

THERAPEUTIC ERCP MADE SIMPLER AND EASIER

Endoscopic Retrograde Cholangio-Pancreatography (ERCP) is a procedure utilizing both endoscopic and radiologic imaging of the biliary and pancreatic ducts. While previously limited to diagnostic procedures, sphincterotomy has allowed ERCP to evolve into a primarily therapeutic procedure. A duodenoscope, a side viewing endoscope used to perform the procedure, ultimately allows cannulation to be achieved. ERCP is one of the more complex clinical endoscopic procedures being done today.

Due to the complexity of therapeutic ERCP, it requires highly trained and skilled physicians and nurses to perform this procedure. Otherwise, this procedure can be a very time consuming and frustrating task, especially when it comes to catheter exchanges.

To help make performing the ERCP simpler and faster, Carsen is pleased to bring you an innovation in Olympus technology. We are introducing the new V-System which includes the V-Scope and integrated EndoTherapy accessories such as LinearGuide-V Guidewire, X-Press and Star Tip-V Cannula, V-Retrieval Basket in both 4-wire and 8-wire (wireguided and rotatable retrieval basket), Multi 3-V Extraction Balloon, and Double and Triple Lumen Sphincterotomes.

WHAT IS THE V-SYSTEM?

V-SCOPE + V-ENDOTHERAPY = V-SYSTEM

The V-System is a complete ERCP System that integrates the V-Scope duodenoscope and specialized V-Endotherapy accessories. The V-system is designed to offer endoscopists both simplicity and choice in performing therapeutic ERCP. It is a revolutionary system that simplifies and enhances the efficiency of Therapeutic ERCP.

KEY FEATURES OF THE V-SYSTEM:

1. The V-Scope elevator has the V-Groove that is designed to lock the LinearGuideV guidewire in place, thereby eliminating unwanted movement of the guidewire. The V-Groove also makes exchanges more efficient, eliminating the need for the assistant to hold the guidewire in place during the procedure.



2. The V-Marking is located on the proximal side of the sheath and indicates when to raise and lower the V-Groove elevator. Marking allows the physician to know when the distal end of the device has reached the tip of the endoscope and indicates when it is safe to lock the guidewire. The LinearGuide-V guidewire is specifically designed to lock into the V-Scope's V-Groove. When the LinearGuide-V Guidewire is extended

13 cm and the spiral markings are visible at the elevator, the guidewire can be locked at the V-Groove. The two-step ring and spiral markings on the LinearGuide-V make it easy to confirm the movement and position of the wire within the endoscopic field of view.



3. The C-Hook allows the device handle to be attached to the V-Scope control section, putting it within the reach of the endoscopist. With the device at hand, the endoscopist can maneuver the guidewire, inject contrast media, and manipulate the device handle while keeping a grip on the device control section. C-Hook allows for greater control over the device by the physician or the nurse.



4. The V-Sheath allows the endoscopist complete device control, or if preferred, the device control may be given to the assistant. The device's unique design allows the guidewire sheath and injection sheath/handle to be separated. This forked sheath design allows either the endoscopist or the assistant to control the device.



The innovative design of this system simplifies and improves the efficiency of therapeutic ERCP. With an array of unique features, the V-system offers the option of guidewire control by the physician or the nurse. As well, this open system allows for individual preferences or new technologies to be incorporated. Easier exchange of catheters due to short wire and increased angulation of the elevator (+8 degrees) enhances cannulation, saves time, and increases the overall effectiveness of the procedure.

For more information on the complete V-System, please contact your local Carsen Endoscopy Sales Consultant at 1-800-387-0437 or visit www.carsengroup.com

V-system – Allows you to proceed with Confidence and Efficiency!



Carsen is a proud Partner Sponsor of the Canadian Association of Gastroenterology.



THE TOTAL SCOPE

Your Source for Endoscopy News

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The Centre hospitalier affilié universitaire (CHA) Hôtel-Dieu de Lévis (affiliated to Laval University) is a regional and extra-regional referral hospital center, which provides a full range of general and specialized services. The mission of the Hôtel-Dieu de Lévis is to rely on the expertise of its staff and fully developed technical platform to provide an extended range of specialized medical services. In broadening its mission, the CHA Hôtel-Dieu de Lévis is able to work together with all of its health network partners to provide users with a complete, effective, efficient and integrated range of healthcare services that take full advantage of new technologies.



Dr. Raymond Bourdages shown with Nurse Andrée Maréchal

Hôtel-Dieu de Lévis sets new standards.

Over the past several years, the CHA Hôtel-Dieu de Lévis has increased its client retention rates by constantly adapting to new patient needs and launching a vast update program for its technology that is setting new standards for many healthcare institutions in Quebec. In fact, over the last ten years, the gastroenterology unit at Hôtel-Dieu de Lévis has grown into a major referral center covering the entire South Eastern Quebec region, including the Magdalen Islands.

In line with the hospital's mission, the gastroenterology department offers a full spectrum of diagnostic and therapeutic procedures for its patients. These include: argon plasma coagulation, endoscopic mucosal resection, and implantation of digestive and biliary prostheses. Furthermore, the availability of new and up-to-date equipment allows the study of oesophageal motility and ambulatory PH monitoring.

According to Dr. Raymond Bourdages, Director of Gastroenterology at CHA Hôtel-Dieu de Lévis, "the quality of the equipment at our unit allows us to attract and retain key medical specialists, promote the innovation and quality of new medical procedures, provide the most up to date care for our patients, and position the institution as one of the provincial leaders."

"The main challenge faced by the gastroenterology unit is the same challenge faced by other specialized departments — budget limitations," adds Dr. Bourdages. "However, the medical team of the gastroenterology unit is quite creative, and together with administration and the biomedical engineering department, we were able to develop a strategy to move away from the common model of only financing when faced with crises," says Dr. Bourdages.

"Our strategy was clear," comments Dr. Bourdages, "we gradually developed the department's technical platform, outside of the emergency and crisis management context, which only allowed replacement of endoscopes when they failed. At the outset, the purchases made in the transition to videoendoscopy in

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1994 were spread out over ten years, allowing the growth from one to three digestive endoscopy rooms, and also going from two to four specialists over the years. By slowly acquiring and adding therapeutic and paediatric endoscopes to our standard inventory, by obsolescing older models to reduce maintenance costs and downtime, we were able to pursue the mission of the CHA Hôtel-Dieu de Lévis and meet the needs of our patients."

Nowadays, new technological innovations have much shorter life cycles, and while it is utopian to consider providing cutting-edge services in all institutions, the gastroenterology medical team of the CHA Hôtel-Dieu de Lévis is continuing to innovate by undertaking an ongoing and permanent equipment renewal project. The department, together with Carsen Group, is working to develop a new strategic plan to manage its endoscope inventory, increase efficiency, and make the most of the financial resources available. The program will allow the GI clinic to manage the obsolescence of its endoscopes, ensure minimal service costs, reduce downtime, and withdraw equipment from the technical platform based on long-term planning. All of these elements are going to be rolled up in the fixed-cost mode of financing by procedure. "A new approach is being developed to ensure the optimal rationalisation of annual operating costs," says Dr. Bourdages. "Not only we will be able to

enjoy the savings associated with better planning, but our endoscope inventory will undergo constant renewal to adapt to the ever-increasing patient needs. Finally, says Dr. Bourdages, "we will not have to play catch-up, make major investments or be reactive to a specific situation."

Innovation does not stop here with the implementation of this creative solution. The CHA Hôtel-Dieu de Lévis is standing up as a leader in its region with another ambitious project.

Thanks to the leadership of the gastroenterology unit and of its director, Dr. Raymond Bourdages, the administration of the CHA Hôtel-Dieu de Lévis and the institution's medical body has approved the purchase and the budget needed to perform endoscopic

ultrasound, a complex diagnostic and therapeutic procedure.

To allow the quick acquisition of the endoscopic ultrasound equipment, which is quite a major investment, a finance committee supported by the hospital's foundation was set up in September 2004. Its members, who are all volunteers, were able to collect over 95% of the required funds in less than four months. The committee is still very active.

The practice of endoscopic ultrasound requires in-depth training. Presently, Dr. Raymond Bourdages is taking a course at St. Luc Hospital in Montreal, under the supervision of Dr. Anand Sahai, a leader in the field. The endoscopic ultrasound tests will be available at the CHA Hôtel-Dieu de Lévis for the first time late in 2005.



MAINTENANCE TIPS

KEEP YOUR FLEXIBLE ENDOSCOPES HAPPY THROUGHOUT THE YEAR

With a hectic schedule, full patient load, and other demands facing your endoscopy clinic, here are some important suggestions to ensure that your endoscopes remain in excellent condition and your repair costs stay at a minimum all year long.

- 1. Avoid damage to the endoscope; check sinks, drains, and countertops for sharp edges. Replace metal drain stoppers with rubber ones, and remove any sharp, pointed or unnecessary nearby objects.
- 2. Check water-resistant caps each month to ensure the O-ring and seal are not worn or damaged. Check endoscope angulation to ensure proper settings on a monthly basis or after every service event, whichever comes first. Contact your Carsen Technical Service Advisor at 1-800-387-0437 for Angulation Chart.
- 3. Avoid poor colour reproduction in your CCD based camera system; always white balance the endoscope as soon as you plug it into the processor. (This is not necessary for 160 scopes with the CV-160 as white balance is automatically adjusted.)

- 4. After completing a patient procedure and bedside pre-cleaning, transport endoscopes to the reprocessing area in covered containers. Transport only one endoscope per covered container to prevent cross-contamination and protect against damage.
- 5. Do not transport endoscopic accessories with endoscopes as contact can result in endoscope damage, especially at the bending section.
- 6. Perform leakage testing prior to the mechanical cleaning phase of each reprocessing procedure to prevent fluid invasion. Always reprocess every channel of an endoscope, even if a particular channel was not utilized during the preceding patient procedure, to remove potential debris.
- 7. Manual cleaning is the first important step in removing microbial bioburden from an endoscope. Failure to properly clean an endoscope can compromise high-level disinfection or sterilization efficacy.

- 8. For manual cleaning, use fresh detergent solution that is diluted according to the detergent manufacturer's instructions. Proper dilution will ensure the complete removal of detergent solution during rinsing, prior to high-level disinfection or sterilization.
- 9. Utilize endoscope compatible liquid chemical germicides that have been tested for proper potency according to germicide manufacturer instructions.
- 10. Store endoscopes in a clean, ventilated and uncluttered cabinet. Hang scopes vertically with valves and caps removed, and with locks in the "free" position to prevent damage and reduce the possibility of microbial growth in the channels.
- 11. Review your Olympus operations and reprocessing manuals for detailed care and handling instructions.
- 12. Contact your local Carsen Endoscopy Sales Consultant if you have any questions regarding the reprocessing or maintenance of your endoscopes. Please call 1-800-387-0437.

Helping GI Clinics Overcome Infection Control Challenges



According to Dr. Michele Alfa, Assistant Director, Microbiology Lab St. Boniface General Hospital, "the increasing pressures on staff arising from the growing procedural count, limited

amount of equipment, shortage of trained staff, and the lack of basic understanding of microbiology are some of the biggest challenges facing GI clinics in Canada today and the reasons for low compliance."

"Nobody wants to make reprocessing mistakes or intentionally cut corners," says Dr. Alfa, "however, the staff is constantly faced with the undue stress of trying to turn around the available scopes fairly quickly. Also, a lack of understanding of the repercussions of improper instrument reprocessing leads to errors and poor infection control practices."

Infection control is not simply a matter of implementing standards and guidelines. It involves improving awareness as well as changing attitudes and work practices, at institutional and individual levels. At the institutional level, says Dr. Alfa, "it is up to the hospital administration to provide adequate support for their staff. This support can provide staff with opportunities for learning and continuing education, and help resolve financial issues affecting a GI clinic's performance. Hospital administration, together with the clinic's staff, needs to determine the optimal level of endoscope inventory required, provide staff with the appropriate level of training, and perhaps assign a dedicated reprocessing team whose responsibility is to ensure consistent and proper practices."

We asked Dr. Alfa, "How can Canadian GI clinics overcome challenges that affect infection control practices?"

"First of all, to ensure consistent implementation, GI clinics should have site-specific written protocols for endoscope reprocessing that are based on National Standards (e.g. CSA or CSGNA standards)," says Dr. Alfa. "To demonstrate compliance with these protocols, the reprocessing staff should have ongoing competency assessments," continues Dr. Alfa. "This can be done by

Making a Difference!

Carsen is pleased to announce its partnership with the Colorectal Cancer Association of Canada (CCAC). Carsen Group is a proud Gold Sponsor of the CCAC whose mission is to increase awareness and education of the disease, support patients and their families, advocate for a national screening policy, and improve access to treatment.

Colorectal cancer remains the second leading overall cause of death from cancer among men and women in Canada. Approximately 20,000 people will be diagnosed with colorectal cancer and 8,400 will die of the disease this year. Despite these shocking numbers, the disease is one of the least talked about forms of cancer. As a result, many Canadians are unaware of its prevalence and symptoms. Through education, early detection, removal of pre-cancerous polyps, and healthy diet and exercise, colorectal cancer is over 90% preventable, treatable, and beatable!

Today's statistics show that fewer than 20% of Canadians, ages between 50-74, are currently undergoing screening for colorectal cancer. The most important goal of the CCAC is to encourage our federal and provincial governments to commit to a nationally funded screening program and increase public awareness of this disease.

At Carsen, we are proud to support and contribute to this important cause. To help the CCAC promote awareness among Canadians, we will be sponsoring the 2005 annual *Globe & Mail* special insert on colorectal cancer, which will be delivered to thousands of Canadian homes in the first weekend in March. This special feature will elevate

awareness of the disease, the need for early detection, discuss risk factors, and offer help to those who are battling colorectal cancer.

The CCAC is organizing public information sessions to help meet the needs and concerns of its members, their families, and friends. Carsen will attend free CCAC patient seminars held in major cities across Canada. Carsen will also demonstrate endoscopy equipment that is considered to be the gold standard in colorectal screening today. Talking about the procedures will help educate the public, answer questions related to testing, and overcome discomfort and fears associated with colorectal screening.

The CCAC also offers its members a free information program, sponsored by Carsen, which covers matters such as current research and ongoing clinical trials. This information is vital to colorectal cancer patients as it will enable them to become more knowledgeable and empowered about their own treatment.

To find out more about the CCAC, fundraising events and programs that Carsen will be attending, or to find ways in which you can help, please visit our websites at www.carsengroup.com or www.ccac-acc.ca. You can also link to the new eAdvocacy campaign for a National Colorectal Cancer Screening Policy in Canada at www.advocacyonline.net/ccac/email.htm

Colorectal Cancer
Association of Canada



an 'audit' person who uses a 'checklist' to document that each step in reprocessing was done properly. This assessment should be developed as part of the overall hospital's QA program by the infection control department in collaboration with the GI clinic supervisor. The ongoing competency assessment should be a part of annual performance reviews and appraisals," adds Dr. Alfa, "to ensure the most impact."

"As well, due to the dynamic nature of research and product development in the area of infection control, the industry can significantly help GI departments by training and ensuring that their products are being used and reprocessed properly," says Dr. Alfa.

At Carsen, we understand that education and infection control go hand in hand. As such, we are committed to offering our customers training courses that enable them to stay knowledgeable and consistently deliver the best possible patient care. Not only do we provide in-service training every time we install new reprocessing and endoscope

equipment but we offer C.E.R.T. seminar – an in-depth information and hands-on training on the reprocessing methods for all flexible scopes and accessories. The C.E.R.T. training provides attendees with the necessary information and the skills to set-up validation protocols and implement a Quality Assurance program in their respective facilities. For more information or to register for this C.E.R.T. program, please visit our website: www.carsengroup.com. To contact Dr. Alfa directly, please email her at malfa@sbgh.mb.ca

