"I made myself all things to all men" (1 Cor. 9:22)
" 我為一切人成為一切" (格前 9:22)

Issue 64 | March 2010
第六十四期 | 二零一零年三月

聖保祿醫院
St. Paul's Hospital

NEWSLETTER 院訊

Medical Information
醫療資訊

Transradial Percutaneous Coronary Intervention

Transradial approach is an attractive alternative for coronary angiography or angioplasty. Because of the superficial course of the radial artery and its proximity to the bone, haemostasis can be easily achieved by local compression without the need of "active" compression or closure device, thus reducing the workload of nursing and medical staff. Moreover, there are no major nerves or veins located near the artery, minimizing the risk of injury to these structures. Besides, it permits immediate ambulation post-procedure, improves patients' comfort, allows early discharge, and reduces hospital cost.[1] It is the preferred approach in patient subsets, e.g., patients with iliofemoral disease, large abdominal aneurysm, and obese patients. Recently published meta-analysis has shown that the transradial PCI is a highly safe and effective procedure.[2] It reduced the risk of major bleeding 73% compared with the femoral approach.[3] Most importantly, bleeding is not simply an innocuous complication. Studies suggested that bleeding is associated with worse clinical outcomes.

However, transradial coronary angiography /angioplasty is not feasible in patients with inadequate collateral blood supply from the ulnar artery, and should be avoided in patients with renal failure and suspected carotid or innominate subclavian disease.[1] This approach is also technically more demanding than transfemoral coronary angiography/ angioplasty, and requires an initial learning curve. It is also associated with higher procedural failure rate, as well as prolonged procedure duration.[4] Furthermore, Chinese tends to have smaller caliber radial artery as compared with Caucasian population because of smaller body build, which poses increased difficulty in performing this procedure.[5]All these limit the widespread application of transradial coronary angiography or angioplasty in Chinese patients.

Pamela Youde Nethersole Eastern Hospital, the institution I previously worked with, is one of the earliest center performing transradial coronary angiography and angioplasty in Hong Kong. In this center, coronary angiography and angioplasty have been performed via transradial approach since 1999. Prior to March 2003, 10% of coronary angiographies were performed via transradial approach, a figure that increased progressively to 75% by June 2004. The procedural success rate was improved to 95.3% in the latter period.[1]

Despite all these advantages, transradial coronary angiography and angioplasty did not get wide acceptance worldwide. Recent estimates, according to a study that looked at trends in the prevalence of radial-access PCI using data from the National Cardiovascular Data Registry (NCDR), show the approach to be extremely rare in contemporary practice. Of nearly 600 000 first PCI procedures performed from 2004 to 2007, just 1.32% were done through the radial artery in US.[6] Reasons for reluctance among physicians who are used to performing transfemoral PCI to move to transradial approach include, reluctance to learn a new technique because of steep learning curve, use of suturing device for transfemoral PCI as alternative, potential limitation of transradial PCI in handling complex PCI and in subset of patients, e.g., elderly patients, patients with small body build.

Reasons for reluctance among physicians who are used to performing transfemoral PCI to move to transradial approach:

1. Reluctance to learn a new technique because of steep learning curve
2. Use of suturing device for transfemoral PCI as alternative
3. Potential limitation of transradial PCI in subset of patients, e.g., elderly patients, patients with small body build, complex PCI

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While the technology is improving and the data are starting to accumulate, we have demonstrated that even in Chinese with small caliber radial artery, transradial coronary angiography can be performed in high proportion of Chinese patients with high procedural success rate after a learning period of 100 cases.[7] And transradial PCI can be performed in subset of patients like elderly, and in selected complex PCI procedures.[8-11] With the use of shealthless guiding catheter, transradial PCI can be feasible in selected patients with small body build and small radial artery.[12] And it remained an attractive alternative even with the advance of femoral suturing devices, which transradial PCI is associated with lower proce dural cost and access site complications.[13] Noteworthy, suture devices are associated with infectious complications, which can be potentially life threatening.

Transradial PCI is now gaining momentum in recent years and it goes mainstream in some of the center in Hong Kong and China. This change occurred as several factors converge to create a tipping point, including an increased concern regarding clinical impact of bleeding post-PCI, growing interest in improving patient satisfaction, improvement in transradial equipment and technique, and most importantly, increased awareness of the patient in this alternative approach for PCI.

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Specialist in Cardiology

Hosptial activities 醫院活動

聖保祿醫院

—— 部門搬遷及祝聖儀式

聖保祿醫院於2010年3月份繼續進行部門搬遷到新A座大樓，有關部門包括：膳食部、電子圖表診斷部、心臟中心、11樓及12樓病房、門診部、藥房(門診)、產房及初生嬰兒護理部。並於3月19日(星期五)早上9時正進行祝聖儀式，本院很榮幸邀請聖瑪加利大堂周景勳神父蒞臨主持，爲醫院所提供之服務及到訪病人祈禱和祝福。

St. Paul's Hospital – New Car Park Arrangement

Due to the redevelopment project, the Hospital provided the following new arrangement on car parking services:

1 Closure of front car park (1st April 2010)

The entrance of the front car park on Eastern Hospital Road shall be closed on 1st April 2010.

2 Partial closure of rear car park

2.1 A significant portion of the rear car park shall be closed. The expected available parking spaces would be cut to 30.

2.2 Parking shall be available to visiting doctors who need to see patients in the Hospital. No parking shall be available for visitors and staff of the Hospital / School.

2.3 Only cars with parking labels shall be allowed to park.

2.4 Valet parking shall be provided to doctors. All drivers must leave the car keys to hospital staff if they would need to park their cars at the car park.

2.5 All cars entering the hospital premises shall be given a car parking record. Please show the car parking record at the windshield of your car.

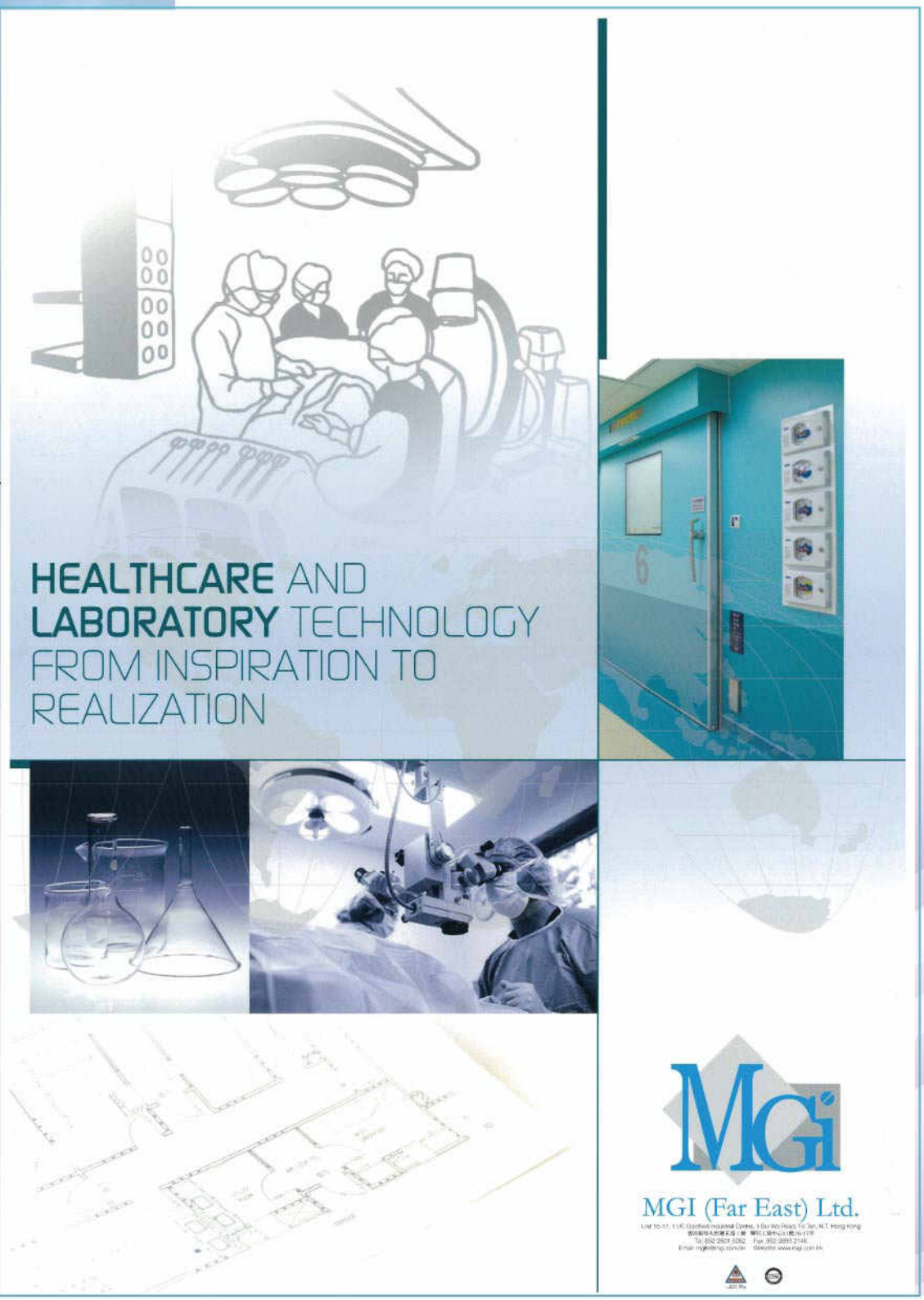
3 Ambulance parking

It shall be re-arranged to the new parking bay outside Block A on Tung Lo Wan Road with effect from 8:00 a.m. on 21st March 2010.

Thank you for your cooperation and we are sorry for any inconvenience caused. For further details, lease contact our Ms. Tsang, Hospital Service.

Introduction of new faces
員工動態

It is my pleasure to join the St. Paul's Hospital for five months, my name is Alex Chu who is working as the manager of the Facility Management Department. I believe that many of you will recognizing me, either by my body-size or through various decanting projects within recent months. After the completion of the MBA in City University of Hong Kong, I had obtained the engineering charter-ship of Hong Kong Institution of Engineers. Moreover, in order to strengthen my knowledge in regards of environmental and sustainability solutions, I had completed the course of Carbon Auditor Professional right before I joined the Hospital. Utilizing my 20+year experience in project management and building services, I am confident to support the facilities services with quality and efficiency. Besides working hard, I am also devoted to enjoy my live with my family, my two little girls(33 months and 10 months). Sometimes I also play hard. I like the Kor fish keeping, love playing tennis and badminton. Do call me for any games!



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