the setting of a contra-indication to femoral access or in a patient at high risk for bleeding), the technique remains challenging for a long time, at least for more than 5 years, as reported by the authors. Another important issue not mentioned by the authors is the side of TRA access used, because the left side is certainly more difficult to manage for radiation protection purposes, relative to right radial access, where operators with adapted cath-lab suites are very close to a conventional femoral route. On one hand, radial access for PCI is more demanding, in terms of the learning curve, and certain specific anatomic variations that are difficult to overcome must be recognized quickly to avoid longer fluoroscopic times that are potentially harmful both for patients and for operators. Some alternative approach, like using the left side or the femoral approach, must be considered in these infrequent scenarios, and we do not recommend that one waste time with specific manoeuvres. On the other hand, given the 80% reduction in vascular access site complications and related major bleeding that have been identified systematically in all randomized studies, and given the recently recognized importance of major bleeding in terms of patient outcomes, it is warranted that one considers all strategies capable of reducing major bleeding during PCI, especially with ACS. A similar alarmist observational study recently suggested that radial access can be associated with an increased risk of stroke, but this clearly is not the case, considering that similar results were published in the same year relating to a study examining the femoral route and by our group.

We acknowledge that, at this point, nothing less than a randomized study with careful assessment of radiation exposure, both for patient and operators, is necessary, before any strong recommendations can be given.

References

Radiation exposure and vascular access site: reply

We gratefully thank Hamon for his careful reading and helpful comments about our manuscript.

We agree with him that the non-randomized design of the present registry could represent a major methodological issue of this study. However, as mentioned in the manuscript, the special feature of this registry was that operators were blinded to the collection of data, and its purpose is because it was made on the radioprotection team’s initiative. We therefore believe that this registry reflects the ‘real world’ practices in term of radiation exposure and use of radial route in the setting of using optimized radiation protection devices, in a mild to moderate trans radial volume centre.

Hamon mentioned first that we ‘globally used TRI <60% of time in our daily practice, at a time when most high volume centres...