Back to Basics: Flexible Endoscope Processing 1.6 CE

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Purpose/Goal

To provide the learner with knowledge of best practices related to flexible endoscope processing.

Objectives

1. Discuss common areas of concern that relate to perioperative best practices.
2. Discuss best practices that could enhance safety in the perioperative area.
3. Describe implementation of evidence-based practice in relation to perioperative nursing care.

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Lisa Spruce, DNP, RN, CNS-CP, CNOR, ACNS, ACNP, FAAN, has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

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ABSTRACT

Flexible endoscopes are important tools in patient care, yet recent outbreaks of infections in patients who have undergone endoscopic procedures have increased awareness of how the complex design of these instruments makes them difficult to clean. This Back to Basics article focuses on flexible endoscope processing and provides sterile processing, endoscopy, and perioperative team members with strategies for successful processing of these instruments. *AORN J* 103 *(May 2016) 490-496.*
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Key words: *flexible endoscopes, processing, infection, cleaning.*

In 2015, the Centers for Disease Control and Prevention joined forces with the Los Angeles County Health Department to investigate a cluster of patients infected with carbapenem-resistant *Enterobacteriaceae* (CRE) after exposure to contaminated duodenoscopes.[1] This is just one example of a recent investigation; previous investigations of CRE outbreaks related to duodenoscopes have revealed breaches of approved cleaning protocols, although some have not found breaches in duodenoscope reprocessing.[1] This emphasizes the risk that patients face when undergoing flexible endoscopic procedures. Some patients who have undergone these procedures have been infected with antibiotic-resistant organisms that have caused significant medical problems and, in some instances, death.[1] The US Food and Drug Administration (FDA) has identified critical lapses in endoscope processing and a failure to follow the manufacturer's instructions for use (IFU) as contributing factors to these infections.[2] Flexible endoscopes can become contaminated with tissue and body fluids, and the complex design of some flexible endoscopes does not allow for adequate cleaning of certain parts of the device.[3] When there is inadequate cleaning and processing of the endoscopes, transmissible infections can occur.

AORN recently published its updated, evidence-rated "Guideline for processing flexible endoscopes"[4] that provides guidance to endoscopy, perioperative, and sterile processing personnel for processing flexible endoscopes and their accessories. The guideline discusses the complex design of flexible endoscopes and provides guidance on how personnel can clean and process them effectively. This Back to Basics article highlights the flexible endoscope processing cycle (Figure 1). For a complete, in-depth look at this topic, readers should refer to the guideline in its entirety.

HOW-TO GUIDE

It is imperative that personnel who process flexible endoscopes follow the manufacturer's IFU and the steps in the endoscope processing cycle listed as follows:

- precleaning at the point of use;
- transporting, leak testing, cleaning, and inspecting;
- using high-level disinfection or liquid chemical sterilization, or packaging and sterilizing the endoscope; and
- storing the endoscope correctly.[4]

Additionally, because of the complexity of these devices and the difficulty in cleaning them, it is imperative that all personnel responsible for processing endoscopes undergo specific education and competency verification related to best practices for processing flexible endoscopes.[4]

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