

# The Medical Post

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## **CDDW: Recleaning endoscopes unnecessary after a week of disuse**

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*From the Canadian Association of Gastroenterology's annual Canadian Digestive Disease Week meeting held in Banff in February 2007*

### **Guideline recommends cleaning after 24 hours' disuse; Manitoba researchers find allowing longer disuse safe and a way to save money**

BANFF, ALTA. | With proper disinfection and storage, it appears that the reprocessing of gastrointestinal (GI) endoscopes is unnecessary after periods of disuse of at least one week, according to a study presented at the CDDW meeting here.

With only limited scientific data available, society guidelines have continued to suggest that endoscopes that have not been used for 24 hours should be recleaned to ensure there is no bacterial growth.

But researchers at the Brandon Regional Health Centre (a typical North American regional referral centre located in Brandon, Man.) have found that eliminating this "unnecessary reprocessing"—which requires significant dedication of time, staff and financial resources, not to mention additional equipment wear—would result in yearly savings of \$12,000 for scheduled endoscopic retrograde cholangio-pancreatography (ERCP) procedures alone.

"Every time we use a scope in our institution, we have a \$29 direct cost," said study co-author Dr. Ashley Vergis, a general surgery resident at the Brandon Regional Health Centre, who presented the findings at the meeting.

If the additional cost of unnecessary reprocessing of other types of endoscopic procedures such as gastroscopy or colonoscopy was also considered, particularly at a larger centre, these savings would be even further magnified, Dr. Vergis said. ERCPs are "only a minor portion of what we do."

Problematically, Dr. Vergis said, there are currently no consensus guidelines regarding the reprocessing of endoscopes after a period of disuse.

Moreover, media reports of infectious complications following GI endoscopy continue to persist, he said, although according to the American Society for GI Endoscopes such cases are actually very rare (one in 1.8 million procedures).

Recent cases of hepatitis B being passed on by endoscope from patient-to-patient have actually been due to system failures in how endoscopes were cleaned, he said.

In Dr. Vergis's multi-phase study, four ERCP scopes and three colonoscopes were evaluated.

Following initial daily usage, these endoscopes first underwent standard high-level disinfection and were assayed daily for a period of two weeks during which time they were not in clinical usage; between assays the endoscopes were stored in a dust-proof cabinet.

The researchers reported that six of 70 (8.6%) assays tested positive during the 14-day period. However, Dr. Vergis described each of these as "a low-virulent organism, a *Staphylococcus epidermidis*," that was "probably just a skin contamination that was due to the handler doing the study." These positive cultures involved two of the colonoscopes and two of the ERCP scopes and were limited to the first five days of study.

In phase two, the phase one procedure was repeated to confirm these results, and researchers found no positive cultures during the 14-day test period.

In phase three, endoscopes were assayed after high-level disinfection and again following a seven-day storage period. After the one week of disuse, only one ERCP scope grew an *S. epidermidis* culture.

With proper disinfection and storage, Dr. Vergis and his colleagues concluded that reprocessing of GI endoscopes is unnecessary after periods of disuse of at least seven days and possibly up to two weeks. Society guidelines that recommend more frequent reprocessing need to be revisited, they said.

"We feel that our results are compelling and will result in a important and positive change in current practice," Dr. Vergis said.

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