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August 27, 2007

TO: Members of The Los Angeles Urological Society

FROM: Jonathan E. Fielding, M.D., M.P.H. *J. Fielding MD*

SUBJECT: **CYSTOSCOPE CLEANING AND DISINFECTION PRACTICES**

Several outbreaks of infectious diseases attributed to improperly processed semicritical items, (e.g. laryngoscopes, cystoscopes, etc.), have occurred and resulted in patient morbidity. To protect the health of patients undergoing cystoscopy, the Los Angeles County Department of Public Health (DPH) and the Los Angeles Urological Society would like to recommend that you and your staff review the guidelines for cleaning and disinfection published by the manufacturer of the cystoscopes used in your practice and also review your current cystoscopy cleaning and disinfection practices to ensure that six essential steps are followed after each use of the cystoscope:

- 1) **Cleaning:**
 - The external surfaces, ports, and internal channels of the cystoscope should be cleaned with an adequately sized brush and enzymatic cleaner. Consult with the cystoscope manufacturer's guidelines for specific directions for cleaning. This step is essential prior to disinfection.
- 2) **Rinsing:**
 - The cystoscope and its channels should be rinsed with water and drained.
- 3) **Disinfection:**
 - The cystoscope should be immersed in a high-level disinfectant and the disinfectant should be perfused into channels. High-level disinfectants include the following: glutaraldehyde preparations, hydrogen peroxide, peracetic acid, and orthophthalaldehyde. Exposure with disinfectant should be for at least 20 minutes. However, we recommend that you consult the guidelines from the manufacturer of the cystoscope and the disinfectant used in your practice, as some guidelines recommend a 45-minute exposure. Temperature, concentration, and pH of the disinfectant should be documented. We recommend that you review the disinfectant manufacturer's guidelines for specific information on frequency with which new solution should be prepared.
- 4) **Rinsing:**
 - The cystoscope and channels should be rinsed with water using fresh water for each rinse. Sterile water is preferable for this step. The water rinse should be followed by a 70 to 90% ethyl or isopropyl alcohol rinse.
- 5) **Drying:**
 - The cystoscope and channels should be dried completely using compressed air.
- 6) **Storage:**
 - The cystoscope should be hung vertically to facilitate drying and should be stored in a way that prevents recontamination or damage.

Lack of attention to these details has resulted in serious infections in patients. In addition, all technicians should be instructed in proper cystoscope cleaning and disinfection upon hiring and annually after that, preferably by an expert in disinfection procedures or by the cystoscope manufacturer.

We would also like to remind healthcare providers that under the *California Code of Regulations* Title 17, § 2500, all outbreaks are reportable to DPH in a timely manner; failure to report outbreaks may be a cause for citation. We can provide immediate, professional, and independent assistance in the case of an outbreak. For assistance, please call (213) 240-7941 between 8 AM and 5 PM or (213) 974-1234 after hours, on weekends, and on holidays.

We appreciate your efforts to ensure that the cystoscopes used in your practice are appropriately reprocessed to protect the health of patients. If you have any questions or need additional information, please contact Dawn Terashita, M.D., M.P.H. or Lauren Burwell, M.D. of the Acute Communicable Disease Control Program, DPH at (213) 240-7941.

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