



PHYSICIAN
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ACCESS SITES

- We generally prefer to come from the common femoral route because of long-term experience and because of the lower risk of hematoma complications that can occur from brachial approaches. We will frequently use a 5-F to 6-F short sheath to start and perform our diagnostic studies from the femoral access.

DIAGNOSTIC DEVICES USED

SHEATH SIZES

5-F to 6-F short sheath.

FLUSH DIAGNOSTIC CATHETERS

5-F pigtail.

SELECTIVE DIAGNOSTIC CATHETERS

5-F to 6-F hockey-shaped tips (vertebral, Headhunter, JR4).

DIAGNOSTIC GUIDEWIRES

.035-inch hydrophilic wire, .035-inch Wholey

DIAGNOSTIC NOTES

First projection should be with the pigtail catheter in the aortic arch with 30-degree to 40-degree LAO projection for a rate of 20 mL/sec for total volume of 30 mL to 40 mL. We will often get an RAO projection as well. We will engage the subclavian artery and shoot oblique angles to see clearly the ostium of the subclavian artery as well as the vertebral and internal mammary arteries.

INTERVENTIONAL DEVICES USED

INTERVENTIONAL GUIDEWIRES

.035-inch hydrophilic wire, .035-inch Wholey, .014-inch Spartacore.

INTERVENTIONAL SHEATHS AND CATHETERS

Long 6-F to 7-F sheath from femoral, 55 cm 6-F from brachial approach.

STENTS

The most commonly used sizes are 8-mm X 15-mm, 8-mm X 20-mm either on the .014-inch or .035-inch wires.

PTA BALLOONS

Predilatation of 4 mm, postdilatation diameters between 6 mm and 10 mm.

OTHER DEVICES

Ultrasound for brachial access is helpful. If we are using a brachial approach, we will place an oxygen monitor on the finger of the selected arm to help monitor flow to the hand.

MEDICATIONS

Heparin 3,000-5,000 units IV

INTERVENTIONAL NOTES

- Maintain secure access.
- Obtain good oblique images to avoid crossing the vertebral as well as the IMA.
- Be very careful when recanalizing occluded subclavian arteries. If a dissection should occur, it is often better to wait and try from the other access.
- Do not over-stent the diameter of the native vessel, especially with occluded subclavians.
- Do not stent over the first rib and subclavian; this may be from a thoracic outlet syndrome. ■