OUR UNIT HAS BEEN RECOGNIZED FOR DELIVERING HIGH-QUALITY PATIENT CARE

SINCE ITS FOUNDING IN 1941, the **American Society for Gastrointestinal Endoscopy** (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE promotes the highest standards for endoscopic training and practice, fosters endoscopic research, and is the foremost resource for endoscopic education.

Known as the leader in setting standards for excellence in gastrointestinal (GI) endoscopy, ASGE has developed the Endoscopy Unit Recognition Program, the only national program recognizing quality and safety in the practice of GI endoscopy. The ASGE Certificate of Recognition honors endoscopy units committed to the highest standards of quality and safety.

TO LEARN MORE about ASGE's prestigious recognition program, visit: www.asge.org/patients

OUR ENDOSCOPY UNIT has been recognized for being at the forefront of patient care and safety. As a result of meeting the rigorous criteria set forth by the **American Society for Gastrointestinal Endoscopy** for its **Endoscopy Unit Recognition Program** (EURP), we have been honored for our commitment to delivering high-quality, safe patient care.

WITH THIS SPECIAL RECOGNITION, you can feel confident in knowing that we are dedicated to these important principles:

- Effective Clinical Care – engage in continuous evaluation of the quality of care being provided as supported by unit policies and monitoring of physician performance relative to national benchmarks
- Safe Care – adhere to nationally-recognized clinical and safety guidelines to direct training and competency assessment of all unit personnel
- Patient-Centered Care – give patients the opportunity to participate in decisions involving their care, offer excellent customer service, and provide channels for customer feedback

ASGE Quality
ENDOSCOPY UNIT RECOGNITION PROGRAM

For more information, visit
www.asge.org

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE, with more than 13,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, and is the foremost resource for endoscopic education.

This patient education brochure was developed by the Publications Committee of the American Society for Gastrointestinal Endoscopy. This information is the opinion of and provided by the American Society for Gastrointestinal Endoscopy.

American Society for Gastrointestinal Endoscopy
www.asge.org and
www.screen4coloncancer.org

Gastrointestinal endoscopy helps patients through screening, diagnosis and treatment of digestive diseases. Visit www.asge.org to learn how you can support GI endoscopic research, education and public outreach through a donation to the ASGE Foundation.

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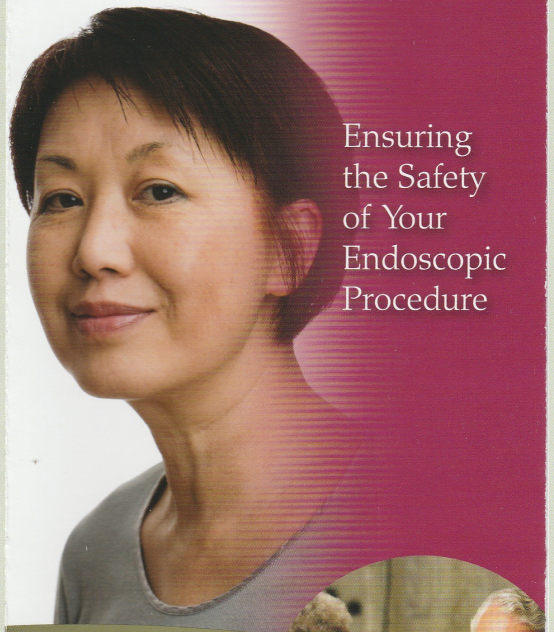
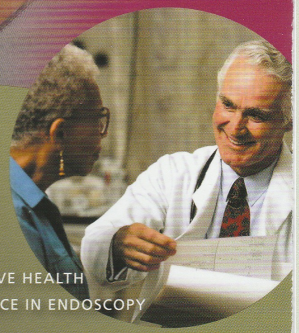


Ensuring the Safety of Your Endoscopic Procedure



IMPROVING DIGESTIVE HEALTH
THROUGH EXCELLENCE IN ENDOSCOPY

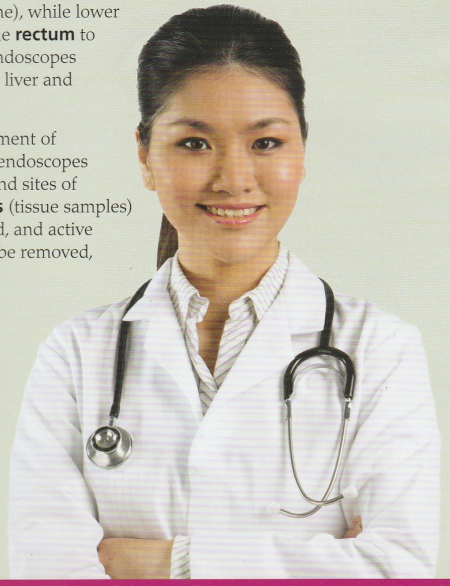
An endoscope is a medical device which is made of a flexible tube containing a light and a camera. It is used by highly trained specialists to look inside the digestive tract. Endoscopy allows the doctor to examine the lining of the gastrointestinal (GI) tract, which includes the esophagus, stomach, duodenum (the first part of the small intestine), colon, and rectum. The physician controls the movement of the flexible tube using the endoscope handle which has dials to steer the tip.

The benefits of endoscopy

Endoscopy involves the use of flexible tubes, known as endoscopes, to provide a close-up, color television view of the inside of the digestive tract. Upper endoscopes are passed through the mouth to visualize the **esophagus** (food pipe), **stomach**, and **duodenum** (first portion of the small intestine), while lower endoscopes (colonoscopes) are passed through the **rectum** to view the **colon** or large intestine. Other special endoscopes allow physicians to view portions of the pancreas, liver and gallbladder as well.

Endoscopy has been a major advance in the treatment of gastrointestinal diseases. For example, the use of endoscopes allows the detection of **ulcers**, **cancers**, **polyps** and sites of **internal bleeding**. Through endoscopy, **biopsies** (tissue samples) may be obtained, areas of blockage can be opened, and active bleeding can be stopped. Polyps in the colon can be removed, which has been shown to prevent colon cancer.

Endoscopy is easily carried out on an outpatient basis and patients tolerate it very well. The technique of endoscopy is extremely safe, with very low rates of complications, when performed by a highly trained endoscopist, such as members of the American Society for Gastrointestinal Endoscopy (ASGE).



The guidelines published by the American Society for Gastrointestinal Endoscopy for infection control before and during gastrointestinal endoscopy are available online at www.asge.org.

Ensuring the Safety of Your Endoscopic Procedure

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Because endoscopic procedures allow the doctor to view realtime images of the walls of the gastrointestinal tract during the procedure, endoscopy offers patients great benefits in diagnosis and treatment and, at the same time, is minimally invasive.

Important Reminder: This information is intended only to provide general guidance. It does not provide definitive medical advice. It is very important that you consult your doctor about your specific condition.

The Characteristics of an Endoscope

An endoscope consists of a flexible tube that is passed into the digestive tract to provide a video image (like a television). A control section allows the endoscopist to steer the tip of the endoscope. Within the endoscope are electronics that allow the video image, cables and control of the flexible tip. Channels within the endoscope permit passage of devices to take biopsies, stop bleeding, and remove polyps. The endoscope is a complex but durable instrument and is safe for use over a long period of time.

Effectiveness of the Reprocessing Guidelines

The guidelines for endoscope reprocessing (cleaning and disinfecting) that are outlined here have resulted in a remarkable safety record for endoscopy. Given the multiple benefits of endoscopy, it is no wonder that the number of procedures performed grows each year and that endoscopy is a mainstay of digestive disease treatment plans and health maintenance strategies. Endoscope manufacturers are continually improving the design of endoscopes to ensure patient safety.

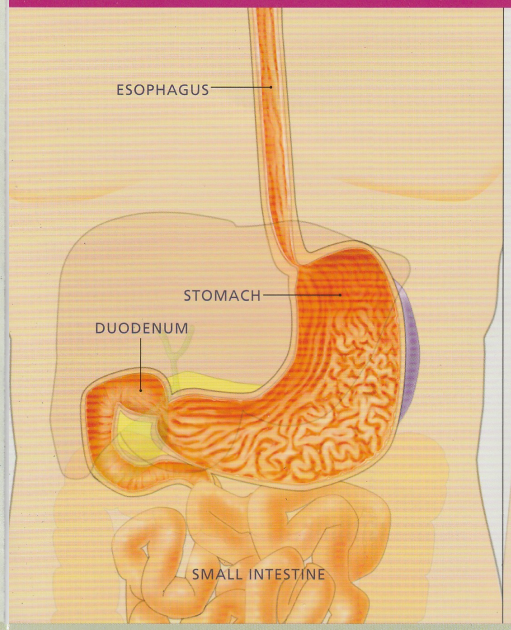
Quality Assurance and Training

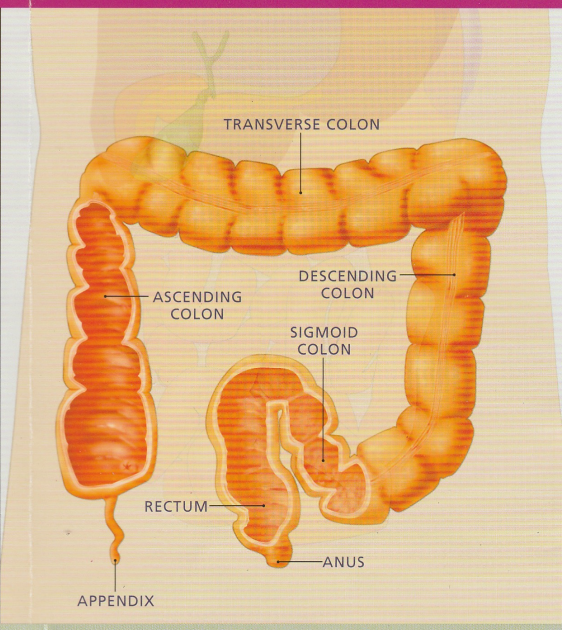
Any facility in which gastrointestinal endoscopy is performed must have an effective quality assurance program in place to make sure that endoscopes are reprocessed properly. Quality assurance programs for endoscopy must include the supervision, training, and annual competency review of all staff involved in the process, systems that assure availability of appropriate equipment and supplies at all times, and strict procedures for reporting possible problems.

Availability of Reprocessing Guidelines

The ASGE guidelines for infection control during gastrointestinal endoscopy provide the latest techniques and step-by-step directions on the proper procedure for cleaning and disinfecting endoscopes. These are distributed to all members of ASGE and are regularly reviewed and updated. They are also easily accessed on the ASGE Website (www.asge.org) and by calling or writing ASGE.

Endoscopy of both the upper and lower gastrointestinal tracts is a mainstay of digestive disease treatment plans and health maintenance strategies. Endoscopic procedures already have a remarkable safety record and manufacturers are continually improving the design of endoscopic devices to further ensure patient safety.





How the Preparation of an Endoscope for Each Procedure Ensures Patient Safety

In all areas of medicine and surgery, complex medical devices are generally not discarded after use in one patient but rather are reused in subsequent patients.

This practice is very safe, provided that the devices are properly prepared, or reprocessed, prior to each procedure, so as to eliminate any risk that an infection could be transmitted from one patient to another.

Prior to the performance of a procedure, an endoscope must be carefully cleaned and disinfected according to guidelines published by the American Society for Gastrointestinal Endoscopy, which are available online at www.asge.org. The steps involved in cleaning and disinfecting an endoscope are as follows:

Mechanical cleaning. The operating channels and external portions of the endoscope are washed thoroughly, wiped with special liquids that contain enzymes, and brushed with special cleaning instruments. Studies have shown that these steps alone can eliminate potentially harmful viruses and other microbes from an endoscope. However, much more is done before the endoscope is considered ready for use.

Leakage testing. The endoscope is tested to be sure that there are no leaks in its internal operating channels. This not only ensures peak performance of the endoscope, but also allows immediate detection of internal defects that could be a potential focus of infection within the device. Despite its complex electronics, an entire endoscope can be submersed completely in liquid so that leakage testing can be carried out.

Use of chemical disinfectants. Next, the endoscope is soaked continuously for an appropriate time period with one of several approved liquid chemicals that destroy microorganisms which can cause infections in humans, including the AIDS virus, hepatitis viruses, and potentially harmful bacteria.

There are a variety of chemical disinfectants used to achieve high-level disinfection. This process eliminates virtually all microbial life except for some inactivate dormant organisms known as spores. However, spores are uncommonly found in endoscopes and, even if present, are not harmful to humans. Although most high-level disinfectants are also sterilants (which kills all spores), this requires a much longer exposure time, and has not been shown to be necessary. The human mouth, small intestine, colon and rectum contain millions of nonharmful bacteria. Therefore, as soon as the endoscope touches the internal surface of a patient, it is not sterile. The goal of a "sterile" endoscope from the beginning to the end of a procedure is not achievable. Therefore, the goal of reprocessing is to eliminate from the endoscope any potentially harmful microbes. This goal can be achieved with high-level disinfectant chemicals and by following standard reprocessing guidelines.

After exposure to the chemical disinfectant, the endoscope channels are flushed with sterile water followed by alcohol and then air dried to eliminate any moisture that could be a site of bacterial growth from the environment. The endoscope is then stored on a specialized hanger to keep it dry and free of contamination.