

Commentary on the guidelines paper by Krasemann et al

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Article Commentary

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In this issue of *CTY*, Krasemann et al give “Recommendations for the configuration of a cardiac catheterisation laboratory for the treatment of children with CHD”.¹ This document can and should be used as a blueprint in planning new, and redesigning existing, lab space. Having said that, however, cardiology areas are usually a part of a larger hospital structure, and despite our desires to achieve the scenario described in this paper, footprints and other issues may preclude the perfect catheterisation area. There is no doubt that there are many excellent programmes currently offering high-quality care that do not meet the specifications described by the authors. However, this document does provide us with the framework to justify requests to hospital administrators and planners regarding necessary lab size and location along with other space and equipment needs. The issue of equipment degradation and increasing radiation doses over time to achieve image quality mentioned in the first paragraph should not be overlooked, as the X-ray equipment being used will probably need replacement every 10 years or earlier. Predicting the future is difficult, but the need to anticipate additional space that may be required over the next decade is vital to planning. Whenever possible, extra “shell” space should be built into new areas for expansion when needed. Krasemann et al deserve congratulations for these recommendations that provide us with the current ideal specifications and requirements for catheterisation laboratory areas in order to better serve our patients.

Reference

1. Krasemann T, Berger F, Liuba P, Thomson J. Recommendations for the configuration of a cardiac catheterization laboratory for the treatment of children with congenital heart disease. *Cardiol Young* <https://doi.org/10.1017/S1047951118000112>.