



Nasendoscope decontamination experience in practice



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Examination of the nose and upper airways using flexible fibre optic nasendoscopes has become a routine procedure in ENT investigations. Simple and quick, this type of endoscopy can be performed using just local anaesthetic applied as a spray to the throat, and generally causes only the minimum discomfort to patients. Such straightforward examination of the linings of the nose, nasal cavity, the back of the mouth and tongue, and the upper part of the voice box, provides vital information for the diagnosis and management of a wide variety of conditions.

Clinics and practices

The speed and convenience of these procedures makes them ideally suited for clinics and specialist practices. However, away from the main hospital environment, where access to full sterilisation services may be limited or non-existent, there is an important, practical task to be addressed

in ensuring adequate instrument decontamination. Flexible nasendoscopes pose a particular challenge since they are delicate heat-sensitive instruments, although, compared with scopes used in other disciplines such as gastroenterology, are somewhat less complex in that they generally do not have suction or biopsy channels or accessories.

The real issue

With nasendoscopy procedures taking only 5 to 10 minutes, cleaning and immersion of scopes in disinfectant for 20 minutes or more, rinsing and then drying - between each patient - is not a practical proposition, especially where just one or possibly two scopes are available. For many people working in small clinics and practices the use of automatic washer-disinfectors is also not feasible.

A successful approach

Faced with this scenario in my own private practice, we have chosen to adopt the use of sheaths for all nasendoscope procedures, and at the end of each session the scope is subjected to rigorous cleaning and decontamination. Importantly, to suit our situation, the decontamination procedure is carried out using a sporicidal wipes system (Tristel) - possible because these are non-lumened instruments. This protocol is now in place. It is problem-free and has enabled us successfully to overcome the challenge of having no access to an automatic washer-disinfectant. Moreover, the simplicity of the wipes system and easy training means that users do not need to have extensive clinical experience. In future, as a possible replacement for sheaths, we may consider decontamination of the instruments between patients using the wipes system alone.