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Summary

Use of boroscopes in daily routine: Pro-contra debate

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A debate on daily borescope use for flexible endoscope inspection presented opposing views on feasibility and clinical value, with one speaker advocating routine use to detect damage and prevent cross-contamination and the other arguing that lack of standardisation, staff constraints, and unclear clinical correlation limit its practical application outside periodic audits.

KEY POINTS

- The pro-borescope speaker stated that borescope can detect droplets, dents, simethicone, debris, and tissue glue in endoscope channels after any procedure, and argued that routine use prevents patient harm, cross-contamination, and costly repairs through early damage detection.
- The speaker cited a 2003 outbreak involving 32 patients with 6 deaths attributed to inadequate reprocessing and stated this could have been prevented by borescope use.
- The opposing speaker stated there is no standardisation, terminology, or scoring for borescope findings, that assessment is subjective with high variation and misinterpretation risk, and that studies show no clear clinical impact or correlation with ATP or microbiological surveillance.
- The opposing speaker argued that staff shortages, high workload, and lack of training make daily borescope use impractical, and recommended its use only for suspected damage, periodic audits, or training, with structured courses needed for proper interpretation.
- A manufacturer representative stated that users frequently send endoscopes for repair after borescope findings that prove unfounded, leading to cancelled exams and unnecessary device returns, and emphasised the need for better understanding of what findings mean and their correlation to actual contamination.

– The speakers agreed that trained personnel are essential for borescope interpretation and that collaboration between users and manufacturers is needed, but disagreed on whether daily routine use is justified versus periodic microbiological surveillance.

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