

## INTRODUCTION

Endoscope sampling is very important to evaluate the quality of the reprocessing process.

This procedure allows to through an analysis of the residual contamination level in the channels:

- Validate the efficacy of endoscope reprocessing (performance), together with sampling the rinsing water and the water from the bottom of the bowl.
- Verify the state of the endoscopes (possible presence of biofilm).
- Analyse the responsibility of a specific endoscope in an epidemiological context.

To find out about the sampling frequency of your endoscopes, please refer to the current recommendations and regulations used in your country (usually released by your dedicated ministry / institutions) or to the validated procedures described in your hospital.

### ENDOSCOPE SAMPLING SITUATION:

This procedure exclusively applies to endoscope sampling in the Soluscope bowl, following reprocessing using cycle 1.

⇒ *In order to ensure optimal asepsis and to facilitate the execution of the different steps, we would firmly advise that two operators perform the sampling together.*



**EQUIPMENT**

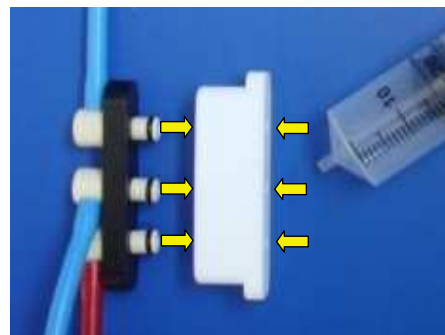
- 2x pairs of sterile gloves
- 1 **autoclaved** Soluscope WBA connectic interface per endoscope to be sampled
- 1 **autoclaved** Soluscope WAE connectic interface per endoscope to be sampled
- 1 sterile syringe (minimum 50 ml)
- 1 or several sterile containers, depending on the volume and the amount of channels to be sampled
- Use an adequate quantity of sampling solution per channel to be sampled. We suggest using the following volumes:

Channel	Minimum volume to be injected
Biopsy	100 ml
Suction	100 ml
Air	50 ml
Water	50 ml
Water jet	50 ml
Elevator	10 ml

Example of sampling solution (autoclaved at 120°C / 20 min.)	
Constituents	Concentration
Tween 80	3% v/v
Egg lecithin	0,3% m/v
L-histidine	0,1% m/v
Sodium thiosulfate	0,5%
Distilled water	qsp 100ml

**PROCEDURE**

1. Connect the endoscope with its connectics and launch a reprocessing cycle 1 or 2.
2. Open the lid and put on sterile gloves.
3. Disconnect the clusters and clean the o-rings with alcohol.
4. Connect each interface block to its respective connectics.
5. Fill the syringe with an appropriate quantity of sampling solution
6. Successively connect the syringe to each of the channels to inject the solution. Simultaneously collect the solution from the distal part of the endoscope (see picture p. 1)



To sample the suction channel, clamp the biopsy channel  
 To sample the biopsy channel, clamp the suction channel  
 To sample the water channel, clamp the air channel  
 To sample the air channel, clamp the water channel  
 The elevator channel can be sampled without clamping

To collect the same quantity of liquid from the distal part as the quantity injected, fill the syringe and purge the channel with air as many times as needed.

7. Once the samplings have been performed, reconnect the endoscope and launch a reprocessing cycle 1 in order to eliminate any sampling liquid residues. In case the sampling liquid is foamy, a rinsing cycle 11 should be launched before launching a cycle 1.



⇒ As a routine control, it is possible to collect the sample of all channels into the same container. We however recommend to collect the channels separately in case of a first positive sample, in order to precisely localise the contamination.

WAE and WBA blocks can also be used for :

- 1- Clearing up a obstructed channel (see Blocked or disconnected channel case (refer to *Corrective Actions*, chapter 6, in your User Manual)
- 2- Diagnose a leak on the connectics.