

ASGE and SHEA issue updated multisociety guideline on reprocessing flexible gastrointestinal endoscopes

June 1 2011

The American Society for Gastrointestinal Endoscopy (ASGE) and the Society for Healthcare Epidemiology of America (SHEA) have updated their 2003 joint guideline for reprocessing gastrointestinal endoscopes to reaffirm reprocessing methods and take into account evolved technology and disinfection systems.

The initial guideline, published in 2003, was drafted in collaboration with multiple physician and nursing organizations, infection prevention and control organizations, federal and state agencies, and industry leaders to develop evidence-based guidelines for reprocessing gastrointestinal (GI) endoscopes. ASGE, SHEA and nine other collaborating organizations have updated the previous guideline with additional discussion of new or evolving reprocessing issues and updated literature citations. The updated guideline, "Multisociety guideline on reprocessing flexible gastrointestinal endoscopes: 2011," is published in the June issues of *GIE: Gastrointestinal Endoscopy*, the monthly peer-reviewed scientific journal of the ASGE, and of *Infection Control and Hospital Epidemiology*, the scientific journal of SHEA.

To date, all published occurrences of pathogen transmission related to GI endoscopy have been associated with failure to follow established cleaning and disinfection/[sterilization](#) guidelines or use of defective equipment. Despite strong data regarding the safety of endoscope reprocessing, clinicians' concerns about the potential for pathogen

transmission during endoscopy have raised questions about the best methods for disinfection or sterilization of these devices between patient uses. Since the 2003 guideline, high-level [disinfectants](#), automated reprocessing machines, endoscopes and endoscopic accessories have all evolved; however, the efficacy of [decontamination](#) and high-level disinfection is unchanged and the principles guiding both remain valid.

"Endoscopy is a safe and effective procedure. Despite the large number and variety of GI endoscopic procedures performed, documented instances of infectious complications remain rare, with an estimated frequency of 1 in 1.8 million procedures," said Bret T. Petersen, MD, FASGE, chairman, ASGE Quality Assurance in Endoscopy Committee. "Since the 2003 guideline was published, additional outbreaks of infection related to suboptimal infection prevention practices during endoscopy or lapses in endoscope reprocessing have been well publicized. Given the ongoing, but rare, occurrences of endoscopy-associated infections attributed to lapses in infection prevention, an update of the multisociety guideline was warranted."

Flexible GI endoscopes should first be completely cleaned and then subjected to at least high-level disinfection. This standard has been recommended by federal agencies such as the FDA and CDC; professional organizations such as ASGE, SHEA, the American College of Gastroenterology, the American Gastroenterology Association, the Society of Gastroenterology Nurses and Associates (SGNA), the Association of periOperative Registered Nurses (AORN), and the Association for Professionals in Infection Control and Epidemiology. These organizations have developed guidance documents that detail the sequence and specifics of each element of appropriate endoscope reprocessing. There are no published studies of confirmed transmission of infection when these guidelines have been followed.

"These guidelines ensure that all clinicians are following the most up to

date evidence-based methods to help keep patients safe," said Keith Woeltje, MD, PhD, FSHEA, chair of SHEA's Guidelines Committee. "The rare occurrence of transmission via endoscope speaks to the efficacy of reprocessing methods and shows the impact this guidance has in practice."

Specific additions or changes published in the "Multisociety guideline on reprocessing flexible gastrointestinal endoscopes: 2011" include:

- Review of expanded details related to critical reprocessing steps (including cleaning and drying)
- Review of reprocessing issues for various endoscope attachments such as flushing catheters
- Distinction between risks related to endoscope reprocessing and those related to periprocedural practices, including medication administration
- Discussion of related issues for which data are absent or insufficient to guide practice, including:
 - Endoscope shelf life or "hang time" (the interval of storage after which endoscopes should be reprocessed before use)
 - The role of microbiological surveillance testing of [endoscopes](#) after reprocessing
 - Questions regarding endoscope durability and longevity from the standpoint of [infection prevention](#)

To read all of the recommendations in the guideline, see the June issues of GIE: Gastrointestinal Endoscopy and Infection Control and Hospital Epidemiology.

The 2011 update was initially drafted by the Quality Assurance in Endoscopy Committee of ASGE and the Guideline Committee of the Society for Healthcare Epidemiology of America. Thereafter, significant input from the endorsing organizations was incorporated and distributed for consensus. The updated guideline has received the endorsement of the following organizations, which are committed to assisting the FDA, equivalent international agencies and manufacturers in addressing critical infection control issues in GI device reprocessing:

- American Society for [Gastrointestinal Endoscopy](#)
- Society for Healthcare Epidemiology
- American College of Gastroenterology
- American Gastroenterological Association
- American Society of Colon and Rectal Surgeons
- Accreditation Association for Ambulatory Health Care
- Association of periOperative Registered Nurses
- Association of Professionals in [Infection Control](#) and Epidemiology
- The Joint Commission

- Society of American Gastrointestinal and Endoscopic Surgeons
- Society of Gastroenterology Nurses and Associates

More information: www.asge.org/

Provided by American Society for Gastrointestinal Endoscopy

Citation: ASGE and SHEA issue updated multisociety guideline on reprocessing flexible gastrointestinal endoscopes (2011, June 1) retrieved 5 May 2024 from <https://medicalxpress.com/news/2011-06-asge-shea-issue-multisociety-guideline.html>

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