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The Quest for a Radial Lounge: StatSeal™ Reduces Transradial Coronary Angiography Turn-Around Time and Cost



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BACKGROUND Transradial access (TRA) for cardiac catheterization is increasing worldwide because of its favorable outcomes and reduced complications. TR bands have traditionally been used to achieve hemostasis post-procedure. Novel hemostasis-promoting discs have been designed to reduce hemostasis time without increasing the risk for radial artery occlusion (RAO), thereby reducing the turnaround time for the procedure and improving patient satisfaction. The StatSeal (Biolife, Sarasota, Florida) is a potassium ferratebased coagulant disc that promotes hemostasis post-procedure. We set out to evaluate the efficacy of the StatSeal at our local center and to estimate the cost saving and increased capacity size as a result of this intervention.

METHODS Consecutive patients attending for coronary angiography or percutaneous coronary intervention (PCI)

were randomized to have either a TR band alone or in conjunction with the StatSeal. We recorded the time to achieve hemostasis and heparin dose used. We analyzed the data for angiography and PCI separately using SPSS and used the National Schedule of Reference Costs database to estimate the total savings achieved.

RESULTS We enrolled 100 consecutive patients (72 men, 28 women) attending for elective angiography and PCI via the radial route to take part in the evaluation. Time to hemostasis decreased significantly using the StatSeal disc after angiography (135.1 min vs. 60.9 min; p < 0.0001) and PCI (270 min vs. 60.5 min; p < 0.0001). Hemostasis was achieved much more predictably using the StatSeal and was not affected by increased dose of heparin ($R^2 = 0.218$; p = 0.17) or the size of the radial sheath inserted (5 and 6 F). This resulted in cost savings of £12 per angiographic study and £52.20 per PCI procedure as estimated using the National Schedule of Reference Costs database.

CONCLUSION The StatSeal is an effective aid to achieve quicker and more consistent hemostasis in patients attending for elective coronary angiography and PCI. This results in cost savings achieved per procedure and could increase catheterization laboratory capacity.

CATEGORIES OTHER: Vascular Access: Coronary