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Medical News

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Hygiene in Endoscopy: Data on the Quality of Reprocessing Flexible Endoscopes and Endoscopic Accessories in Hospitals and Private Practices

Guidelines for reprocessing flexible endoscopes have been published in many countries. Compliance with the German guidelines, published in 2002 by the Commission on Hospital Hygiene and Infection Prevention of the Robert Koch Institute, is mandatory in all endoscopic units, in hospitals as well as in private practices. Heudorf et al. conducted a survey of current reprocessing practices in an urban region in Germany that covered all hospitals and private practices in this region. In the summer of 2003, all endoscopic units in Frankfurt/Main, Germany—15 hospitals and 23 private practices—were visited by members of the public health service, using a checklist based on the recommendations of the German guidelines. In these institutions, more than 70,000 endoscopic examinations are performed per year. Eighty-seven percent (13 of 15) of the hospitals and 43% (10 of 23) of the private practices reported that they conducted more than 1,000 procedures per year. Great differences were found in hygienic quality on comparing endoscopic units in hospitals with those in private practices. In hospitals, compliance with the guidelines was satisfactory. Main problems in the practices were lack

of facilities for ultrasonic cleaning (74%) and sterilization (43%), faults in reprocessing the bottle and tube for air/water-channel flushing (26%) that used non-sterile water (48%), storage of the endoscope where there was a risk of recontamination (48%), and omitting routine tests of the endoscopes after reprocessing (44%). Generally, hygienic conditions and procedures were worse in small units than in bigger ones.

The data from Frankfurt hospitals were satisfactory. In private practices, however, especially in smaller ones, improvements are needed. Improvements should cover the quality of structure and process (ie, specific education of the nurses and availability of ultrasonic cleaners and sterilizers and, preferably, automatic dishwashers) as well as implementation of a written protocol for hygiene in endoscopy, based on the German guidelines.

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