Reprocessing of Water Bottles Used During Endoscopy

Definitions
For the purpose of this document, SGNA has adopted the following definitions:

- **Reprocessing** refers to the sequence of cleaning, lubricating (if necessary), and sterilizing (American Society for Testing and Materials [ASTM], 2000) or to the high-level disinfecting steps that will assure that an endoscopic accessory is patient ready (Alvarado, Reichelderfer, & the Association for Professionals in Infection Control and Epidemiology [APIC] Guidelines Committees, 2000; SGNA, 2005).

- **Water Bottle** refers to the water container, cap, and tubing that attaches to a flexible endoscope.

Background
There is limited research available on the proper cleaning and reprocessing of water bottles used in endoscopy. SGNA encourages research on the topic to better define guidelines for the proper reprocessing of the water bottle.

Position
SGNA supports the following positions:

A. Water bottles should be manually cleaned and high-level disinfected or sterilized (according to manufacturer's recommendations) on a daily basis. Prior to storage, there should be no residual fluid or moisture remaining in the water bottle assembly. It is recommended that practitioners thoroughly dry all water bottle surfaces to reduce the potential for bacterial colonization (Alvarado et al., 2000; American Society for Gastrointestinal Endoscopy [ASGE], 1999; SGNA, 2003).

B. Sterile water should be used in the water bottle for all endoscopic procedures (Alvarado et al., 2000; ASGE, 1999).

C. Due to the increased risk of infection, it is recommended that a reprocessed water bottle be used for each endoscopic retrograde cholangiopancreatography (ERCP) (Alvarado et al., 2000; SGNA, 2003).

References


**Recommended Reading**


**Acknowledgment**


This document was prepared and written by the SGNA Practice Committee and adopted by the SGNA Board of Directors in May 2002. Revised in October 2005.

Additional copies can be printed from SGNA’s website at www.sgna.org.

**SGNA Practice Committee 2005–06**

Susan Bohlander, BSN, RN, CGRN, Chairperson

Cynthia M. Friis, MEd, RN-BC

Donna Girard, BSN, RN, CGRN

Anne Scroggs, MSN, APRN-BC

LeaRae Herron-Rice, BSN, RN, CGRN

Loralee Kelsey, RN, CGRN

Carol Kraai, MSN, RN, CGRN

Lisa D. Miller, LPN, CGN

Cindy Taylor, MSA, BSN, RN, CGRN

Trina Van Guilder, BSN, RN, CGRN