

THE EXTENT OF EXPERIENCING AVAILABILITY- AND REPROCESSING ISSUES ACCORDING TO UROLOGISTS IN JAPAN

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Introduction

More than seven million cystoscopies are performed in Asia each year. Investments in cystoscopes are associated with high capital costs and ongoing maintenance costs. In most clinical settings the number of cystoscopes available are limited due to the large investment needed. Additionally, cystoscopes become unavailable when out for repairs, microbiological testing, and reprocessing following a cystoscopy. We aimed to investigate the extent of experiencing availability issues for cystoscopy procedures, the use of different reprocessing methods at cystoscopy facilities, and the concern for contaminated cystoscopes in Japan.

Materials and Methods

Between February 24, 2020 and March 23, 2020, a total number of 53 urologists performing cystoscopies in both hospitals and clinics in Japan answered an electronic survey. The survey contained questions about reprocessing setups and potential concerns in regards to contaminated cystoscopes and availability issues. All data were collected using the online survey tool, QuestionPro and analyzed in Microsoft Excel.

Result

- Among the 53 urologists 43 (81.1 %) reportedly had more than 10 years of experience performing cystoscopies. Fortyeight (90.6 %) of the urologists operated in hospital settings and 3 (5.7 %) used single-use ureteroscopes at the time they answered the survey. When asked how often they have to wait for a cystoscope to become available only 10 (15.1 %) of the urologists responded that they never had to wait.
- When urologists were asked about issues related to reusable cystoscopes, most urologists had experienced issues with “reprocessing of the cystoscope after consult” (40.3 %) followed by “availability” (30.6 %) and “portability” (19.4 %) of the cystoscope. More than half of the urologists (54.7 %) reportedly used high level disinfection as reprocessing method to clean their cystoscopes. Eight (15.1 %) used sterilization, 7 (13.2 %) used chemical baths, 1 (1.8 %) used Tristel wipes and 8 (15.1 %) used another reprocessing method. When asked to anticipate the rate of contamination of their cystoscopes the urologists, on average, estimated 11.2 % of their cystoscopes to be contaminated. There were no significant differences between reprocessing method used and the anticipated contamination rate.

Conclusion

According to the results, most of the urologists had experienced issues with reprocessing of the cystoscope after consult (40.3 %) and almost one third of the urologists had experienced availability issues (30.6 %). More than half of the urologists (69.8 %) used high level disinfection or sterilization as reprocessing method to clean their cystoscopes.

Despite most of the respondents used high level disinfection or sterilization the urologists anticipated the contamination rate of their cystoscopes to be 11.2 % on average. This highlights the need for innovative cystoscopes that eliminates the risk of patient cross-contamination, the need for time-consuming reprocessing and thereby also availability issues.