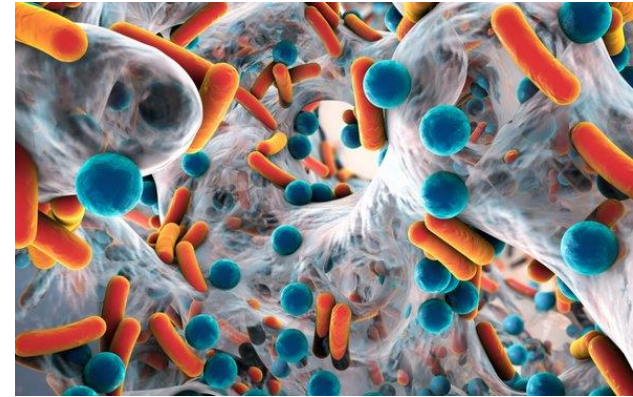


# *Endoscope reprocessing: Biofilm & Quality Systems*



**Dr. Michelle J. Alfa, Ph.D., FCCM**

**Professor, Dept of Medical Microbiology, U of Manitoba,  
Winnipeg, Manitoba**



# Disclosures:

---

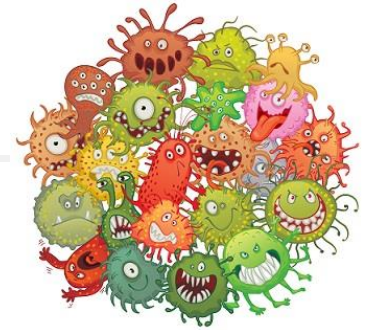
**Consulting services:** 3M, Olympus, ASP, Ofstead Associates, KARL STORZ, Novaflux, Kikkoman

**Royalties:** U of Manitoba: license to Healthmark

**Sponsored Speaker:** 3M, Ruhof, Ambu, Olympus

I do NOT represent any company and discussion of specific products is not meant as an endorsement.

# Objectives:

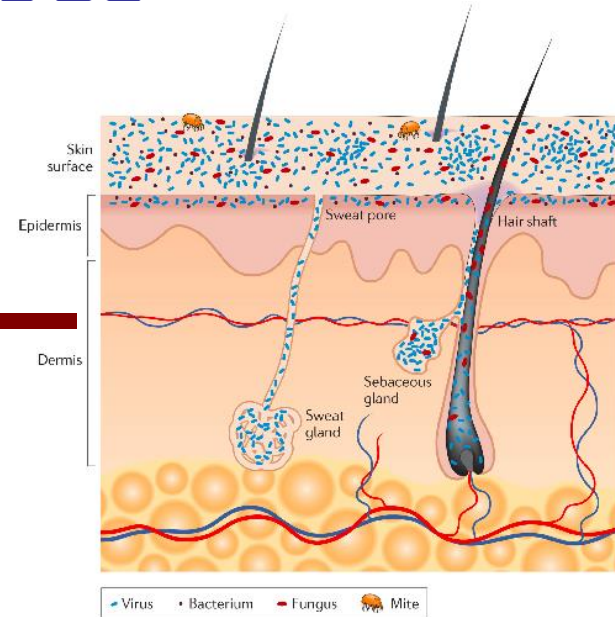
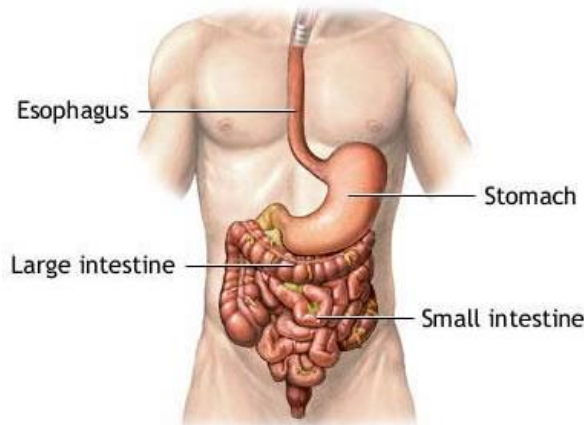


- ***Endoscope Contamination: Biofilm & Buildup Biofilm***
- ***Moisture during storage: Unrecognized***
- ***Adequate Drying of Channels***
- ***FDA Safety Communication***
- ***Summary: what to do?***



# Patient Infections related to Medical Devices

**Endogenous:** Infections due to patient's own organisms



**Exogenous:** Infection due to contaminated medical device



# Current Published Data:

- Risk of Infection after endoscopy?
- Contamination of Patient-ready Endoscopes?

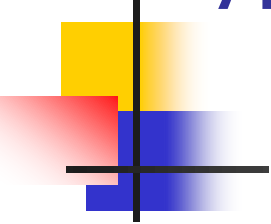


# Infection Rates 7 days after Colonoscopy and OGD procedures in Ambulatory Surgery Centres in 2014

Type of Procedure	Number evaluated	Infections/1000 procedures
Screening colonoscopy	462,068	<b>1.13</b>
Non-screening colonoscopy	914,140	<b>1.57</b>
Osophagogastroduodenoscopy	873,138	<b>3.04</b>
Bronchoscopy	30,116	<b>16.54</b>
Cystoscopy	68,432	<b>4.42</b>
Screening mammogram	647,212	<b>0.61</b>

Wang P et al Rates of infection after colonoscopy and osophagogastroduodenoscopy in ambulatory surgery centres in the USA. Gut 2018. (<http://dx.doi.org/10.1136/gutjnl-2017-315308>).

# Types of Organisms causing infection

- 
- Drug-resistant microorganisms
  - *Escherichia coli*
  - *Klebsiella pneumoniae*
  - *Clostridium difficile*
  - *Pseudomonas spp.*
  - *Staphylococcus spp.*
  - *Streptococcus spp.*
  - Gram-negative bacteria
  - Anaerobes
  - Human papillomavirus

## Limitations:

1. *Doesn't differentiate endogenous vs exogenous infections*
2. *Doesn't identify **colonization** with multi-resistant organisms*

# Evidence of GI Endoscope Contamination

Rauwers AW et al. Gut 2018 doi: 10.1136/gutjnl-2017-315082

**Culture:** Neutralizer & sample concentrated by filtration

<b>Organism grown: GI flora</b>	<b>Number of Duodenoscopes</b>	<b>Quantity Range</b>
<i>Yeast</i>	7	6 to 100 CFU
<i>Klebsiella pneumoniae</i>	4	100 to > 100 CFU
<i>Enterobacter cloacae</i>	3	100 to > 100 CFU
<i>Escherichia coli</i>	2	50 to 100 CFU
<i>Klebsiella oxytoca</i>	2	100 to > 100 CFU
<i>Enterococcus faecium</i>	1	1 CFU
<i>Enterococcus faecalis</i>	1	100 CFU
<i>Pseudomonas aeruginosa</i>	1	100 CFU
<i>Staphylococcus aureus</i>	1	> 100 CFU

- ❖ **Duodenoscopes: 15% of 155 tested were contaminated**
- ❖ **Current reprocessing & process control procedures not adequate**



# FDA Interim report on Duodenoscope Clinical Study April 2019 (Olympus, Pentax, Fujinon)

---

- High concern organisms: 5.6%  
(*E. coli*, *P. aeruginosa*, *S. aureus* etc)
- Moderate/Low concern organisms: 3.6%  
(*S. epidermidis*, *Bacillus spp*, *viridans Streptococci* etc)
- Duodenoscope reprocessing:  
**NEEDS IMPROVEMENT**

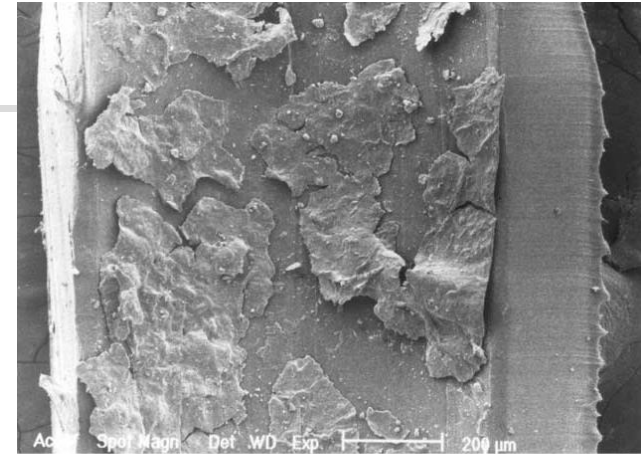
# Flexible Endoscopes: Biofilm

- **Expectation:**

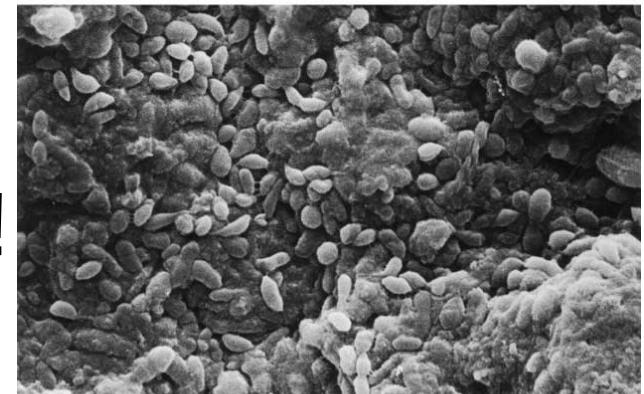
Biofilm SHOULD NOT form inside **dry** endoscope channels

- **Reality:**

Build-up biofilm does form!



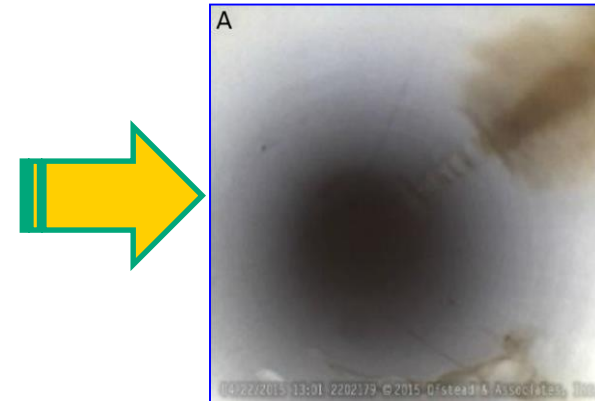
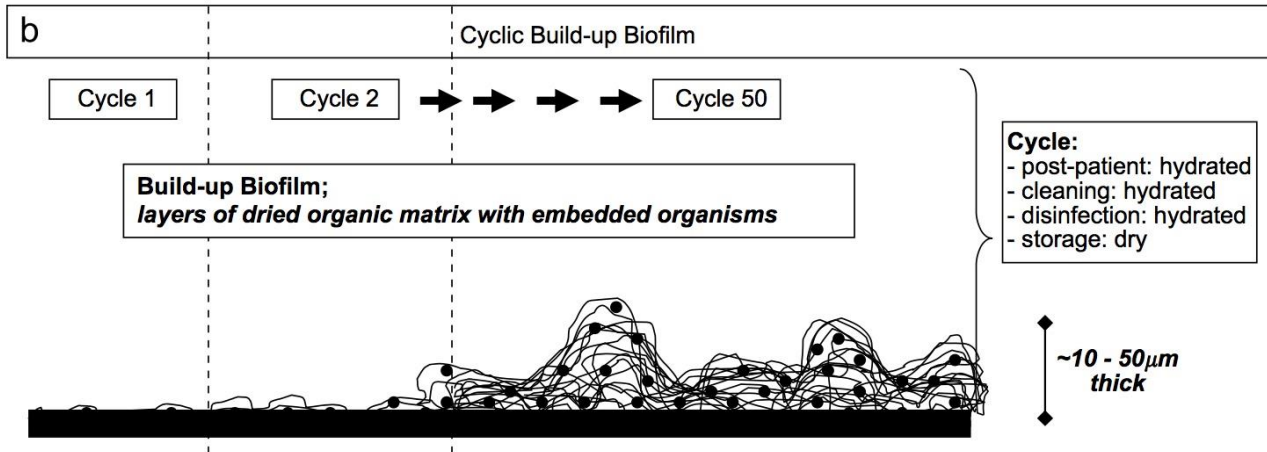
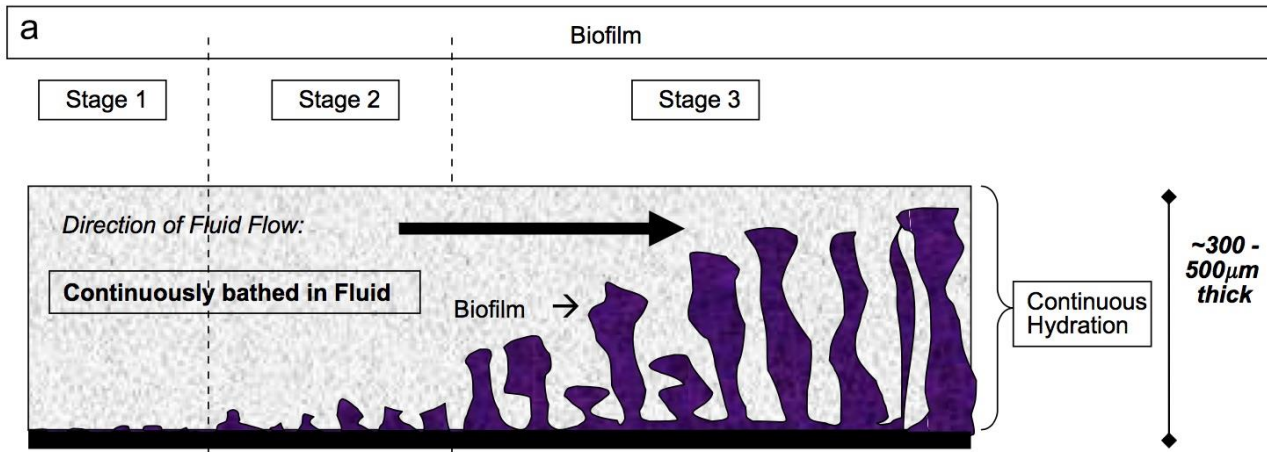
(a)



**2004:** Air/Water channel of GI flexible endoscopes Pajkos et al J Hosp Infect 2004;58:224-9

**2014:** SEM showed biofilm in 54.6% of 66 Biopsy channels and 76.9% of 13 Air/water channels Ren-Pei W AJIC 2014; 42:1203-6

# Comparison: Traditional to Buildup Biofilm



Zhong W, Alfa M, Howie R, Zelenitsky S.

Simulation of cyclic reprocessing buildup on reused medical devices. *Comput Biol Med* 2009 Jun; 39(6): 568-577.



# Drying Endoscope channels for Storage

## ***1. Endoscope manufacturer's instructions:***

- Endoscopes **MUST** be dried prior to storage.
- ALL channels: alcohol flush & forced air drying

## ***2. Automated Endoscope Reprocessors (AER)***

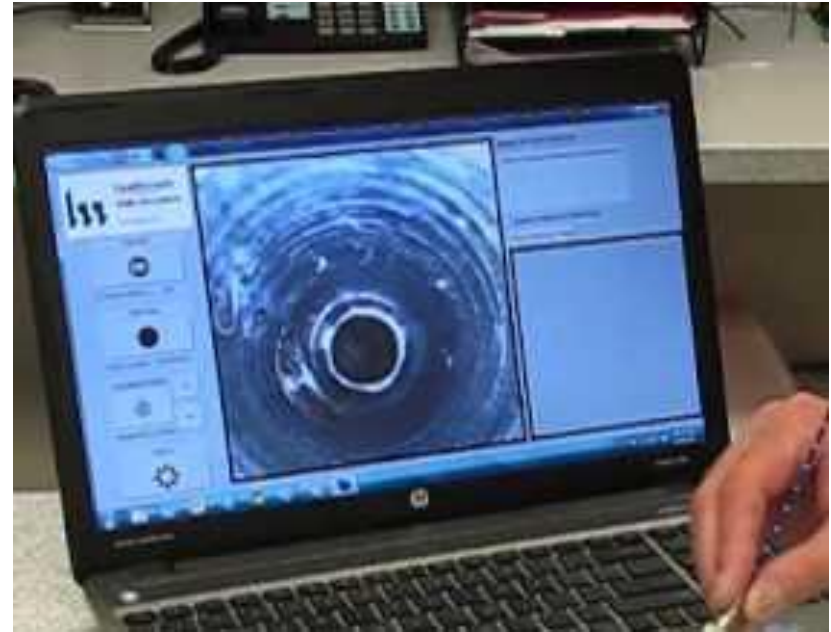
- many have alcohol flush and drying cycle
- they do NOT claim this dries sufficiently

## ***3. Endoscopy clinic staff:***

- Widespread believe that AER cycle adequately dries endoscopes for storage (AAMI ST91 states this)

# Borescope:

Inspect inner channel of endoscopes

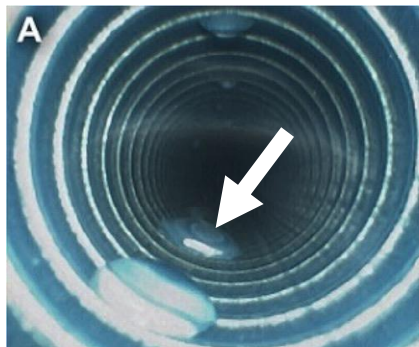


**Borescope use for endoscopes recommended by:**  
AAMI ST91 2015, AORN 2017, IAHCSSM 2017

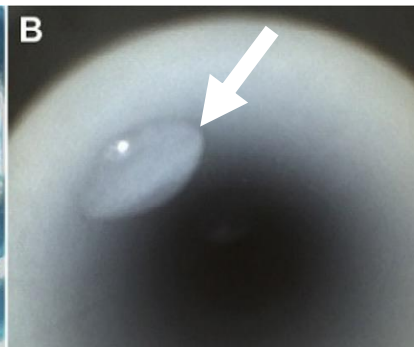
# After AER; alcohol flush, 6 min air flush & overnight storage

## ***Ambulatory Clinics: Visible Fluid in 95% Channels***

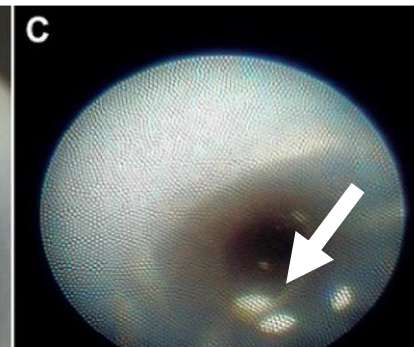
[Ofstead et al AJIC 2017;45:e26-e33 doi.org/10.1016/j.ajic.2016.10.017]



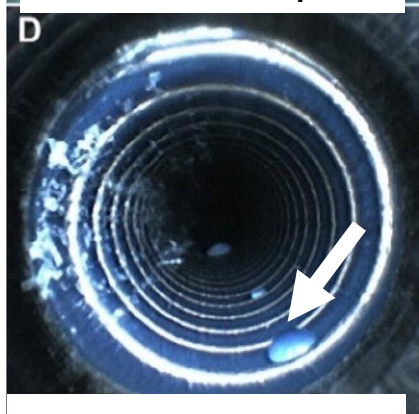
Gastroscope



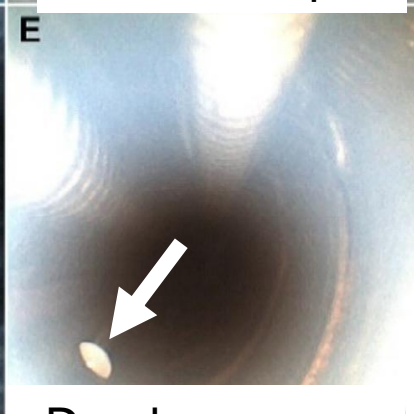
Colonoscope



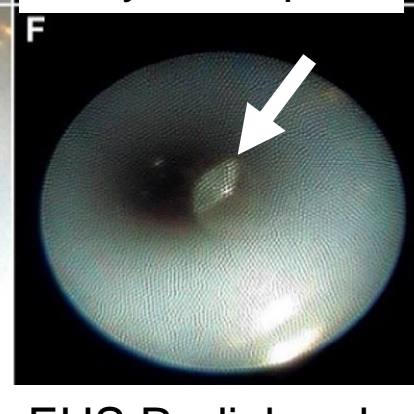
Cystoscope



Gastroscope



Duodenoscope



EUS Radial endoscope

***Large  
healthcare  
systems:  
Visible fluid in  
49% channels***

[Ofstead et al AJIC  
2018;45:e26-e33  
doi.org/10.1016/j.ajic.2018.  
03.002]


# Storage of endoscopes with moisture in Channels

- Much more extensive than recognized
- Leads to Build-up biofilm (BBF)
- Bacterial survival in BBF increases risk of infection transmission.



# Olympus Statement Simethicone use

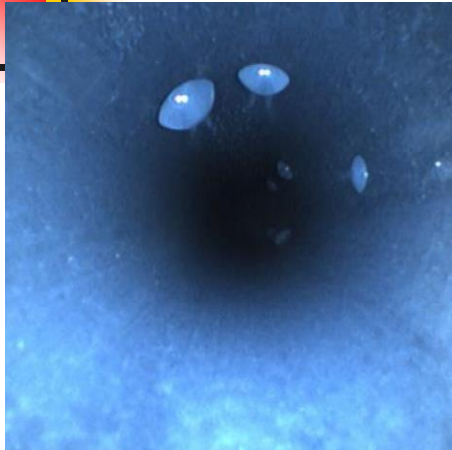
[June 29, 2018]:

- 
- **Simethicone:** not easily removed by current reprocessing methods
  - **Do Not use:** water insoluble lubricants such as Simethicone
  - **Can use:** water soluble lubricants such as K/Y jelly, lidocaine jelly for insertion tube
  - **If simethicone used** – administer in bowel prep or through Biopsy port



# Simethicone retained despite reprocessing

Barak M. et al GIE 2018 10.1016/j.gie.2018.08.012

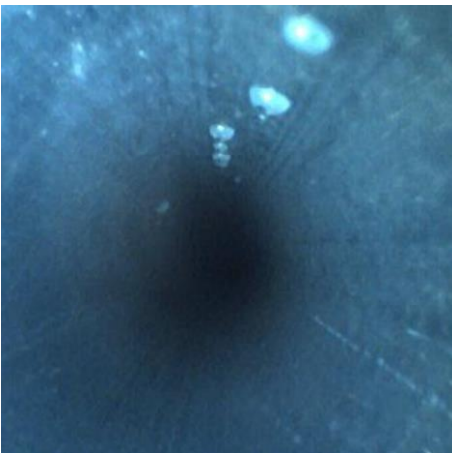


## ***Simethicone tested at:***

0.5%, 1%, 3% in water bottle as well as by biopsy port injection

## ***Despite AER dry PLUS 10 min manual forced air dry:***

Residual droplets & simethicone found in patient-used upper GI endoscopes even when used at lowest concentration 0.5%



**Authors question clinical significance of simethicone residuals & suggested 2 x AER**

# Position Statements on Clinical Value of Simethicone

**10% more polyps identified with simethicone in water bottle versus without.**

Kutyla et al Influence of Simethicone Added to the Rinse Water during Colonoscopies on Polyp Detection Rates: Results of an Unintended Cohort Study.

Digestion 2018;98:217–221

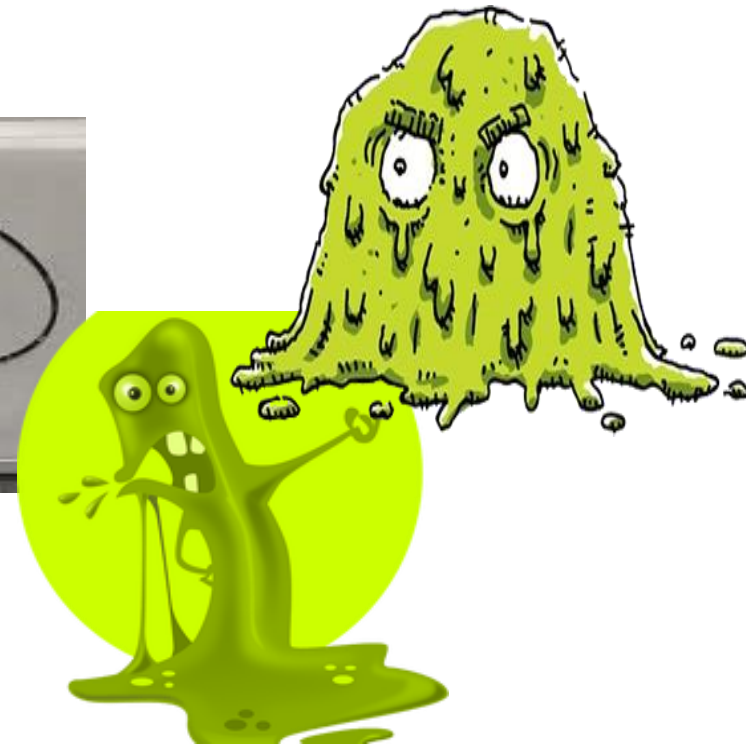
***ECRI report 2018 Aug 17, 2018:***

*Each site needs to decide whether to ban simethicone in endoscopes or not*

**Australia position statement 2019: OK to use simethicone in any channel.**

# Simethicone Use

**“Stuck between a rock and a hard place!!”**



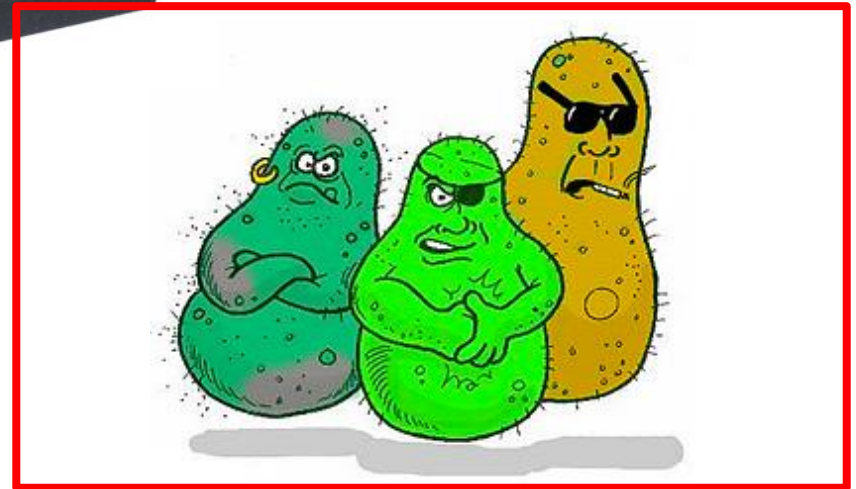
# Take Home Message: DRY.....DRY.....DRY....!!!



**Ofstead 2017:**  
Humidicator strips correlate with borescope test for residual fluid



**Dry channels:**  
**NO bacterial replication**



**Moisture in channels:**  
**Bacterial replication → BIOFILM**

## ***Channel-purge Storage cabinets***

- HEPA filtered or medical grade air flushed through all channels
- many manufacturers



Wassenburg Medical

**Commonly used in Europe but NOT commonly used in North America**



ARC Healthcare Solutions

# Small air-flushing pumps: facilitate drying before storage



Air-Time Channel dryer



Tri-Core Systems Inc

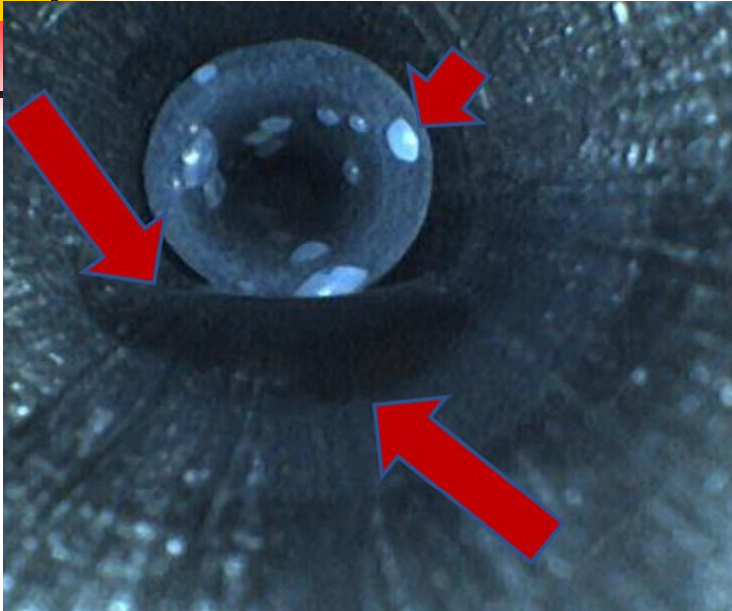


Fujinon

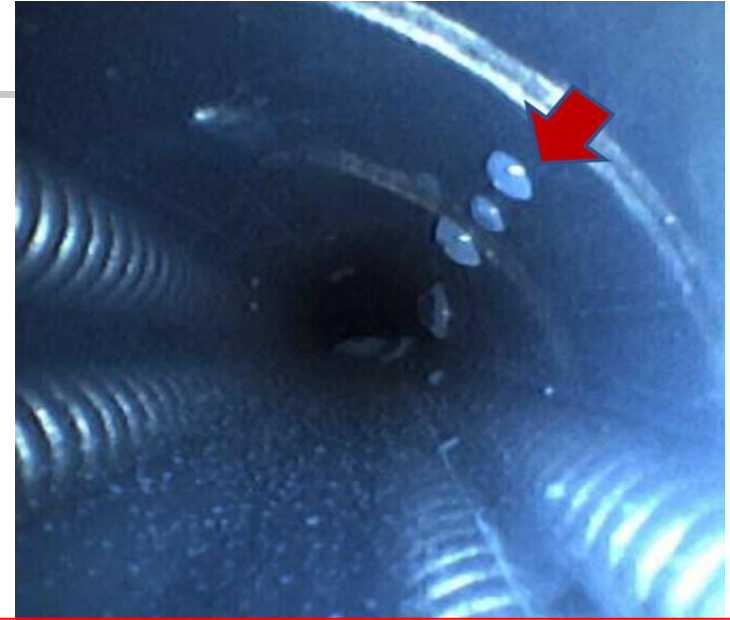
Images from Manufacturer's website

# Automated vs Manual Drying:

Barakat et al GIE 2018, doi: 10.1016/j.gie.2018.08.033



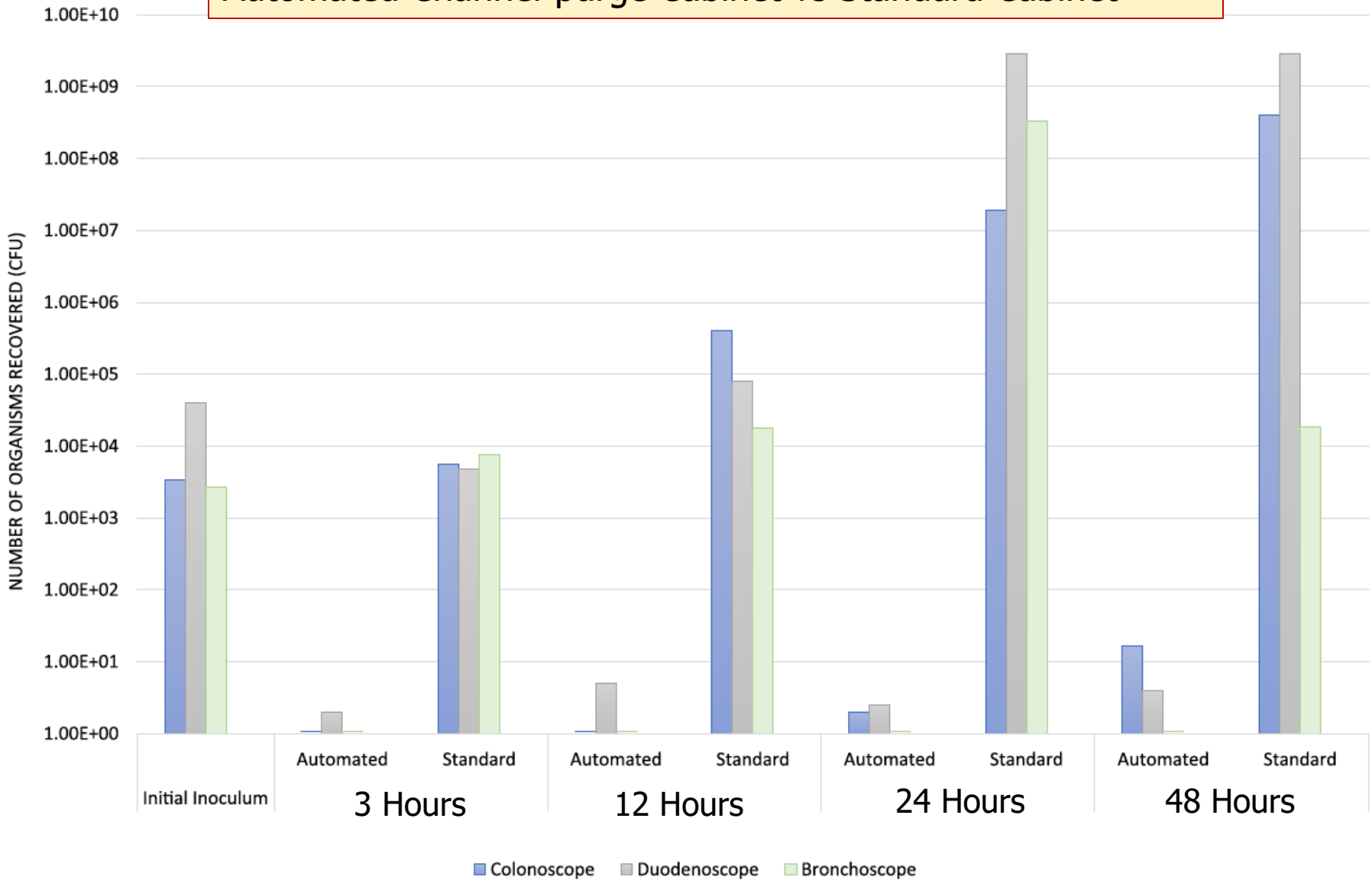
After AER alcohol flush and 1 min air dry



After AER alcohol flush and 1 min air dry and; **10 min manual dry** with forced air

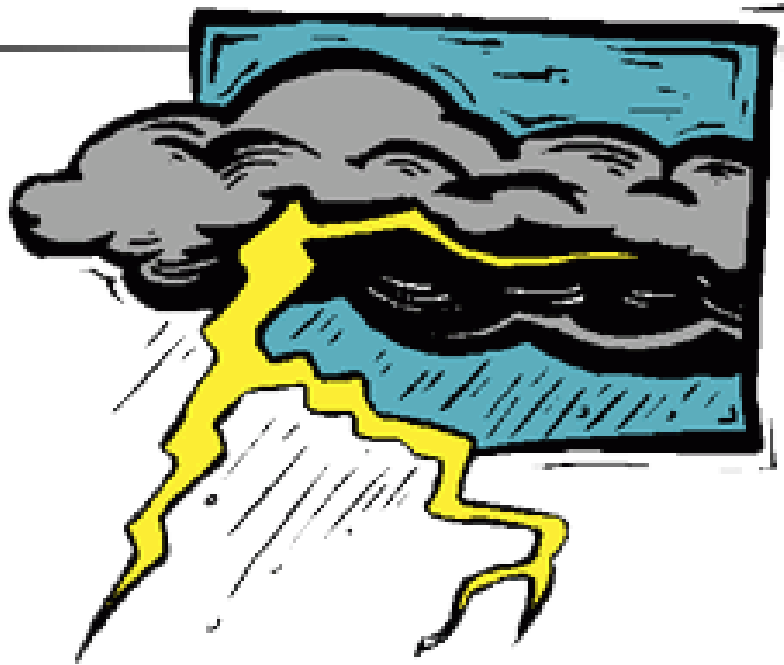
**Virtually no retained fluid after automated 10 minutes of air pump drying**

# Automated Channel-purge Cabinet vs Standard Cabinet





# What more can happen.....?



- FDA Safety Communication Aug 29, 2019

# FDA Safety Notification:

## Aug 29, 2019



### **The FDA is Recommending Transition to Duodenoscopes with Innovative Designs to Enhance Safety**

- Move away from fixed endcap to design that facilitates or eliminates need for reprocessing
- Meticulously follow reprocessing instructions
- Quality Control: Sampling & culture plus other monitoring
- Consider sterilization: low temperature or Liquid chemical
- Routine inspection and periodic maintenance

# NEW FDA CLEARANCES:

---



**To date, the FDA has cleared two duodenoscopes with disposable endcaps that facilitate reprocessing:**

- **Fujifilm Corporation**, Duodenoscope model ED-580XT (cleared under K181745 ([https://www.accessdata.fda.gov/cdrh\\_docs/pdf18/K181745.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf18/K181745.pdf)))
- **Pentax Medical**, Duodenoscope model ED34-i10T (cleared under K163614 ([https://www.accessdata.fda.gov/cdrh\\_docs/pdf16/K163614.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf16/K163614.pdf)) and K181522 ([https://www.accessdata.fda.gov/cdrh\\_docs/pdf18/K181522.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf18/K181522.pdf)))

# Culture of Endoscopes:

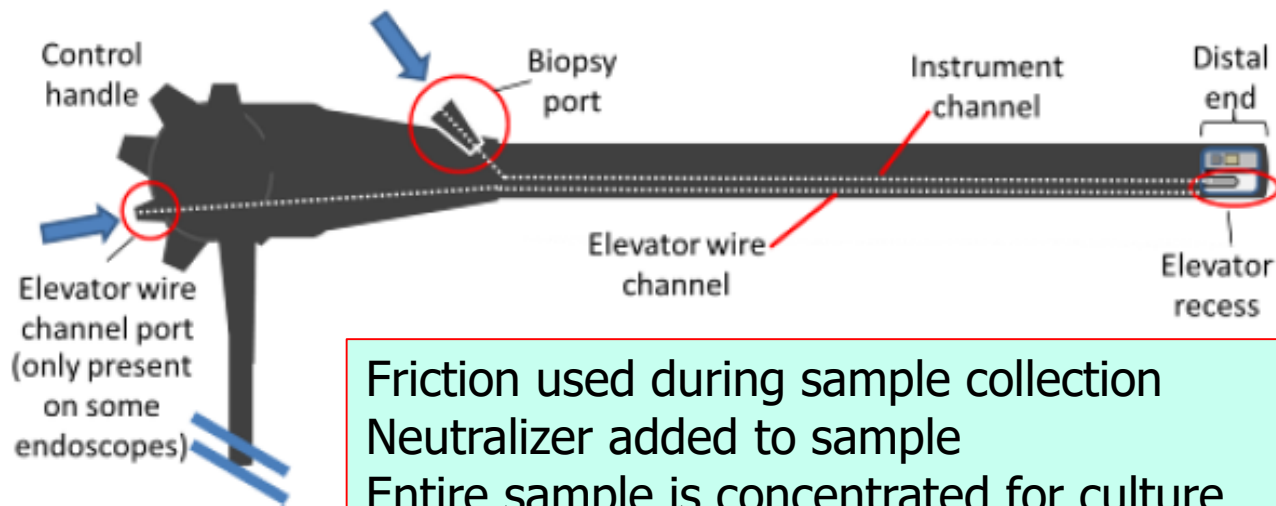
**Feb 2018:** FDA/CDC/ASM Duodenoscope surveillance sampling and culturing: Reducing the risk of infection

- Friction during sample collection
- Neutralizer to protect damaged bacteria and stimulate them to grow
- Concentration of entire sample (e.g. filtration)

<https://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/ReprocessingofReusableMedicalDevices/UCM597949.pdf>

# FDA/CDC/ASM Protocol

- **One combined sample collected from:**
  - Elevator recess (flush-brush-flush)
  - Instrument channel (flush-brush-flush)
  - Elevator wire channel (if unsealed)



Friction used during sample collection  
Neutralizer added to sample  
Entire sample is concentrated for culture



**Validated by Olympus, Pentax, Fujinon; 65% - 100% extraction efficacy**

# New Low Temperature Sterilization: Sterizone VP4

**Turn-around-time ~ 1 Hr**

- $H_2O_2$  + Ozone
- Mixed loads



FDA cleared for many endoscope lumen dimensions (duodenoscopes?). Limited published data

Vanessa Molloy-Simard et al *Elevating the standard of endoscope processing: Terminal sterilization of duodenoscopes using a hydrogen peroxide–ozone sterilizer. AJIC 2019;47:243-250*

# Upcoming FDA Actions:



- Including Real-World Contamination Rates in the Labeling
- Exploring the Expansion of Available Validated Methods
- Exploring the Potential for Monitoring Reprocessing Effectiveness
- Planning an FDA Advisory Committee Meeting to Discuss Duodenoscope Reprocessing Nov 2019

# Key Take Home Messages:

---



- Endoscope contamination: 9% to 15%
- MIFU issues:
  - HLD & Sterilization failure if Biofilm & BBF present
  - Simethicone – not reliably removed by current MIFU
- Wet Storage is widespread → biofilm
- Shift to sterilization: limited options
- Quality Systems approach



# WHAT TO DO...???



# Key HICPAC Audit Tools:

## *Reprocessing Flexible endoscopes*

- HICPAC: Gap analysis and risk assessment Tools
- HICPAC: Endoscope Reprocessing Audit Tool
- HICPAC Competency Verification Tool



**Sample Gap Analysis Tool: Reprocessing Flexible Endoscopes**

**Essential Steps for Flexible Endoscope Reprocessing**

Completed by: \_\_\_\_\_

Date completed: \_\_\_\_\_

Essential Elements of Endoscope Reprocessing	Practice Meets Element (Y/N)	Facility Practice & Supporting Documentation (if any)	Deficiency Identified? (Y/N)	Barriers to Implementing Essential Element
<b>Pre-cleaning</b>				
Is pre-cleaning performed at point-of-use, immediately following completion of the endoscope procedure?				
Are flexible endoscopes and reusable accessories pre-cleaned following the device manufacturer's instructions for use (IFU)?				
Are the pre-cleaned endoscopes placed in rigid container labeled as BIOHAZARD for transport to the reprocessing area?				
<b>Leak Testing (for endoscopes that require leak testing)</b>				
Is the leak test performed using manufacturer's IFU after each use and prior to manual cleaning?				
<b>Manual Cleaning</b>				
Is meticulous manual cleaning performed according to manufacturer's IFU before performing high-level disinfection (HLD) or sterilization?				
Does manual cleaning include brushing and flushing channels and ports consistent with the manufacturer's IFU?				
Is manual cleaning performed within the timeframe specified in the manufacturer's IFU?				
<b>Visual Inspection</b>				
Are the endoscope and its accessories visually inspected after manual cleaning?				
<b>Disinfection or Sterilization</b>				
Is HLD or sterilization performed in accordance with the manufacturer's IFU following cleaning and visual inspection?				

# ENDOSCOPE REPROCESSING: *NEW PARADIGM*

- ***What is the situation in your facility??***  
*You don't know what you don't know!*
- **Specific Audit with Data**
  - **Test:** efficacy of manual cleaning  
*(rapid organic tests or ATP test)*
  - **Test:** Dry overnight Storage  
*(borescope or humidicator strips)*
  - **Test:** Culture of endoscopes  
*(FDA/CDC/ASM culture protocol)*

**Audit**



# Endoscope Reprocessing: Paradigm Shift!



## References:

1. Thaker AM, Muthusamy VR, Sedarat A, et al. Duodenoscope reprocessing practice patterns in U.S. endoscopy centers: a survey study. *Gastrointest Endosc* 2018;88:316-22
2. Naryzhny I, Silas D, Chi K, Impact of Ethylene Oxide Gas Sterilization of Duodenoscopes after a Carbapenem-Resistant Enterobacteriaceae Outbreak, *Gastrointestinal Endoscopy* (2016), doi: 10.1016/j.gie.2016.01.055.
3. Snyder GM, Wright SB, Smithey A, Mizrahi M, Sheppard M, Hirsch EB, et al. Randomized Comparison of 3 High-Level Disinfection and Sterilization Procedures for Duodenoscopes. *Gastroenterology* 2017;153:1018–1025.
4. FDA orders duodenoscope manufacturers to conduct postmarket surveillance studies in health care facilities. Oct 5, 2015 <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/UCM465639>
5. FDA Statement; Statement from Jeff Shuren, MD, Director of the Center for Devices and Radiological Health, on continued efforts to assess duodenoscope contamination risk. April 12, 2019. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pss.cfm>)
6. The FDA is Recommending Transition to Duodenoscopes with Innovative Designs to Enhance Safety: FDA Safety Communication Aug 29, 2019 <https://www.fda.gov/medical-devices/safety-communications/fda-recommending-transition-duodenoscopes-innovative-designs-enhance-safety-fda-safety-communication>
7. Barakat MT, Girotra M, Huang RJ, et al. Scoping the scope: endoscopic evaluation of endoscope working channels with a new high-resolution inspection endoscope (with video). *Gastrointest Endosc*. 2018 Oct;88(4):601-611.e1. doi: 10.1016/j.gie.2018.01.018.
8. Barakat MT, Huang RJ, Banerjee S, Comparison of automated and manual drying in the eliminating residual endoscope working channel fluid after reprocessing (with video), *Gastrointestinal Endoscopy* (2018), doi: 10.1016/j.gie.2018.08.033
9. Barakat MT, Huang RJ, Banerjee S, Simethicone is retained in endoscopes despite reprocessing: impact of its use on working channel fluid retention and adenosine triphosphate bioluminescence values (with video), *Gastrointestinal Endoscopy* (2018), doi: 10.1016/j.gie.2018.08.012.
10. Ofstead CL, Hopkins KM, Eiland JE, et al. Widespread clinical use of simethicone, insoluble lubricants, and tissue glue during endoscopy: A call to action for infection preventionists. *Am J Infect Control*. 2019 <https://doi.org/10.1016/j.ajic.2019.02.0>
11. Ofstead CL, Heymann OL, Quick MR, et al. Residual moisture and waterborne pathogens inside flexible endoscopes: Evidence from a multisite study of endoscope drying effectiveness. *Am J Infect Control* 2018; <https://doi.org/10.1016/j.ajic.2018.03.002>
12. Ofstead CL, Wetzler HP, Johnson EA, et al. Simethicone residue remains inside gastrointestinal endoscopes despite reprocessing. *Am J Infect Control* 2016; <http://dx.doi.org/10.1016/j.ajic.2016.05.016>.
13. Perumpail RB, Marya NB, McGinty BL, Mathusamy VR. Endoscope reprocessing: Comparison of drying effectiveness and microbial levels with an automated drying and storage cabinet with forced filtered air and a standard storage cabinet. *Am J Infect Control* 2019 <https://doi.org/10.1016/j.ajic/2019.02.016>