**A SINGLE CENTER REAL WORLD COMPARISON OF PROCEDURE TIMES IN THE TRANSRADIAL AND TRANSFEMORAL APPROACHES TO PRIMARY PCI**

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Background: In the US, lack of widespread use of the transradial (TR) approach to primary percutaneous coronary intervention (PCI) is driven by concern over prolonged procedure times.

Objectives: We compared door to balloon time (DBT), cath lab to balloon time (CLBT), artery to balloon time (ABT) and fluoroscopy time in patients undergoing primary PCI using the TR and TF approaches. Methods: From January 2010 to August 2011, one hundred and twelve consecutive STEMI patients undergoing primary PCI using TR or TF approaches at a single center were studied. CLBT, ABT and DBT were measured.

Results: DBT was significantly faster in the TR group (54 min) vs. the TF group

(62 min), p=0.01. Other procedural times were not significantly different. CLBT was 22 min and 25 min, p=0.31, in the TR and TF groups, respectively. ABT was 11 min in the TR group and 10 min in the TF group, p=0.63. Fluoroscopy times were also similar: 8.6 min vs. 9.4 min, p=0.77, in the TR and TF groups respectively. Bleeding and/or access-site complications occurred in 5 patients (6%) in the TF cohort and zero in the TR group (NS).

Conclusions: Use of the TR approach for primary PCI in a real-world setting does not prolong fluoroscopy time, cath lab set-up, procedure time or overall door to balloon time. With a trend toward improved safety, it may be considered an appropriate option in this setting.