

What Women Want

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In a movie entitled "What women want", Mel Gibson plays the role of an egocentric career-oriented macho who is struck by lightning and suddenly able to read the thoughts of women. He becomes aware of their unmet needs and desires and changes to a warm hearted, compassionate human being who is even more successful. If a macho "all femoral" interventional cardiologist was struck with lightning, what would he read in his female patient's mind? The wish for a fast, effective and uncomplicated procedure would most certainly be on the top of the list.

Female sex is one of the main predictors for local complications, including bleeding and the need for vascular surgery¹. Furthermore, there is a strong association between severe bleeding and mortality in patients undergoing percutaneous coronary interventions diagnosed with acute coronary syndrome². Prevention of local complications is therefore of paramount importance in all patients, including high-risk subgroups such as women.

In this issue of the **Revista Brasileira de Cardiologia Invasiva**, Andrade et al.³ report their experience of the radial approach in women. A high success rate, a reduced number of adverse cardiovascular events, and virtually no severe bleeding related to the site of puncture are reported. Interestingly, women aged more than 65 years of age showed similar success rates and complications compared to those aged less than 65.

Can the results of this study be applied to all centers? The operators are obviously highly experienced. Mastering the art of radial approach requires a minimum of 100 procedures and 1,000 cases are necessary before it can be used in patients at high risk for local complications such as elderly women or primary angioplasty for acute myocardial infarction⁴.

Should the radial approach be used only as a substitute to the femoral access in patients with femoral artery stenosis and in those with a high risk for bleeding

complications? The temptation is great, given the impressive results of the radial approach in these patients, such as those with ACS⁵. Andrade et al.³ report a radial access usage rate of 91%. This high ratio of radial procedures is the key to a successful radial program. Skills must be maintained through regular practice and the sole use of the radial approach in difficult patients will lead to a high rate of failure and operator discouragement. The conversion of a femoralist to the radial faith must therefore be complete.

Numerous randomized trials have demonstrated the superiority of the radial approach in reducing local complications. Yet, it is used in less than 5% of procedures in some countries such as the US⁶. How can radialists transmit their faith? Publication of high quality registries, such as that of Andrade et al.³ are a useful approach. One to two day radial courses have been suggested; however they only give a taste of the technique. Direct teaching by experienced radialists is therefore mandatory, either by inviting femoralists to high volume radial centers, or by having a "radial tutor" visit a center to transmit the tips and tricks of the trade.

So what will happen if macho femoralists could read in their elderly female patient's mind? They would probably control their over-expanded ego, contact a radialist to start training and six months later would be doing a vast majority of cases, including emergency procedures in little old ladies through the radial artery, to the great benefit of their patients. If only Hollywood scenarios could become reality...

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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