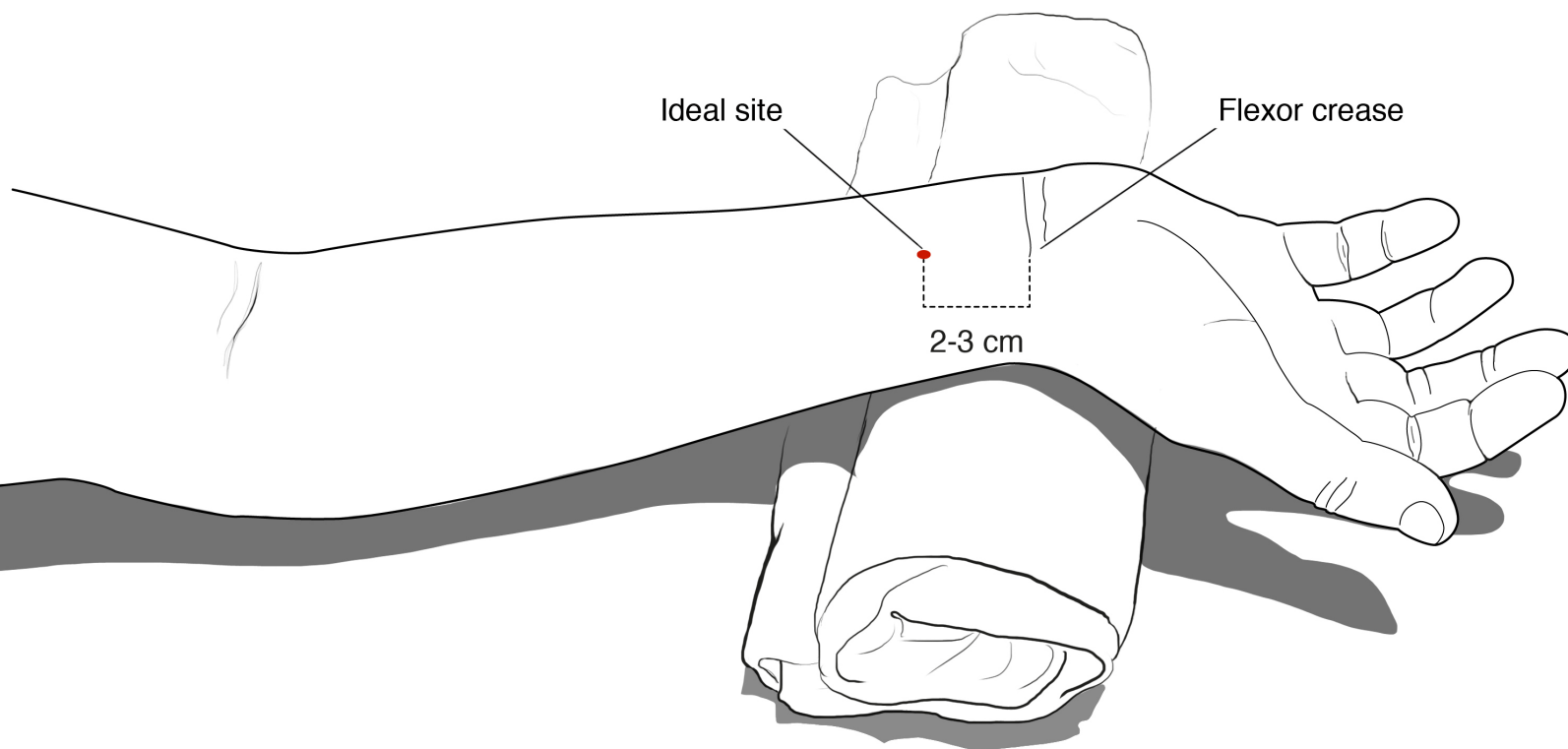
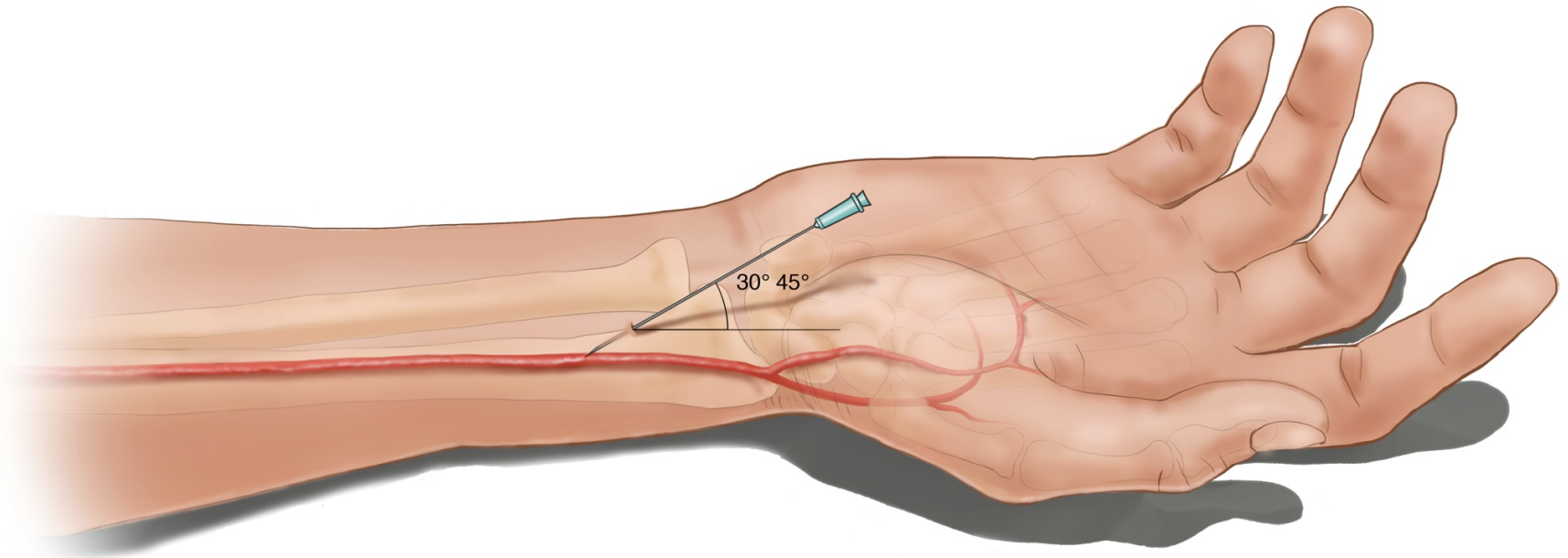
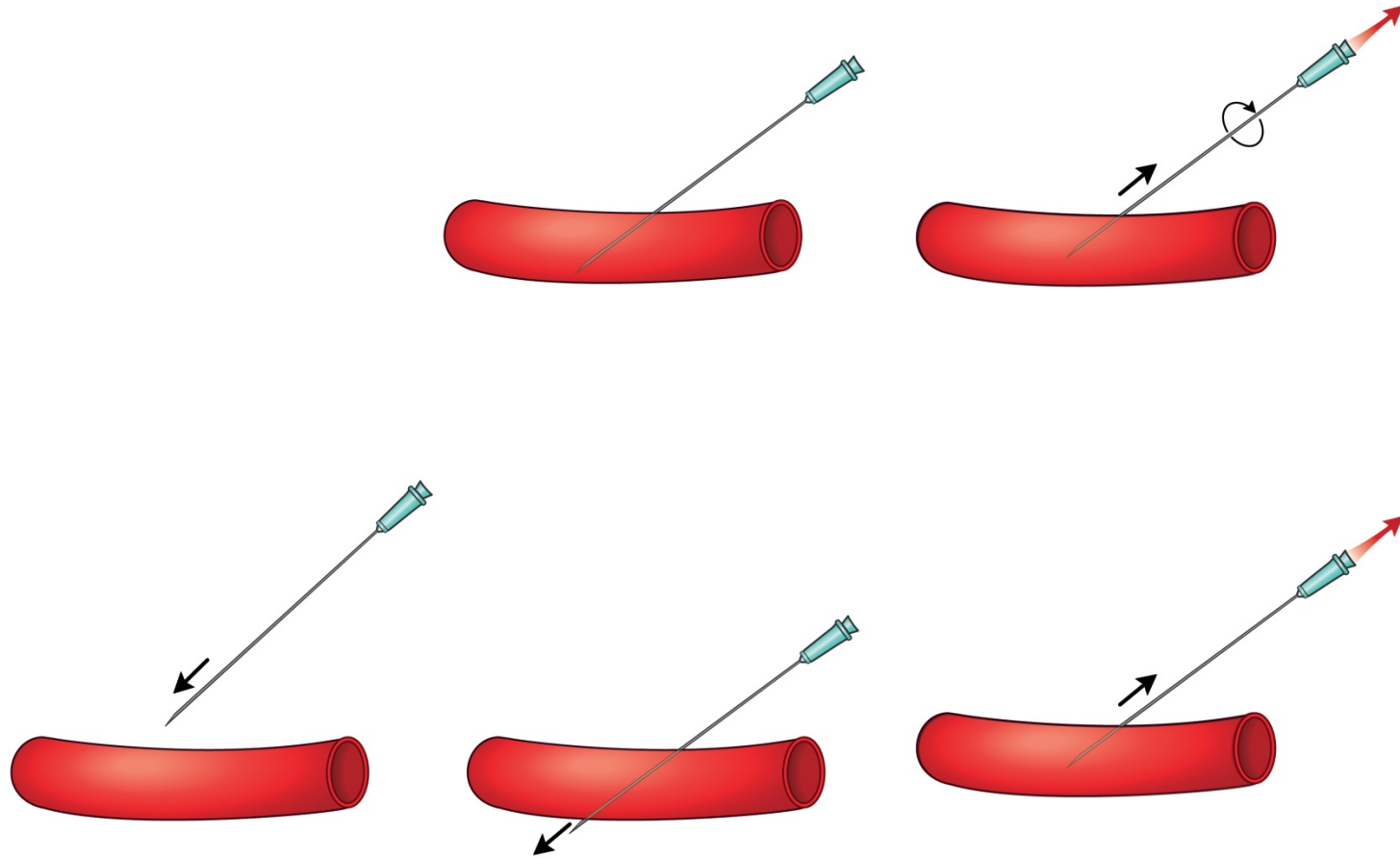


Ideal puncture site





Puncture techniques





A good flow, but the wire doesn't advance

Never force

Perform a J to the wire or use a J specific wire

Needle rotation

Cannulation with venous needle and inject contrast to understand

New puncture higher



Management of the radial spasm

Injection of Verapamil and nitrates

Adequate sedation

Induction of reactive hyperaemia

Vasodilator

Verapamil: 2.5 mg

Nitro: 100 µg

Diltiazem: 5 mg

UHF

Diagnostic: 50 UI/kg

PCI: 70-100 UI/kg



Puncture - summary

Local anaesthesiology with subcutaneous needle

Puncture with an 30-45° angle

Transfixant or not, doesn't matter

Advance wire only if a good flow

Use a cocktail (vasodilator and heparin)