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Summary

The guide to infection-free endoscopy in UZ Ghent

Thalita Vanhullen

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A walk-through of endoscope reprocessing at a high-volume Belgian university hospital highlights the critical role of manual cleaning, staff training, and realistic quality monitoring in infection prevention.

KEY POINTS

- The speaker described a reprocessing pathway with immediate bedside pre-cleaning using enzymatic detergent, leak testing, manual brushing of every channel three times with fresh detergent, automated washer-disinfection with cycle documentation, and complete channel drying in cabinets for 90 minutes before storage.
- A cited study of 69 manually cleaned scopes in multiple hospitals found only one had every step performed correctly, with most staff reporting time pressure; the speaker identified time pressure and shortcuts as the greatest reprocessing risk.
- For ERCP the speaker reported using single-use duodenoscopes when patients are known to carry resistant organisms, taking rectal swabs with every ERCP to screen for multidrug-resistant bacteria, and limiting single-use scope use to highest-risk cases to reduce waste and CO2.
- Quality checks included water sampling from washer-disinfectors every four months, pre-use sampling of returned or loan scopes, and yearly internal channel inspection with a small borescope to detect damage or early biofilm.
- The speaker acknowledged that infection-control guidelines recommend more frequent scope sampling than is operationally feasible, so the unit samples regular scopes yearly and high-risk ERCP and EUS scopes twice yearly with extra checks for non-conforming results.
- Identified challenges included unrecorded pre-cleaning steps, stacked transport boxes causing first-used scopes to be cleaned last with increased drying risk, and difficulty maintaining consistent use of safety glasses by nursing staff throughout the day.

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