

Suggestion for distance and route between operator and patient during coronary angiography during pandemic

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The coronavirus is spread from person to person via aerosolized droplets and, therefore, individuals in close contact are at the highest risk. The same is also valid for healthcare workers during every procedure.^[1]

Respiratory droplets can land in the upper respiratory tract. Alternatively, droplets can land on face and, the next time you touch your face or eye, you can infect yourself. Thus, even if an appropriate mask and glasses are worn, safe distance should be kept.^[1]

We are all aware of that influenza virus is spread in a similar way. One study showed that, when the healthcare workers were within 1.8 m of patients with influenza, the risk of being infected increased.^[2] Besides, recent studies from China revealed the importance of safe distance.^[3,4]

The operator and patient distance is an important issue during this pandemic. Despite D-class protection during angiographic procedures are worn and safe distance to patient shall be kept away as much as possible.^[3-5] Recent studies have suggested that secure distance without protection measures is 1.5 m, when a patient is infected or suspected with novel coronavirus 2019 (COVID-19) infection. Every safety measure must be taken. During coronary angiography, an isolated angiography room with negative pressure must be selected, and protective garments and masks must be worn. If the radial route is preferred, distance between the operator and patient poses a risk for contamination. Therefore, the femoral route, which is the one with furthest possible distance, should be preferred during angiographic procedures.

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