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Questions can be sent to to.jakridge@hpnonline.com called in to Jeannie Akridge at HPN: (941) 927-9345 ext.202 or mailed to: HPN CS Questions, 2477 Stickney Point Road, Suite 315B, Sarasota, FL 34231 Names and hospital identification will be withheld upon request.

April Cover Story

SPD care tactics for instrument health



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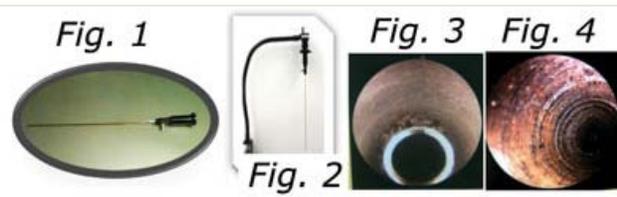
Visual inspection of cannulated devices; cataracts and surgical interventions; autoclave tape as internal indicator

by Ray Taurasi

Q In the March issue of CS Solutions you discussed the need to visually inspect instruments and other medical devices. I understand the importance of visually inspecting items for proper cleaning. We have magnifiers at each work station which are fine for inspecting ring handled

instruments but many of the IFUs for complex instruments like arthroscopic shavers, scopes, suction and other cannulated devices now state that the internal channels must be visually inspected. Many of these devices have long, dark, angled, narrow channels which are impossible to visually inspect. Just how are we supposed to comply with these ridiculous expectations?

A I can understand and appreciate your frustration relative to this matter. All of the devices you mentioned are complex and challenging items to clean. Many have been identified as a source of cross contamination. An improperly cleaned shaver was the cause of the patient's infection which was the focal point of the TODAY show special segment entitled, "Filthy Surgical Instruments: The hidden Threat in America's Operating Rooms", which aired in April 2012 and drew much public attention and further media hype. Last year there were special forums and summits held with FDA, AAMI, users and manufacturers to discuss the serious issues relative to cleaning medical instruments and devices. Much attention was focused on complex devices and the deficiencies of IFUs. As a result, many manufacturers are revising their IFUs with greater emphasis on the details involved in proper and effective cleaning. Most are stressing the need for visual inspection to ensure inner spaces are free of debris and visual organic matter. There is absolutely no way CS technicians can visually inspect the channels of the devices you describe without the use of a fiberscope designed for visual inspection. (See figure 1 and 2). In figures 3 and 4 you will see how visual inspection with a fiberscope allowed the detection of organic matter and other soil residual remaining in the channel of a cannulated instrument following the cleaning process.



Q I am a CS tech in a busy community hospital. We recently added an eye surgeon to the surgical team who is expected to do between 10 – 20 procedures a week. It's anticipated that most of those procedures will be cataracts. I have never really understood exactly what a cataract is or why so many people get the disease. Is it contagious?

A Cataracts are very common. In fact, by age 80, more than 50 percent of people either have a cataract or have already had cataract surgery. A cataract is a clouding in the eye's lens which affects vision. A cataract can occur in either one or both eyes, but the condition does not spread from one eye to the other or from person to person (cataracts are not infectious).

Most cataracts are related to aging but there are other types of cataracts, such as: Congenital cataracts, which may be present at birth or develop in early childhood (Often times congenital cataracts are very small and don't affect vision.); Secondary cataracts can form after other eye surgeries or other eye problems such as glaucoma. Secondary cataracts can also form in people that have other health issues such as diabetes or people who are on certain medications such as steroids; Traumatic cataracts can develop after an eye injury.

The eye's lens consists mostly of water and protein. The protein is arranged in a certain way that keeps the lens clear allowing light to pass through it. As we age, some of the protein begins to clump together causing a small cloud on the lens (which is the cataract). As time passes the cataract may grow larger, clouding more of the lens and making it harder to see. The clouding of the lens makes it more difficult for light to shine through to the retina. The light must be received by the retina, as it is there that the light is changed into nerve signals that are transmitted to the brain allowing us to detect and differentiate images. A clouded lens will result in blurred sight.

Surgery for the removal of cataracts and lens replacement is not done until the cataract has progressed to the point that it greatly affects vision and the quality of daily life. When a patient has bilateral cataracts, usually surgery is performed on one eye at a time and the patient returns for the second surgery within two to eight weeks. There is evidence that some people are more prone to develop cataracts due to genetic predisposition.

Q Sometimes when we run out of chemical indicators, we put a small piece of autoclave tape on a piece of paper and place it inside our packages and use it as the internal indicator. We have a new tech that says we shouldn't do this but he doesn't know why. Is this something we shouldn't do?

A AAMI ST79 10.5.2.2.2 states that each package sterilized should have an internal indicator: Either a Class 3 single parameter, Class 4 multi variable, Class 5 integrating indicator or a Class 6 emulating indicator. Autoclave tape is a Class 1 indicator known as a process indicator; it is intended for use on the outside of packages. The color change differentiates packages that have been in a sterilizer from those that have not. It does not assure any specific sterilization parameter was achieved and thus it is not acceptable as an internal chemical indicator. **HPN**

Ray Taurasi is Eastern Regional Director of Clinical Sales and Services for [Healthmark Industries](#). His healthcare career spans over three decades as an Administrator, Educator, Technologist and Consultant. He is a member of AORN, AHA, SGNA, AAMI and a past president of IAHCSSM and has served on and contributed to many national committees with a myriad of professional organizations, manufacturers, corporations and prestigious healthcare networks. Taurasi has been a faculty member of numerous colleges teaching in the divisions of business administration and health sciences. In addition to this column he has authored several articles and has been a featured speaker on the international scene.



