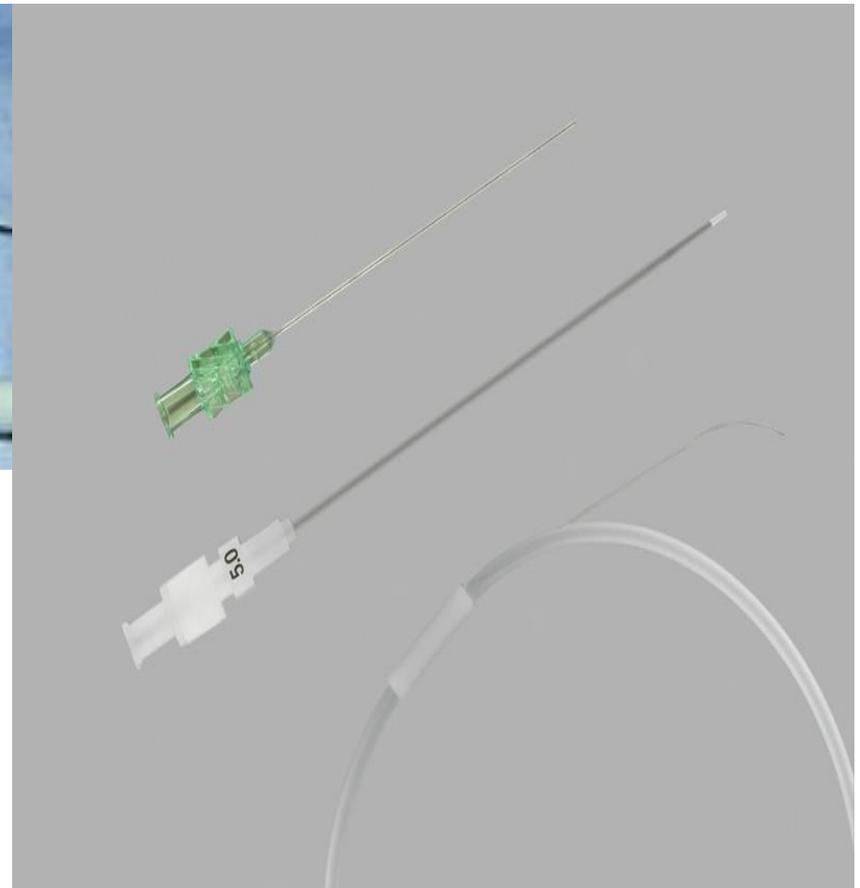
JACC INTERV., VOL. 3, NO. 7, 2010 JULY 2010:751– 8

# Pouls + Fluoroscopie vs Echographie(1)

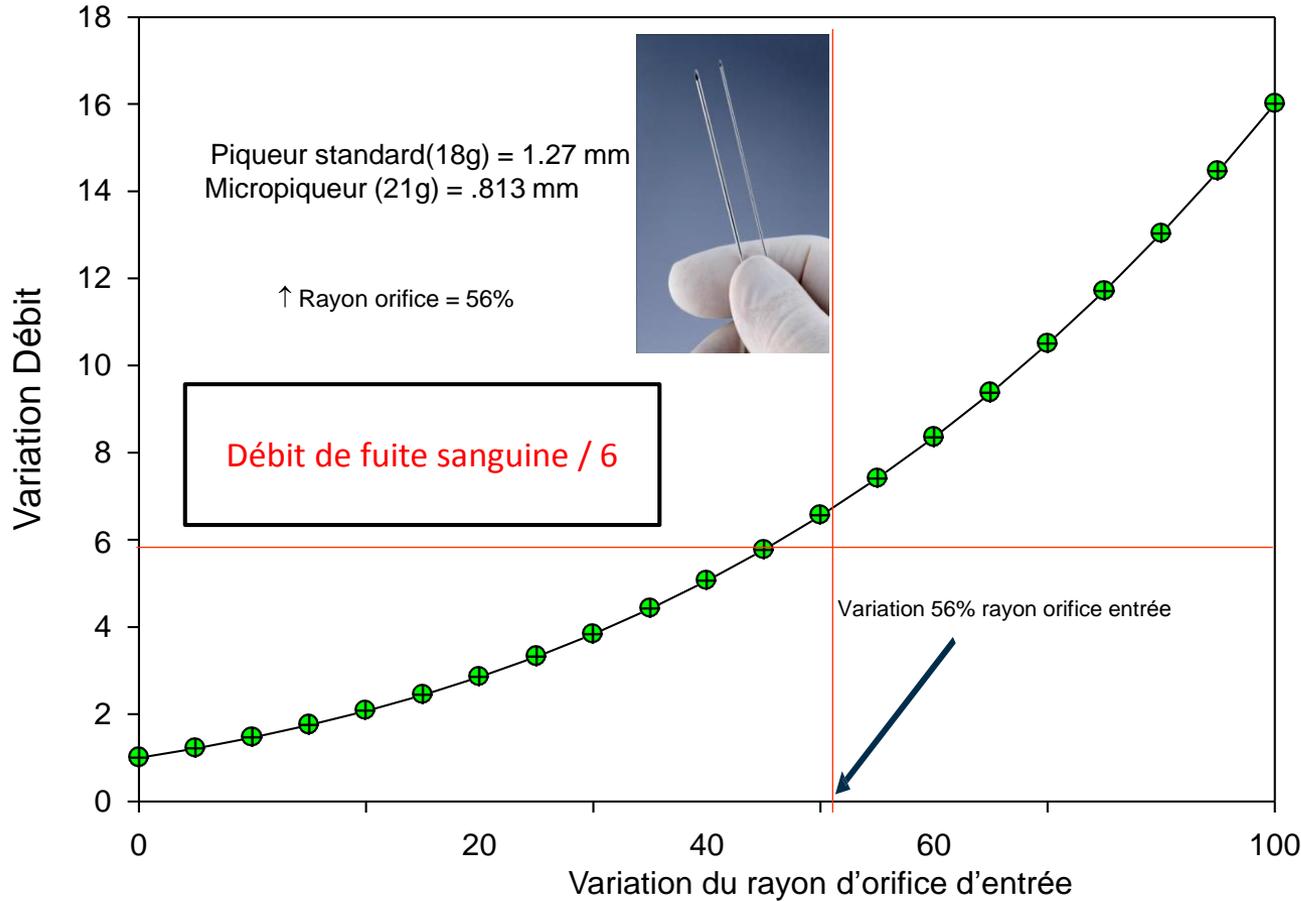


**JACC INTERV., VOL. 3, NO. 7, 2010 JULY 2010:751-8**

# Microponction : L'approche fémorale de l'ère radiale?



# Quelles avantages? (1)

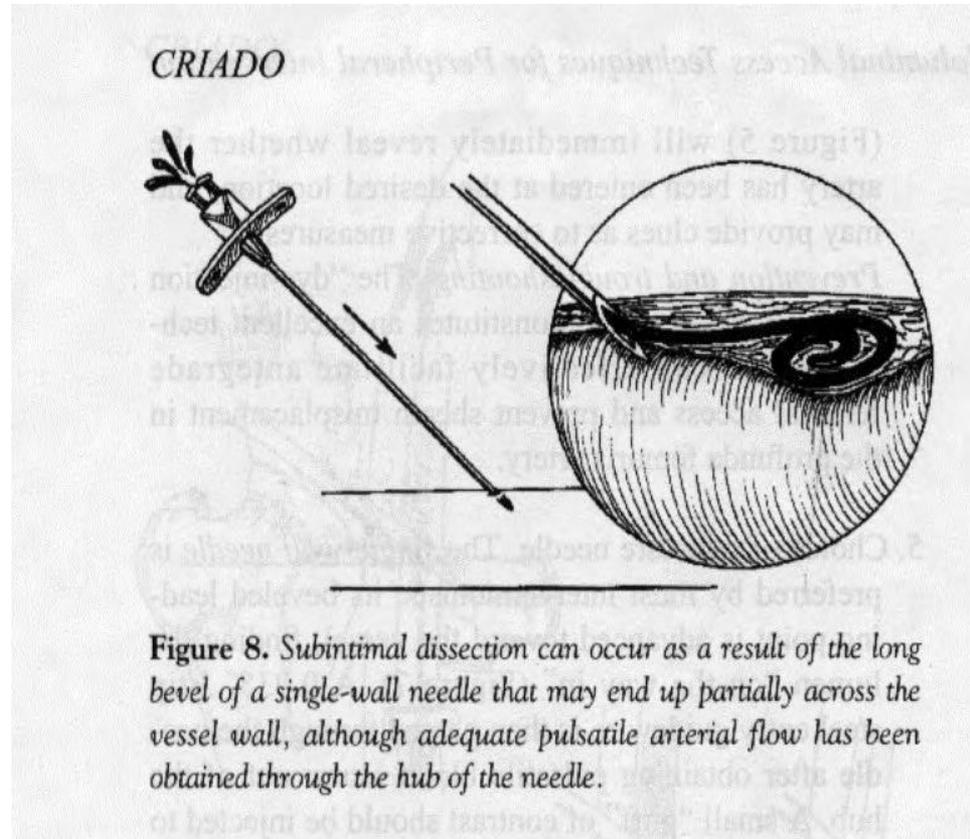


## Results: Bleeding Complication Rates

	Micro Needle	Cook Needle	P Value
Total	2.6%	11.7%	<0.01
Major	0%	2.8%	
Minor	2.6%	8.9%	<0.01

Then  $\Delta \text{Flow} \sim \Delta \text{radius}^4$

# Quels avantages? (2)



# La microponction en pratique



# Conclusion

## Contemporary Arterial Access in the Cardiac Catheterization Laboratory



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### ABSTRACT

Obtaining femoral and radial arterial access in the cardiac catheterization laboratory using state-of-the-art techniques is essential to optimize outcomes, patient satisfaction, and procedural efficiency. Although transradial access is increasingly used for coronary angiography and percutaneous coronary intervention, femoral access remains necessary for numerous procedures, many requiring large-bore access, including complex high-risk coronary interventions, structural procedures, and procedures involving mechanical circulatory support. For femoral access, contemporary access techniques should combine the use of fluoroscopy, ultrasound, micropuncture needle, femoral angiography, and vascular closure devices, when feasible. For radial access, ultrasound may reveal important anatomic features and expedite access. Despite randomized controlled trials supporting use of routine ultrasound guidance for femoral and/or radial arterial access, ultrasound remains underused in cardiac catheterization laboratories. This article reviews contemporary techniques to achieve optimal arterial access in the cardiac catheterization laboratory. (J Am Coll Cardiol Intv 2017;10:2233–41) © 2017 the American College of Cardiology Foundation. Published by Elsevier. All rights reserved.

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