OLYMPUS

REPROCESSING *tips*

Don't be swayed by dishwasher mentality

Automated endoscope reprocessors offer an excellent means of consistent high-level disinfection (HLD). However, they do not negate the need for manual precleaning prior to HLD. Always follow all steps of the manufacturer's endoscope reprocessing instructions. Among other things, prior to automated disinfection, remember to:

- Pre-clean at bedside
- Perform leakage testing *before* immersion into any fluid
- Manually clean reusable valves and water bottles before high-level disinfecting or autoclaving

Important Safety Notice

Auxiliary Water Channels Must be Reprocessed After Every Endoscopy Procedure

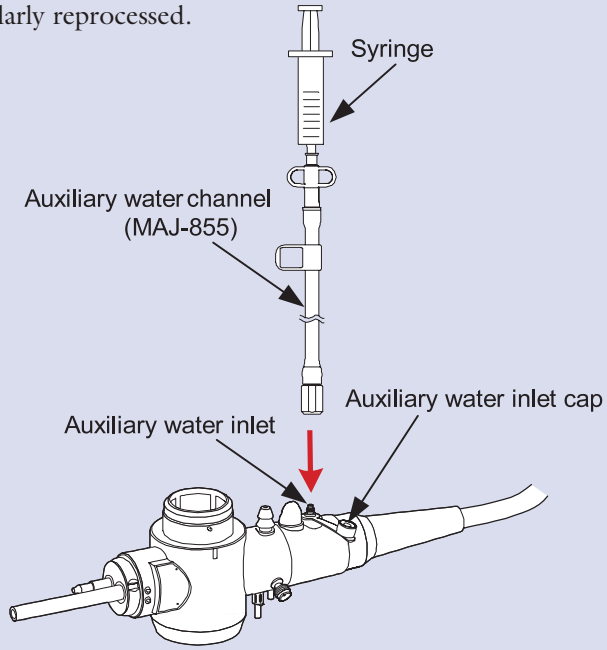
To ensure proper reprocessing, remember that **all channels of all Olympus endoscopes must be reprocessed during each reprocessing cycle even if the channels were not utilized during the preceding patient procedure**. This applies to the auxiliary water channel ("forward water-jet") found on the following EXERA™ models:

CF-Q160L	CF-Q160S
CF-Q160AI	CF-Q160I
CF-Q160AL	GIF-2T160

A similar function is found on certain older pre-EXERA instruments. However, the auxiliary water inlet on these older models is located on the endoscope's control section either immediately above the suction valve or just below the grip. These too must be regularly reprocessed.

For manual reprocessing, it is necessary to connect the auxiliary water tube supplied with your endoscope to the auxiliary water inlet. Use a syringe to sequentially flush detergent, rinse water, disinfectant, rinse water, air, and alcohol followed by air through this channel as the endoscope is reprocessed. The following diagram illustrates the configuration for manual reprocessing. The exact steps are outlined in the reprocessing manual supplied with each Olympus endoscope.

If you are using an automated reprocessor to reprocess your endoscopes, work with the manufacturer of the reprocessor to ensure you have an appropriate channel connector to flush fluids through the auxiliary water channel.



Ultrasound gastroscopes require special care

Ultrasound gastroscopes are like no other. All hospital employees handling this equipment should receive specialized training. With a little extra precaution, repairs can be minimized. Remember:

a) When transporting the endoscope, hold the control section and all the connectors, including the light guide connector (a.k.a. endoscope connector) and the ultrasound connector (for CLA scopes and older generation radial scopes) in one hand and hold the distal end of the insertion tube lightly but securely in the other hand. Bumping or banging the distal end can cause extensive damage to the ultrasound transducer.

b) Remember that ultrasound gastrovideoscopes have *two* water resistant caps (and only *one* for the ultrasound gastrofiberscope): (1) a water-resistant cap for the ultrasound connector or ultrasound cable (GF-UM160), and (2) a water-resistant cap for the video cable connector (a.k.a. electrical connector). It is critical for *all caps* to be connected prior to leakage testing or immersion to avoid fluid invasion.