

Moving green endoscopy forward: Do we need a strategy?

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Presentation

Nurses

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A one-week waste audit at an endoscopy unit, involving collaborative team effort, identified waste patterns averaging one kilogram per procedure and led to improved recycling practices and staff awareness, though total waste initially increased due to new underwater EMR techniques.

KEY POINTS

- The speaker's institution conducted a one-week waste audit collecting and weighing all waste per endoscopy procedure from admission to discharge, involving gastroenterology staff, nurses, and ecological health colleagues.
- The audit found waste averaged about one kilogram per procedure, with therapeutic interventions generating the most; waste composition was 61% infectious waste, 21% sharps, and 18% recyclable, though hospital disposal practices often misclassified recyclable items as general waste.
- Top waste sources included personal protective equipment, disposable pads, oxygen tubing, accessories, and drapes, with significant amounts of unused kit components such as extra gowns and water-filled syringes identified as reusable.
- After implementing education on correct disposal and recycling of items like water bottles, a second audit one year later showed improved recyclable waste separation and reduced general hospital waste, though total waste increased due to water-soaked pads from newly introduced underwater EMR.
- The speaker states that discharging suction fluids into general canalization instead of special disposal could lower the unit's CO2 imprint by 15-20%, and the institution is discussing this with the Department of Health.

- The speaker recommends starting with low-cost, high-impact measures including staff education, awareness creation, correct disposal training, and making sustainability a team event with incentives to build long-term mindset changes.

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