

## Continuing Medical Education Exam: September 2016

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### Instructions:

The GIE: *Gastrointestinal Endoscopy* CME Activity can now be completed entirely online. To complete do the following:

1. Read the CME articles in this issue carefully and complete the activity:

Brandabur JJ, Leggett JE, Wang L, et al. Surveillance of guideline practices for duodenoscope and linear echoendoscope reprocessing in a large healthcare system. *Gastrointest Endosc* 2016;84:392-9.

Serrao S, Jackson C, Juma D, et al. In-hospital weekend outcomes in patients diagnosed with bleeding gastroduodenal angiodysplasia: a population-based study, 2000 to 2011. *Gastrointest Endosc* 2016;84:416-23.

Riditid W, Dewitt JM, Schmidt CM, et al. Management of branch-duct intraductal papillary mucinous neoplasms: a large single-center study to assess predictors of malignancy and long-term outcomes. *Gastrointest Endosc* 2016;84:436-45.

Kantsevov SV, Bitner M, Hajiyeva G, et al. Endoscopic management of colonic perforations: clips versus suturing closure (with videos). *Gastrointest Endosc* 2016;84:487-93.

2. Log in online to complete a single examination with multiple choice questions followed by a brief post-test evaluation. Visit the Journal's Web site at [www.asge.org](http://www.asge.org) (members) or [www.giejournal.org](http://www.giejournal.org) (nonmembers).
3. Persons scoring greater than or equal to 75% pass the examination and can print a CME certificate. Persons scoring less than 75% cannot print a CME certificate; however, they can retake the exam. Exams can be saved to be accessed at a later date.

You may create a free personal account to save and return to your work in progress, as well as save and track your completed activities so that you may print a certificate at any time. The complete articles, detailed instructions for completion, as well as past Journal CME activities can also be found at this site.

### Target Audience

This activity is designed for physicians who are involved with providing patient care and who wish to advance their current knowledge of clinical medicine.

### Learning Objectives

Upon completion of this educational activity, participants will be able to:

1. Define the likelihood of residual bacterial contamination of duodenoscopes and linear echoendoscopes following recommended manual cleaning and high-level disinfection protocols.
2. Assess the factors affecting outcomes in patients with gastroduodenal angioectasia-related bleed admitted over the weekend compared with those admitted on weekdays.
3. Describe predictors of malignancy and long-term outcomes of branch duct intraductal papillary mucinous neoplasms.
4. Compare clips versus suturing closure in the endoscopic management of colonic perforations.

### Continuing Medical Education

The American Society for Gastrointestinal Endoscopy (ASGE) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The ASGE designates this Journal-based CME activity for a maximum of 1.0 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Activity Start Date: September 1, 2016

Activity Expiration Date: September 30, 2018

### Disclosures

Disclosure information for authors of the articles can be found with the article in the abstract section. All disclosure information for GIE editors can be found online at <http://www.giejournal.org/content/conflictinterest>. CME editors, and their disclosures, are as follows:

**Prasad G. Iyer, MD (Associate Editor for Journal CME)**

Consulting/Advisory/Speaking: Olympus; Research Support: Takeda Pharma

**Amit Rastogi, MD (Associate Editor for Journal CME)**

Consulting/Advisory/Speaking: Olympus

**James Buxbaum (CME Editor):**

Disclosed no relevant financial relationships.

**Karthik Ravi, MD (CME Editor):**

Disclosed no relevant financial relationships.

**William Ross, MD (CME Editor):**

Consulting/Advisory/Speaking: Boston Scientific, Olympus

**Brian Weston, MD (CME Editor):**

Disclosed no relevant financial relationships.

All CME activities, including their associated articles are copyrighted by the ASGE.

**Minimum Online System Requirements:**

486 Pentium 1 level computer (PC or Macintosh)  
Windows 95,98,2000, NT or Mac OS Netscape 4. × or Microsoft Internet Explorer 4. × and above 16 MB RAM 56.6K modem

## Continuing Medical Education Questions: September 2016

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### QUESTION 1 OBJECTIVE:

Define the likelihood of residual bacterial contamination of duodenoscopes and linear echoendoscopes following recommended manual cleaning and high-level disinfection protocols.

### Surveillance for microbial contamination after comprehensive cleansing of ERCP and EUS scopes

#### Question 1:

In a large endoscopy unit, duodenoscopes and linear echoendoscopes are cleaned in accordance with the manufacturer's recommendations, which include flushing with enzymatic solution at bedside, manual cleaning, and high-level disinfection. After the scopes have dried, they are tested by culture. Which is most accurate regarding microbial contamination as tested by surveillance culture after this cleansing regimen?

#### Possible answers: (A-D)

- A. Microbial growth is very rare; it is seen in fewer than 1% of encounters after this comprehensive process.
- B. The most commonly detected organisms are gram negative enteric bacteria such as pseudomonas.
- C. Recurrent positive cultures for bacterial pathogens may be associated with ERCP but not EUS scopes.
- D. The elevator is the most frequent nidus for the persistence of bacterial pathogens after comprehensive cleaning and disinfection.

**Look-up:** Brandabur JJ, Leggett JE, Wang L, et al. Surveillance of guideline practices for duodenoscope and linear echoendoscope reprocessing in a large healthcare system. *Gastrointest Endosc* 2016;84:392-9.

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### QUESTION 2 OBJECTIVE:

Assess the factors affecting outcomes in patients with gastroduodenal angioectasia-related bleed admitted over the weekend compared with those admitted on weekdays.

### In-hospital weekend outcomes in patients diagnosed with bleeding gastroduodenal angiodysplasia: a population-based study 2000 to 2011

#### Question 2:

A 72-year-old female with a medical history significant for coronary artery disease is admitted to the hospital on Saturday evening with onset of melena earlier in the morning. On admission, the patient's vital signs are stable, and hemoglobin is decreased to 12.7 g/dL compared to a baseline of 14 g/dL 2 weeks prior. All of the following factors are increased given her admission over the weekend EXCEPT:

#### Possible answers: (A-D)

- A. Risk of ICU admission
- B. Likelihood of delay of endoscopy for greater than 24 hours
- C. Mortality
- D. Hospital length of stay

**Look-up:** Serrao S, Jackson C, Juma D, et al. In-hospital weekend outcomes in patients diagnosed with bleeding gastroduodenal angiodysplasia: a population-based study, 2000 to 2011. *Gastrointest Endosc* 2016;84:416-23.

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