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Endoscope reprocessing: Future has already started

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Abstract:

Introduction Objective:

In today's medical world flexible endoscopes are important medical devices for diagnosis and treatment of various medical diseases. Although sterile single use flexible endoscopes have been introduced, most flexible endoscopes are still reusable. As reusable flexible endoscopes are defined as semi-critical devices. After each use reprocessing of the flexible endoscope is needed to have a clean and safe endoscope for the subsequent patient. The reprocessing process is a multi-step process, consisting of several steps from bedside cleaning to high level disinfection, which must all be performed consecutively. Although some steps are done manually, last decades many improvements have been made to improve the reprocessing process, like automated endoscope reprocessors and drying cabinets. Even with the introduction of an automated endoscope reprocessor, the manual cleaning should never be neglected to guarantee a successful next disinfection step. Many studies have indicated human factors as a risk in successful manual cleaning. Also many studies indicate not all health-care facilities dry their endoscopes after reprocessing in a sufficient way or do not dry them at all. So it is challenging to look for improvements and new techniques challenging to optimize reprocessing, minimizing the risk of infection and maximizing patient safety, especially related to the manual cleaning step and drying and storage. Recently three novel techniques are introduced to improve the reprocessing process. The first one is a device that is an automated alternative to classical brushing and flushing. It will standardize the cleaning process, without the use of brushes and chemicals. The second one is an alternative to the traditional drying- and storage cabinet. Using a unique airflow technique, endoscope channels are dried in only a few minutes. Storing the endoscope afterwards in a special bag and inflating some ozone, the endoscope can be stored under dry, dust free, and aseptic conditions up to 31 days. Finally the third one, is an automated disinfection device that will channel-less endoscopes and TEE probes in only 60 seconds. Introducing these novel techniques and products, infection risks will be minimized, workflow efficiency will be improved, and – most important – patient safety will be maximized. When it comes to modern endoscope reprocessing, the future has already started.

Biography:

Paul J Caesar has been working for more than 25 years as an infection control expert and expert (sterile) medical devices and endoscope reprocessing in different hospitals. He was also a manager of an endoscopy ward and reprocessing unit. He has published some articles on hygiene, and endoscope reprocessing and gave presentations on international conferences. In his actual role he is responsible for hygiene, infection control and reprocessing for PENTAX Medical EMEA.

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