**SAPHENOUS VEIN GRAFT PCI VIA RADIAL ARTERY ACCESS: SAFE AND EFFECTIVE WITH REDUCED HOSPITAL LENGTH OF STAY**

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Background: There is growing evidence that PCI via radial artery access confers many advantages over the femoral artery. While PCI to saphenous vein grafts (SVG) is commonly performed via the femoral route, there is little data examining the safety and outcomes of SVG PCI via the radial artery.

Methods: We performed a retrospective analysis of patients who underwent SVG PCI between January 2006 and December 2010. All radial and femoral operators performed high volume PCI procedures (>200 cases per year).

Results: 329 patients (281 males, 69.4 years) underwent SVG PCI of whom 62.4% had the procedure completed from the femoral route and 38.6% radially. There was no difference between the groups in screening time (femoral v radial; 1100 vs. 1077 seconds, p = ns). Three femoral access patients had vascular complications while the radial route group had none. At 3.5 years, there was no significant difference in all cause mortality (femoral vs. radial; 12.56% vs. 10.17%, p = 0.318). Mean length of hospital stay was significantly shorter in the radial access cohort (1.07 vs. 2.09 days, p<0.0001). Three patients converted from radial to femoral artery while two converted from femoral to radial after technical failure to complete the procedure.

Conclusion: SVG PCI can be safely and effectively performed via radial artery. Of clinical significance, use of the radial artery access was associated with decreased hospital stay and arterial complications. This data suggest that a routine radial approach for SVG PCI is feasible and could offer clinical and economic benefits.