**EXCELLENT OUTCOMES WITH PERCLOSE IN A LARGE NUMBER OF UNSELECTED PATIENTS UNDERGOING CARDIOVASCULAR PROCEDURES**

**G.S. Kang**

UPMC Hamot Hospital, Erie, PA, USA

Background: Closure Devices have not been shown to reduce complications in most studies but are often placed by inexperienced trainees rather than the designated operator. This may lead to worse outcomes. Also, the need for a switch in practice to radial access may not be necessary for physicians with large experience with femoral access who like me always do their own access stick and closure rather than have a trainee attempt it.

Methods: Our hospital participates in the American College of Cardiology National Cardiovascular Data Registry (ACC NCDR) and I analyzed my data on patients who underwent procedures from 01/01/2006 to 12/31/2011. Data were recorded by independent hospital staff not directly under our cardiology group. All the definitions of complications are ACC NCDR based.

Results: I performed procedures on 5,082 total patients and of these 4,926 were femoral access with Perclose on 3,898 (79.1%) patients. No patients are excluded from this analysis of patients with Perclose and the results are as below. Mortality 0.3%, Bleeding 0.5%, Dissection 0.1%, Occlusion 0%, Pseudoaneurysm 0%, Embolism 0% and Fistula 0%. My total data on 5,082 patients also showed the above complications to be below 1% for each category.

Conclusions: Femoral Access with Perclose is extremely safe in the hands of experienced operators who do their own initial stick and closure device placement. Hence, experienced physicians with excellent femoral outcomes may not switch their practice to radial access based on the data of other operators with very different practice behavior.