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Letter to the Editor

# The Importance of Hemostasis in Radial Artery Interventions

# Radial Arter Girişimlerinde Hemostazın Önemi

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**Dear Editor,**

I have read with great interest the article published in your journal titled "Distal Versus Proximal Radial Intervention; Is It Really Worth It?."[1] First and foremost, I would like to express my gratitude to you and the authors for bringing this publication to our attention. I would also like to offer some contributions to the discussion.

Transradial access (TRA) is considered the safest route for coronary angiography and percutaneous coronary intervention.[2] However, radial artery stenosis (RAS) and radial artery occlusion (RAO) continue to pose significant challenges in TRA procedures.[3] RAS is defined as a ≥50% narrowing of the radial artery. Even when asymptomatic and not leading to hand ischemia, RAS can preclude the future use of the radial artery in other clinical situations.[3] The demographic, clinical, and procedural risk factors associated with RAS and RAO include advanced age, female gender, diabetes, obesity, sheath size, anticoagulant use, duration of transradial (TR) band (Terumo, Japan) application after angiography, and the amount of air inflated into the TR band.[4,5] In the secondary outcomes of the study conducted by Sarıkamış et al.,[1] no significant difference was found between the dTRA and pTRA groups in terms of RAO development after hemostasis. However, the study's methodology lacks data on the duration of hemostasis with the TR-Band and the amount of air inflated into the TR-Band chambers for the patients. Without this information, it would not be accurate to conclude that there is no difference between the two groups concerning post-procedural RAO. In our recently published study, we investigated whether there was a difference in RAS-RAO between patients who had 12 cc and 18 cc of air inflated into the TR-Band chamber following TRA. As a result, we observed a higher incidence of RAS in the group with greater air volume. RAO was observed in only two patients whose hemostasis was achieved with a TR-Band inflated with 18 cc of air, although this was not statistically significant.[5] Furthermore, in the study by Sarıkamış et al.,[1] only RAO was evaluated using Doppler post-procedurally. Recording and comparing RAS data between these two groups would be beneficial in determining whether there is any difference between the groups regarding the reusability of the radial artery.

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