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July/August 2025 ■ Volume 10, Issue 6

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# Contents

July/August 2025 • Volume 10, Issue 6

## Departments

- 6 Editor's Letter**  
**Bleeding at the NIH**  
Funding Cuts Will Maim Research for Years  
By Michelle Beaver
- 8 All Stars**  
**'Levity Helps Keep Us Grounded'**  
Great Times and Great Care at Carle Health Endoscopy  
By EndoPro staff
- 10 Tech Talk**  
**Flexible Endoscope Cleaning**  
Unpacking Best Practices for Efficacy  
By Roberta Harbison, MBA, CHL, CER, CRCST, LSS

## Features

- 12 Financial Literacy for Nurses**  
**Tailored Strategies for Unique Challenges**  
By Pamela Miller, MPH, BSN, RN
- 16 Interviewing Patients**  
**How to Get Answers Kindly and Quickly**  
By Edward Leigh, MA
- 24 New Companies, New Products**  
**Fresh Faces in the Endoscopy Industry**  
By EndoPro Staff
- 28 Weight Management and Endoscopy**  
**A Collaborative Approach**  
By Laura Purdy, M.D., MBA
- 30 An Alternative to Plastic**  
**Can It Improve the Medical Industry?**  
By EndoPro Staff

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### Bleeding at the NIH

Funding Cuts Will Maim Research for Years



I've tried hard to keep politics out of this magazine. After all, it's a medical magazine, not a political forum. However, political interests keep blasting their way into the medical field, left and right—no pun intended—to the point that it's sometimes impossible to discuss changes in the medical field without discussing politics. On one such matter—federal cuts to medical research—I'm going to step into the fray.

You've likely heard that the current presidential administration is making major cuts to scientific funding. According to a recent article from the Journal of the American Medical Association, the Trump administration "has proposed to Congress a 43% cut to next year's NIH budget, equivalent to \$20 billion per year." Few institutions have been as vital to American innovation and public health as the NIH, a backbone of medical breakthroughs, but the current administration's cuts to federal research funding have cast a long shadow over this critical engine of innovation.

According to The New York Times, "In his first months in office, President Trump has slashed funding for medical research, threatening a longstanding alliance between the federal government and universities that helped make the United States the world leader in medical science. ...In all, the [NIH], the world's premier public funder of medical research, has ended 1,389 awards and delayed sending funding to more than 1,000 additional projects. ... From the day Mr. Trump was inaugurated through April, the agency awarded \$1.6 billion less compared with the same period last year, a reduction of one-fifth."

These cuts have created an atmosphere of uncertainty, turmoil and risk for researchers who rely on federal funding. Worse yet, the cuts may deprive the nation of groundbreaking discoveries. NIH funding reductions will slow progress on some of the most pressing health challenges facing our nation: cancer, Alzheimer's disease, genetic disorders, infectious diseases, and more. Delays in funding can mean postponed clinical trials, hindered development of new therapies, and the shelving of innovative ideas before they even reach the testing phase. When scientific advances are stalled, so too are improvements in diagnosis, treatment and prevention that could save lives and reduce healthcare costs.

A reduction in NIH grants could also weaken the United States' leadership role as countries around the world continue to invest heavily in their own scientific infrastructures. American scientists may seek research opportunities elsewhere, taking vital talent and innovation with them. The economic impact is also troubling, since healthcare innovation fueled by NIH-supported research often translates into new jobs and economic growth. Underfunding can slow the commercialization of new treatments and diminish the development of startups.

Investment in the NIH is essential—not just for scientists and clinicians, but the very health of our society. It should be our collective responsibility to ensure that scientific research remains a cornerstone of national policy, regardless of political views. If not, crucial consequences will continue to reverberate across the scientific community and beyond. I will now, happily and with great relief, step back out of the fray.

*Michelle Beaver*

Update: As of press time, a federal judge in Boston appointed by President Reagan ruled that the termination of National Institutes of Health grants by President Donald Trump's administration was "void and illegal." We'll just have to see how this plays out.

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# ENDO PRO All Stars

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## ‘Levity Helps Keep Us Grounded’ Great Times and Great Care at Carle Health Endoscopy

By EndoPro Staff



The jokes are rolling at Carle Health Endoscopy Center, in Peoria, Illinois, but first and foremost is patient safety.

“I personally love that we have fun together at work,” said Jamie Remick, RN. “We joke with each other and patients. We know this is a serious situation, but levity helps keep us grounded. ... We really are a team where all members work together. There isn’t any one person who puts their needs above anyone else’s. We know that patient care comes first, and we all do what needs to be done to get the job done right the first time.”

Those efforts must be working, as Carle Health Endoscopy Center was recently awarded the “Best Colonoscopy and Endoscopy” ranking from U.S. News & World Report’s inaugural Best Ambulatory Surgery Centers ratings.

“We were so excited to find out that all of our hard work truly does pay off,” Remick said. “This is our ‘every day,’ but we know it’s not our patients’ ‘every day’ [so] we try to make every patient feel safe. We have an uplifting environment and our patients can feel that we are here to make them feel comfortable during their exam. We are the most compassionate team there is with the best techs and nurses there are. We can get you in and out within an hour, and your care will be top-notch.”

The U.S. News & World Report ranking is validating, said Scott Wu, M.D., medical director of Carle Health Endoscopy Center, Peoria.

“We appreciate the designation as one of the nation’s best ambulatory surgery centers for endoscopy and colonoscopy screenings, particularly during a time when those procedures

continue to grow in importance for identifying issues, treating patients, and helping save lives,” Wu said. “This is a validation of the hard work and quality provided by Carle Health physicians and our staff in greater Peoria.”

Factors in the ranking include how well a facility has avoided complications, emergency transfers and other poor outcomes.

The Carle Health Endoscopy Center team performs 35-45 procedures a day, including colonoscopies, upper GI endoscopies and flexible sigmoidoscopies. The facility has five pre-procedure bays, three procedure rooms and six recovery bays.

Regardless of procedure type, every patient is treated as a family member, according to Josh Roy, RN, BSN, the facility’s RN supervisor.

“Our team works together to give quality care to our patients,” Roy said. “Our team is cross-trained to perform different tasks, which allows us to adapt to different situations.”

The team consists of six doctors, three CRNAs, 22 RNs and nine technicians.

“One of the ways our team bonds is [by] having gatherings outside of work,” Roy added. “[For instance], this past year, our charge nurse had a bonfire at her home.”

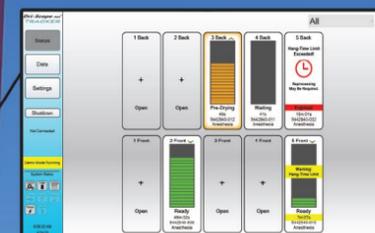
Every team has its challenges, though.

“One of the challenges we are facing is the increased number of cancellations,” Roy said. “More patients are canceling the day of their procedure, or no-show. We are currently performing a quality improvement study in hopes to decrease the number of cancellations.”

As the team members try to find solutions, they’ll surely keep having fun along the way. **EP**

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# Flexible Endoscope Cleaning

## Unpacking Best Practices for Efficacy

By Roberta Harbison, MBA, CHL, CER, CRCST, LSS

Ensuring the efficacy of endoscopes is paramount in preventing healthcare-associated infections. This process involves rigorous testing to verify that cleaning and disinfection protocols effectively eliminate contaminants. Key aspects of this testing include verifying cleaning procedures, detecting residual proteins or microbes and evaluating the effectiveness of drying and storage practices. Through meticulous assessment, healthcare facilities can safeguard patient health and uphold the highest standards of hygiene. Not knowing which guidelines or standards to follow can lead to inefficiencies, confusion or missed steps.

The Association for the Advancement of Medical Instrumentation 91 (AAMI ST91) is a comprehensive standard for the reprocessing of flexible and semi-rigid endoscopes in healthcare facilities. AAMI ST91 accentuates the critical importance of quality assurance and verification in the reprocessing of endoscopes. This standard requires healthcare facilities to implement strong programs that ensure the efficacy of both mechanical and manual cleaning steps. Significant components of these programs include verification tests, particularly for high-risk endoscopes, and regular monitoring of reprocessing procedures.

### AAMI ST91 Compared to Other Guidelines

Let's explore AAMI ST91 versus the Society of Gastroenterology Nurses and Associates (SGNA). AAMI ST91 provides detailed guidelines on every step of the reprocessing procedure, including precleaning, leak testing, manual cleaning, rinsing, visual inspection, high-level disinfection, drying and storage. SGNA standards also cover these steps but may not be as detailed in certain areas. ST91 emphasizes verification tests and regular monitoring of reprocessing procedures, particularly for high-risk endoscopes. SGNA standards also recommend verification but may not mandate it as strictly.

Next, let's compare and contrast AAMI ST91 with standards from the Association of Perioperative Registered Nurses (AORN). AAMI ST91 places significant emphasis on high-risk endoscopes, such as duodenoscopes, bronchoscopes and ureteroscopes, requiring stringent cleaning and verification procedures. AORN guidelines also address high-risk endoscopes but may have different recommendations for specific procedures. AAMI ST91 recommends using lighted

magnification and borescopes for visual inspection, which is a more specific requirement than AORN guidelines.

Now let's take a look at AAMI ST91 versus the Centers for Disease Control and Prevention (CDC). AAMI ST91 and CDC guidelines stress the importance of comprehensive quality-assurance programs. However, AAMI ST91 provides more detailed instructions on the implementation and verification of these programs. AAMI ST91 mandates competency training for personnel involved in endoscope reprocessing, aligning closely with CDC guidelines that also emphasize training but may not specify the same level of detail.

AAMI ST91 is renowned for its detailed and specific guidelines, particularly in the areas of verification and monitoring processes. Its emphasis on high-risk endoscopes and the use of advanced inspection tools, such as borescopes, distinguishes it from other standards. Overall, AAMI ST91 is recognized for its thorough approach to ensuring the efficacy of endoscope reprocessing, making it a critical standard for healthcare facilities aiming to prevent healthcare-associated infections.

Visual inspection is an essential step in reprocessing flexible endoscopes, ensuring these complex instruments are thoroughly cleaned and safe for patient use. This process involves examining the endoscope and its accessories for any residual debris, damage or defects that could compromise the effectiveness of subsequent cleaning and disinfection steps. Identifying issues such as leaks or retained debris early on helps prevent cross contamination and reduces the risk of healthcare-associated infections. Additionally, visual inspections can uncover wear and tear or other damage that might necessitate repairs, thereby extending the lifespan of the endoscope and maintaining its functionality.

By incorporating routine visual inspections into the reprocessing protocol, healthcare facilities can uphold high standards of hygiene and patient safety. The use of lighted magnification and borescopes significantly enhances visual inspections, allowing for detailed examination in areas that are challenging to see with the naked eye. There are even borescopes on the market such as Watchdog AI with an artificial intelligence program to aid in the detection of defects and soil inside the endoscopes.

Various innovative products have been developed to enhance the cleaning process. For instance, the revolutionary Ultra-Zonic ENDO semi-automated pre-cleaning machine excels in removing contaminants from flexible endoscopes. This advanced technology performs leak testing, pre-cleaning, first flush, brushing, final flushing and rinsing for multiple endoscopes simultaneously. A Belgium-based, high-tech R&D and manufacturing company specializing in infection-control technologies, UltraZonic has established a global distribution network, making its innovative solutions accessible worldwide.

### Take a Little Time

A potential misstep—but an important one—is to leak test the endoscopes after each use. Leak testing flexible endoscopes identifies the endoscopes' waterproof integrity to ensure patient safety. This process detects damage to the external surfaces and internal channels that could lead to fluid invasion during procedures. If fluids penetrate the endoscope, it can compromise the device's functionality and lead to cross contamination, presenting significant infection risks to patients.

Furthermore, leak testing helps prevent costly repairs by identifying potential issues early, thereby extending the lifespan of the endoscope. By regularly performing leak tests, healthcare facilities can ensure that their endoscopes remain in optimal condition, safeguarding both equipment and patient health.

Another example that supports cleaning efficacy is the novel double-headed disposable brush, which has shown superior cleaning performance compared to conventional brushes, particularly in reducing bacterial presence in endoscope channels. This brush is especially important for complex endoscopes, such as duodenoscopes and bronchoscopes, which have intricate channels and lumens that are challenging to clean thoroughly. The double-headed design allows for more effective scrubbing and removal of biofilms and residual debris, ensuring that these high-risk endoscopes are properly sanitized and safe for patient use. Given the complexity of these devices, using advanced cleaning tools like the double-headed brush supports high standards of cleaning and infection prevention.

Using high-quality detergents made for cleaning endoscopes is essential in healthcare settings to ensure the thorough cleaning and disinfection of medical instruments, including flexible endoscopes. Medivators' cleaning solutions, for example, are specifically formulated to effectively eliminate biofilms, which are often resistant to standard detergents. Biofilms can harbor harmful pathogens, making them a significant risk factor for healthcare-associated infections. High-quality detergents are designed to break down these resilient biofilms, ensuring that endoscopes are properly sanitized.

Moreover, these detergents can remove tough organic residues, such as blood and bodily fluids, which can contain infectious agents. The use of advanced cleaning solutions helps maintain

the integrity of the endoscopes while ensuring they are free from contaminants. This is particularly important for complex endoscopes like duodenoscopes and bronchoscopes that are known to have cleaning challenges. By using high-quality detergents, healthcare facilities can adhere to stringent infection-control standards, minimize the risk of cross contamination, and safeguard patient health. Choosing the right detergent makes a stark difference in cleaning capability.

Once the endoscope is manually cleaned, verifying the cleanliness of the inside channel of an endoscope should be performed. Protein residue testing—via Scope-Check, ChannelCheck and EndoCheck—plays a vital role in this process by detecting residual proteins on the endoscope surface and within its channels. These tests help confirm that the cleaning procedures have effectively removed the organic matter that can harbor harmful pathogens.

Microbial testing, including microbial cultures and bioburden tests, assesses the effectiveness of disinfection and sterilization by checking for the presence of microbes after processing. These tests are excellent ways to verify that the endoscope is free from microbial contamination, ensuring it is safe for patients. Utilizing these verification tests enables healthcare facilities to ensure rigorous cleanliness standards, minimize infection risks and enhance patient safety.

Dry-testing flexible endoscopes after processing verifies that all channels are thoroughly dried, as residual moisture can create an environment conducive to microbial growth. Studies have demonstrated that methods such as alcohol flushes and hanging endoscopes in cabinets may not adequately dry channels. Even with compressed-air drying, some channels can remain moist, posing a risk of contamination. Effective drying is essential to prevent the proliferation of waterborne pathogens and environmental contaminants, which can compromise patient safety. Implementing rigorous dry-testing protocols provides an optimal way to ensure flexible endoscopes are completely dry after processing.

Adhering to best practices in endoscope cleaning efficacy is essential for ensuring patient safety and preventing healthcare-associated infections. Implementing rigorous cleaning, verification and monitoring protocols allows healthcare facilities to effectively eliminate contaminants and reduce the risk of cross contamination. Advanced tools and techniques, such as lighted magnification, borescopes and high-quality detergents, enhance the thoroughness of the cleaning process. Regular competency training for personnel and adherence to standards like AAMI ST91 help ensure that reprocessing procedures are consistently performed to the highest standards. Following these best practices is the optimal way to safeguard patient health and maintain the integrity of medical devices. **EP**

*Roberta Harbison, MBA, CHL, CER, CRCST, LSS, Green-Belt Certified, is the president and CEO of RLH Consultants, LLC, based in New Jersey.*

# Financial Literacy for Nurses

## Tailored Strategies for Unique Challenges

By Pamela Miller, MPH, BSN, RN

For America's 4.3 million registered nurses, financial advice that caters to traditional workers often falls short. Personal finance recommendations are typically designed for individuals with 9-to-5 jobs, stable income streams and predictable expenses. Yet the realities of nursing—a profession sometimes defined by irregular schedules and fluctuating income—require a completely different approach.

The widespread lack of financial education among nurses and the broader population compounds the issue. Bridging this gap requires understanding the profession's unique demands and tailored financial strategies to meet these challenges.

### The 12-Hour Reality Check

Mainstream financial advice often focuses on cutting costs in areas like coffee-shop runs or eating out, with suggestions like "skip the latte" or "pack your lunch." However, such advice rarely accounts for the taxing demands of a 12-hour nursing shift, particularly in critical care or emergency units.

For nurses working through the night in high-stress environments, a \$7 hospital cafeteria coffee is not a luxury, but a necessity. This "survival fuel" keeps them alert and functioning during grueling hours. Even packing meals isn't as simple as it sounds. Refrigerators in hospital break rooms are often overcrowded, poorly maintained or outright hazardous.

These realities make generic financial tips impractical and underscore the need for advice that is appropriate for the unpredictable nature of nursing schedules and working conditions.

### Irregular Income, Irregular Solutions

Budgeting on a consistent income is the cornerstone of most financial-planning advice. However, for many nurses, paychecks fluctuate from month to month due to overtime shifts, float assignments and bonuses. In 2024, base salaries for registered nurses ranged from \$77,600 to \$120,000 or more annually, depending on location, specialty and experience. However, this is just the starting point. Many nurses supplement their income significantly through the following:

- Shift differentials: Night shifts often pay an additional 10% to 20% more.
- Weekend premiums: These can add \$3 to \$5 per hour.

- Critical staffing bonuses: Hospitals sometimes offer \$100 to \$500 per shift during staffing shortages.
- Overtime pay: Time-and-a-half or even double-time pay for hours worked beyond the standard schedule.

These variable income streams, while lucrative, make traditional budgeting strategies insufficient and unsustainable. Relying on working overtime consistently can result in burnout and the likelihood of making workplace mistakes. Nurses need tools and techniques that account for irregular earnings and prioritize financial stability.

### The Hidden Costs of Caring

Nurses face a range of professional expenses that are often overlooked in traditional financial planning:

1. Licensing fees: Annual renewals range from \$50 to \$150 depending on the state.
2. Continuing education requirements: Keeping up with certifications and licensure costs \$500 to \$1,000 annually.
3. Footwear: Nurses on their feet for 12-hour shifts require comfortable shoes, costing \$120 to \$200 per pair. Given the job's physical demands, these shoes often need replacing every three to six months.
4. Uniforms: Scrubs and other workwear typically cost more than \$500 annually (Burns, 2024).
5. Liability insurance: This critical safety net costs \$100 to \$500 annually.

These recurring expenses quickly add up, creating a financial strain that generic advice often fails to address.

### Investment Challenges for Night Shift Nurses

One of the less obvious financial challenges nurses face is the misalignment between their schedules and the financial markets. The stock market operates during traditional business hours, making it difficult for night shift workers—approximately 30% of the nursing workforce—to manage investments actively.

Beyond timing, the larger issue lies in the lack of financial

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education about investing. Many nurses graduate without understanding basic concepts like compound interest, diversification or portfolio management. This knowledge gap can delay or even prevent nurses from building long-term wealth. Automated investment tools, such as robo-advisors, can help bridge this gap by providing simple, user-friendly platforms for investing without requiring constant oversight.

### The Burden of Student Loans

Nurses often enter the workforce carrying significant student-loan debt. While aggressive repayment strategies are commonly advised, nurses have access to unique repayment options that require careful consideration:

1. Public service loan forgiveness (PSLF): Many nurses qualify, but the program's requirements are complex and subject to legislative changes.
2. Health Resources & Services Administration (HRSA) Programs: These offer repayment assistance for nurses working in underserved areas.
3. State-specific forgiveness programs: Many states incentivize nurses with loan forgiveness in exchange for service in critical-need areas.
4. Employer-based loan repayment: Some hospitals and healthcare organizations provide direct loan repayment as part of their benefits package.
5. Income-driven repayment plans: These plans adjust monthly payments based on earnings, accommodating the overtime and bonuses that nurses frequently receive.

Navigating these options requires a thorough understanding of the programs' terms and how they fit into a nurse's broader financial goals.

### Retirement Planning in Nursing

Retirement planning presents unique challenges for nurses, particularly in physically demanding specialties. A TIAA Institute study found that 33% of healthcare workers feel unprepared for retirement, and nurses are no exception.

Key factors include:

- Earlier retirement: Many nurses aim to retire early due to their work's physical and emotional toll. Some may choose gradual retirement by reducing their hours. This decision also impacts financial planning.
- Workplace injuries: Nurses experience 8.8 workplace injuries per 100 full-time employees, which can disrupt retirement savings plans.
- Decline of pension plans: While some public hospitals do still offer pensions, these benefits are becoming increasingly rare.

- Disability insurance: Comprehensive coverage is essential for nurses, given their higher risk of injury. Approximately half of workplace injuries among nurses result from routine tasks such as lifting patients, bending or reaching. Disability insurance for nurses typically covers about 60% to 80% of their income. The cost of this insurance generally ranges from 1% to 3% of a nurse's annual salary.

Retirement planning requires a proactive approach, including maximizing employer-matched contributions, exploring tax-advantaged accounts and considering alternative income streams.

### Creating a Budget for Irregular Income

Nurses with fluctuating pay need budgeting strategies that prioritize stability and flexibility.

1. Base budget: Build a budget around base salary or guaranteed income.
2. Shift differential fund: Set aside income from overtime and bonuses into a separate account for irregular expenses or savings goals.
3. Emergency fund: Maintain six to nine months' worth of living expenses to cover potential injuries, job changes or unexpected life events.

### Investing With a Busy Schedule

For nurses balancing demanding work schedules, passive and automated investment strategies are often the best option.

- Robo-advisors: Several platforms offer automated portfolio management tailored to individual risk tolerance.
- Employer retirement plans: Nurses should maximize contributions to employer-sponsored 401(k) or 403(b) plans, especially if their employer offers matching contributions.
- Target-date funds: These funds automatically adjust risk levels based on the expected retirement date, offering a hands-off approach to investing.

### Tax Planning

Nurses often overlook potential tax savings, leaving money on the table. A CPA or tax professional can help navigate these challenges.

1. Deductible expenses: Track expenses like uniforms, liability insurance and continuing education for potential deductions.
2. Overtime tax implications: Be mindful of how overtime and bonuses can push you into a higher tax bracket, and plan accordingly.
3. Travel nurse taxes: If working across multiple states, plan for additional tax filings and understand state-specific obligations.



**Beyond timing, the larger issue lies in the lack of financial education about investing.**

**Many nurses graduate without understanding basic concepts like compound interest, diversification or portfolio management.**



### Student Loan Optimization

To manage student-loan debt effectively, nurses should:

- Stay informed about updates to programs.
- Leverage any available employer-based loan repayment assistance programs.
- Regularly reassess repayment plans to align with income changes and career goals.

### The Future of Financial Planning for Nurses

Nurses' financial challenges will become even more complex as the healthcare industry evolves. The rise of travel nursing, increasing specialization and changes in compensation models require a shift away from cookie-cutter financial advice. Tailored financial planning for nurses can include:

1. Specialized advisors: Seek financial advisors who are experienced in working with healthcare professionals.
2. Nursing-specific groups: Join forums or organizations focused on financial literacy for nurses.

3. Holistic job evaluations: Consider the complete benefits package when evaluating job offers, not just the base salary.

Financial literacy is critical for nurses to build wealth and achieve financial independence. Educational initiatives, such as employer-sponsored programs, online courses or professional organizations, can equip nurses with the knowledge they need to make informed decisions.

### Protect Your Financial Health

For nurses, financial health is as essential as physical and emotional well-being, yet it often receives less attention than it deserves. The demanding nature of the healthcare profession can lead to financial stress, which can in turn impact overall job performance and personal satisfaction. Addressing the unique challenges faced by nurses requires a shift toward specialized advice and proactive financial planning that considers their specific circumstances and goals.

Nurses frequently encounter a myriad of financial pressures, including student-loan debt, unpredictable work hours, and the need to plan for retirement at a time when healthcare costs are continually rising. Emphasizing the importance of tailored financial strategies is crucial for helping nurses navigate these challenges effectively. For instance, developing a clear budget that accounts for irregular income patterns can be vital in managing living expenses and savings goals.

Furthermore, understanding the various benefits available to nurses, such as loan forgiveness programs and retirement accounts tailored for healthcare professionals, can significantly enhance their financial stability. By utilizing these resources, nurses can bolster their financial wellness and set themselves up for long-term success.

Embracing proactive financial planning also allows nurses to alleviate stress and concentrate on what they do best—providing exceptional patient care. When equipped with the right tools and knowledge, nurses can make informed decisions about investments, savings and debt management. This not only enhances their financial future but also contributes to their overall well-being and professional fulfillment.

Prioritizing financial health empowers nurses to pursue their careers with confidence and peace of mind. By embracing personalized financial strategies, they can create a solid foundation for their futures, ultimately leading to improved job performance and a higher quality of life inside and outside the workplace. The journey toward financial well-being is an empowering process that fosters resilience and enables nurses to thrive in their vital roles within the healthcare system. **EP**

*Pamela Miller is a registered nurse who is passionate about promoting holistic financial wellness among healthcare professionals. Drawing from personal experience and professional insights, she aims to bridge the gap between traditional financial advice and the unique challenges faced by those in the nursing profession.*

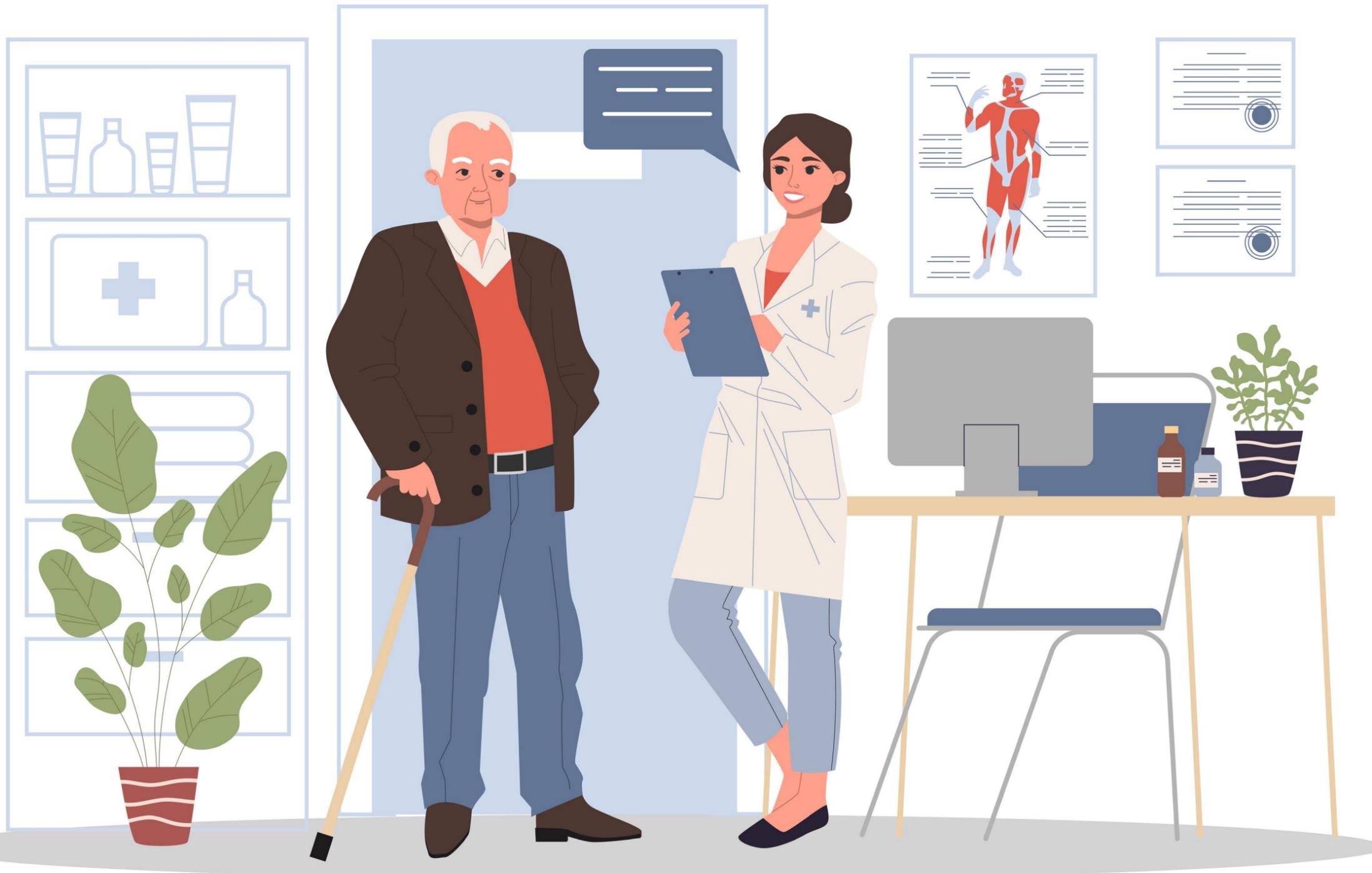
# Interviewing Patients

## How to Get Answers Kindly and Quickly

By Edward Leigh, MA

“I’ve been having diarrhea for the past few days. I’m always in the bathroom. All the bathroom trips are so difficult because something is wrong with my one knee. I also feel queasy. While this is going on my heart is racing, maybe because of my nerves. I also have a lingering cough. Did I mention my jaw hurts?”

Article continues on p. 18



A patient just walked in and gave you that laundry list of issues. You might become frustrated and think, "Where do I start with all the information?"

This article will provide top strategies to help you gather and organize information in a timely fashion while still maintaining rapport and efficiency.

#### Rapport Before Report

Outside of emergency situations, first briefly focus on the emotional aspects of a patient's experience and then move to the medical part. This action will assist you as prepare to gather patient information. This process puts the patient at ease, and they are more likely to be friendly and forthcoming with all information.

If the patient you are speaking with mentions their abdominal pain is making it hard for them to focus on their responsibilities in the workplace, it would seem logical to immediately ask about their symptoms. Stop. This person is having medical issues, but they are also describing strong emotions.

Instead of immediately asking about the symptoms, first use empathy. For example, you can say, "That must be very challenging." The patient now knows you care about them and what to help. Now you are ready to ask about the medical issues. Unfortunately, many healthcare professionals bypass the emotional issues and go right to the medical situation. This leads the patient to think, "This person doesn't care about me."

The reason empathy works is because it leads to trust. Patients who feel trust in their healthcare team are more likely to be compliant—and hence have better outcomes. Let's say two of your colleagues gave you advice: One colleague you trust, and the other you are not too sure about. Whose advice are you more likely to follow? Of course, the person you trust.

If a patient is asymptomatic, there are still ways to connect emotionally to enhance the interviewing process. In your electronic medical records, note the hobbies and interests of patients. In this way, when they walk in the door you can ask about their garden or favorite sports team. You put them in a good mood and that makes for a much more pleasant interview. My wife and I live with a houseful of pug dogs. When I walk into my dentist's office, the first thing they say is, "How are the pugs?" I am immediately in a wonderful mood.

“ Instead of immediately asking about the symptoms, first use empathy. ”

#### Opening Line

Asymptomatic patient: If the patient is not experiencing any issues, such as a person having a screening colonoscopy, then the opening line could be a simple, "Hello." Outside of general updates regarding their health and medications, a friendly welcome works fine.

Symptomatic patient: First of all, do not say, "How are you?" to a symptomatic patient. This may seem odd and counterintuitive, but there is a reason to avoid this question. According to John Tongue, M.D., chair of the American Academy of Orthopedic Surgeons Communications Skills Project Team, "In the U.S., this is a greeting, not a question, that can put the ill or injured person in the awkward position of saying they are 'fine,' just before telling you their story or problem(s)."

Start with an open-ended statement or question, such as, "Tell me what is going on," or "How can I help you today?" I used to ask patients, "What brought you here today?" but stopped after a patient responded by saying, "The bus."

If you know a patient is coming in with a specific complaint, start with a general question anyway. This action is recommended in case the patient has a hidden agenda. The complaint they have on the phone may not be the real issue. After the patient states their chief complaint, do not yet ask for details until you ask these two words, "What else?" Asking these two important words will get all the issues out in open and avoid the dreaded, end-of-meeting, "Oh, by the way..." issues. You don't want the patient to drop a bombshell just as you are about to walk out the door.

#### Nonverbal Factors

The patient: While asking the patient questions, look at their body language. Are you seeing any discrepancies? Does the patient say they do not feel stressed, but you notice their legs are trembling? Actions speak louder than words. Patients could say one thing, but the body movements tell the real story.

The professional: During the interview, look at the patient. Eye contact is a critical to tell the patient you are with them as they share their story. Based on the physical setup of the medical environment, sometimes eye contact may be challenging, such as when the patient is at a ninety-degree angle. However, on occasion, turn and look at the patient.

If possible, sit down so you are at the same level, eye to eye. Sitting sends the message, "I have time for you." Patients perceive you are with them for longer periods of time when you sit. If you have one quick question for a patient, sitting is not necessary, but if the interview will be lengthier, have a seat.

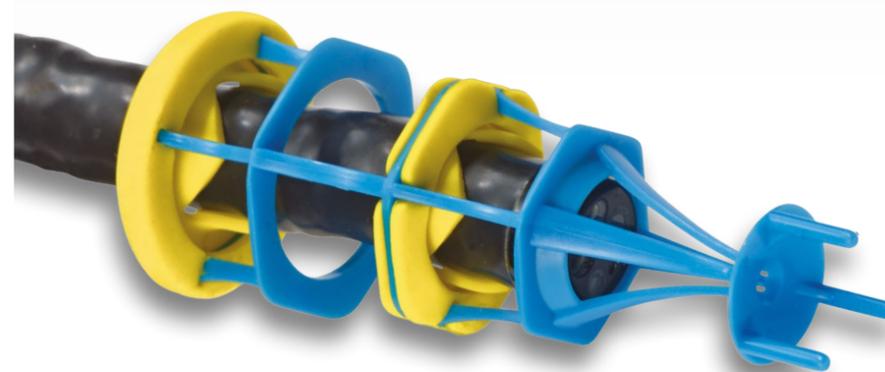
#### Be Patient

Leana Wen, M.D., is the co-author of the book, "When Doctors Don't Listen: How to Avoid Misdiagnoses and Unnecessary Tests." The book is for patients on how to have more effective

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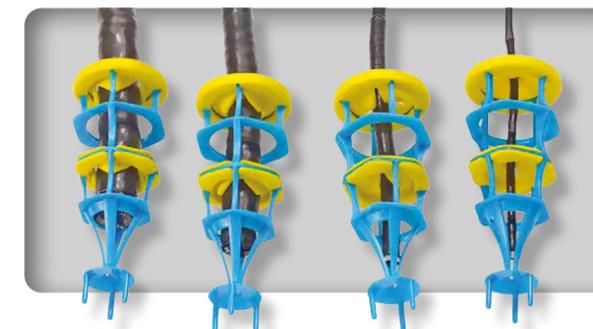


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interactions with healthcare professionals. However, her strategy to help patients is something every healthcare professional must understand. Wen tells patients, "You can't just give symptoms; you have to give your story."

When interviewing patients, focus on their story, not individual symptoms. A series of disjointed symptoms may be hard to piece together, but a story in chronological order can solve the mystery.

Healthcare professionals are often so focused on symptoms, they lose sight of the story, or "the big picture." We must allow patients time to speak without being interrupted so they have sufficient time to tell their story. The type of questioning seen below could be problematic:

Patient: "My belly hurts."

Professional: "Is the pain worse on the right or left?"

Patient: "The right, and—"

Professionals: "Is the pain worse when you sit or stand?"

When we constantly interrupt patients, we may miss the story and may miss the real medical issue. In addition, it's simply rude. Instead, ask an open question and let them tell their story with an occasional "Go on," or "Tell me more," sprinkled in the conversation. Once you have heard the entire story, then you are ready to ask the specific details.

I am a firm believer in this story process because I was misdiagnosed for over a decade due to no one giving me the time to share my story. About 20 years ago, I began having sinus headaches. I visited my family doctor's office and was told to try over-the-counter medications. The meds didn't help, so I returned to the office. I was then told I had an infection and was put on antibiotics. After taking a course of antibiotics, I had no symptom relief.

Next, my family doctor referred to an allergist, who discovered I had an allergy to molds. We thought we found the answer to my problem. I was put on allergy shots. After two years, my headaches got worse. I stopped the allergy shots and for years spoke to different healthcare professionals.

My family doctor then suggested trying the allergy route again with a new allergist. The new allergist's style of interviewing was dramatically different than everyone else I spoke with during my struggle to get answers. She said, "Tell me about your headaches," and she let me talk with no interruptions except for an occasional, "Go on."

The other professionals I saw would constantly interrupt with questions about my specific symptoms. While she let me talk, I revealed that when the headaches got bad, I would feel nauseated and sometimes vomit. After I was done telling my story, she stated, "No allergy testing will be done today. You don't have sinus headaches, you have migraines." I was misdiagnosed for years because no one gave me the chance to tell my story, as they were too busy focusing on individual symptoms. I wasn't closed off to discussing the GI symptoms; I simply was never allowed to talk long enough to reveal them.

The best way to get to the story is ask an open question, stop talking, and start listening.



### Too Many Issues, Not Enough Time

The example used at the beginning of this article (in which a patient has a large list of issues to discuss) must be handled in a thoughtful manner. We want to maintain an excellent patient experience but also manage all the medical issues. There is right way and wrong way to handle this situation. Below are examples of a harsh inappropriate response and a sensitive helpful response.

Ineffective response: "We don't have time to discuss all those issues." This response results in the patient feeling angry. This response doesn't set the stage for a productive interview since we started in a negative manner.

Effective Response: "I wish we had time to discuss everything today. How about if we discuss these two issues: \_\_\_\_\_ and \_\_\_\_\_. We'll schedule another appointment for the other issues. How does that sound to you?" This response is friendly and creates a wonderful experience for the patient. This response also highlights shared decision-making, since you asked the patient their thoughts on your suggested course of action.

### Avoid "Why" Questions

Using the word "why" can often be seen as judgmental and should be avoided. This will make the question seem much harsher for the patient, rather than putting them at ease.

Think about the questions you heard growing up (at least, I heard them as a kid): "Why is your room so messy?" and "Why didn't you eat your vegetables?" These questions are toxic because they come across as accusatory, and since the healthcare environment is a therapeutic milieu, we should create a comfortable place for patients.

Converting "why" questions to "what" questions creates a friendly feel to the interview. Here are examples:

"Why" question: "Why did you stop wearing your support stockings?"

"What" question: "What was happening that led you to stop wearing your support stockings?"

"Why" question: "Why did you stop taking your medication?"

"What" question: "What could we do to get this medication back in your life?"

"Why" questions should also be avoided when talking to colleagues, family members and friends. These types of questions make everyone feel defensive.

“Smoothly flowing interviews help keep patients satisfied and safe.”

## Use “I” Language, Not “You” Language

Using the word “you” is verbally pointing your finger at the patient. During the interview, if the patient states they were not compliant or engaged in unhealthy activities, do not use “you” language. The example below will clarify the vast benefits of “I” language in these situations.

An example of a diabetic patient who

admits to not being compliant with their diet.

“You” statement: “You have to watch your diet.”

“I” statement: “I want to help you. I want you to feel better. Let’s talk about your diet.”

The “you” example sounded harsh, while the “I” example sounded caring.

To enhance your interviewing skills even more, combine “you” language with “non-why” questions, and you’ve got a winning strategy.

## Family Dynamics

Focusing on the patient, ignoring the family: I have observed thousands of healthcare professionals interacting with patients. In many cases, I have seen the professional walk in and immediately start speaking to the patient—but completely disregard the family members or friends in the room. This is a problem for many reasons.

First of all, you want to be sure the family members also have a good experience. In addition, the family members can add to the story as you ask questions. Yes, direct your questions to the patient, but also be sure to let family members know they can add to the discussion. Family members are your allies.

When it comes to focusing on the family but ignoring the patient, just because a person is older doesn’t mean they can’t answer questions. I recall many times when I would take my mother to a medical appointment, the healthcare professional would look at me and say, “How is she doing?” My mother wasn’t having any cognitive issues and would feel very frustrated that the questions were being directed at me. If the patient is cognitively aware, ask them the questions.

## Summarize the Patient’s Story

After the patient has shared their story, briefly review the story to be sure you have all the facts in chronological order. This is a very important process. In this way, you can verify you have not missed any important details.

Smoothly flowing interviews help keep patients satisfied and safe. They also help professionals, too. By following the tips in this article, you’ll be more productive and feel less stressed. **EP**

*Edward Leigh, MA, is the founder and director of the Center for Healthcare Communication, a consulting firm helping healthcare professionals effectively communicate with patients and each other. He can be reached through the website [www.CommunicatingWithPatients.com](http://www.CommunicatingWithPatients.com).*



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# New Companies, New Products

## Fresh Faces in the Endoscopy Industry

By EndoPro Staff



We're all familiar with the most massive, long-standing companies that are bedrocks of the endoscopy and processing industries, and we're familiar with some smaller names that have been around a long time too. Anyone who has been to an endoscopy or processing tradeshow has grown accustomed to the giant booths that anchor even massive floor spaces. The endoscopy and processing industries are quite stable with these mainstay companies, but those companies do continue to roll out new products that you might not be familiar with, and new companies pop up as well.

Thus, a primer.

The following article highlights a smattering of those new products, new companies and some new(ish) companies. Everyone gets used to certain providers and products, but it's always great to check into unknown sources and products. There are many fresh choices to consider. Indeed, the endoscopy market is witnessing a surge of new companies leveraging robotics, artificial intelligence, advanced imaging, and miniaturization to enhance diagnostic and therapeutic capabilities. These innovations aim to improve patient outcomes, reduce procedure times and expand the scope (pun intended?) of minimally invasive procedures.

For instance, companies like EndoAI are developing AI-powered software with the goal of assisting endoscopists in real-time identification of polyps, tumors and other abnormalities, improving early detection rates and reducing oversight. Below, you'll first see new and newish companies, and below that you'll find a smattering of new products. The

new-products list is in no way exhaustive—products are being launched all the time.

### Arithmedics

Arithmedics, founded in 2023, uses generative AI and data intelligence to streamline billing and reduce claim denials. Its software generates and explains codes and uses data from completed claims to reduce future denials.

According to the company, "We are redefining healthcare administration with AI—building leaner, faster, smarter systems that restore physician time for patient care."

Arithmedics is based in Cupertino, California.

### Aspero Medical

The leaders of Aspero Medical seek to advance flexible endoscopy with their Pillar balloon overtube solution. The balloon overtube is designed to improve mucosal-wall traction and anchoring consistency in the GI tract, while also providing atraumatic engagement with the bowel wall.

Aspero Medical is based in Boulder, Colorado and was founded in 2018.

### Aurora Medical Technologies

Cofounded by gastroenterologists in 2021 and based in Minneapolis, Aurora Medical Technologies strives to make

endoscopic suturing easier for surgeons. Aurora has developed a minimally invasive suturing technology using through-the-channel, multipuncture, reloadable tissue-anchoring systems.

The technology can be used on complex endoscopic procedures, such as gastric remodeling for obesity, gallbladder drainage, closure of luminal defects and facilitation of gastroenteric anastomosis.

### Endiatx

The medical device startup Endiatx launched in 2019 and is based in Hayward, California. Endiatx offers PillBot, a series of pill-sized robots for remote diagnosis within the GI tract.

Company literature states, "We gave our pill camera motors to make it maneuverable, and we made it affordable enough to flush down the toilet. No anesthesia or pre-op visits, just 10 minutes of real-time video from the inside."

### Ergami Endoscopy

Ergami, based in Brooklyn, New York, is developing what the company calls a "low-cost" robotic colonoscope insertion solution to improve procedure productivity.

Company literature says that the product will also reduce patient pain and need for sedation and can lower endoscopy-related injuries in endoscopy professionals. Ergami launched in 2023.

### Lazurite

Lazurite was founded in 2015 in Cleveland, Ohio and was formerly known as Indago. Lazurite's ArthroFree2 allows users to "experience a crystal clear, crisp image with Meridiam image enhancement," according to Lazurite marketing materials. "As your camera hand guides your vision, complete your procedures with unparalleled focus and efficiency."

According to the American Gastroenterological Association, the Lazurite wireless surgical camera system "improves operating room safety and efficiency by allowing surgeons to perform endoscopic, arthroscopic, and other minimally invasive procedures without light or video cables. The cordless camera provides high-quality images while eliminating trip, fire and contamination hazards and removing ergonomic challenges caused by tethering."

### Xenocor

The company Xenocor launched about a decade ago and is based in Salt Lake City, Utah. Xenocor designs, develops and produces single-use laparoscopes, such as the Saberscope. According to Xenocor marketing materials, Saberscope is the "only laparoscope with an industry-first 1080 HD single-use camera." Other product details state that the Saberscope is fog-free and:

- articulates 90°
- has improved visualization in smoky cases
- limits burn
- reduces delays and cancellations
- reduces cross-contamination risk

### SteriView Technologies

SteriView Technologies offers an infection-control system that enables direct visual inspection of hard-to-reach spaces in endoscopes and related medical devices.

According to SteriView's CEO, Jerry Katzman, M.D., "The SteriView Infection Control System featuring the SteriCam line of inspection cameras represents the next inventive step and comprises a most critical asset in the fight against healthcare-associated, device-related infections."

SteriView launched in 2016 and has its research and development housed in Petaluma, California with its engineering and manufacturing in Northvale, New Jersey.

### New Products

#### Cloud Endoscopy System

NTT and Olympus announced in late March that the two companies have jointly begun a demonstration experiment of a cloud endoscopy system that enables image processing on the cloud. This cloud endoscopy system utilizes Olympus technology for endoscopes to perform image processing (which has been conventionally processed within the endoscopic equipment) on a remote cloud.

“The endoscopy industry has always been rife with innovation and is poised for continued inventiveness.”





According to product literature, “NTT’s IOWNAPN technology makes it possible to process images in real time on the cloud. Through this demonstration experiment, the two companies aim to establish a reference model for the commercialization of the cloud endoscopy system, overcome the current limitations of processing performance of endoscopic equipment, improve maintainability, and provide a flexible and rapid market response to the market.”

It’s expected that with increased future cases, the need will surge for flexible feature improvements and updates, such as real-time remote diagnosis and treatment. Therefore, according to NTT and Olympus, “There is discussion on cloud computing endoscopes, in which some functions with a high processing load, such as image processing, can be done in the cloud. By sharing the processing load with built-in data centers, users can receive the latest functions through software updates on the cloud and enable real-time remote diagnosis.”

#### **EVIS X1 Endoscopy System**

The Olympus EVIS X1 Endoscopy System introduces a range of technologies that aim to revolutionize the way physicians can detect, characterize and treat gastrointestinal disorders.

According to Olympus, the system provides a combination of diagnostic and therapeutic innovations—alongside well-established technologies—to streamline and improve endoscopic procedures and scope handling.

#### **GI Genius**

The GI Genius endoscopy module from Medtronic detects colorectal polyps through enhanced visualization during colonoscopy. According to Medtronic marketing materials, the GI Genius module has been shown to increase adenoma detection rates by up to 14.4%.

The GI Genius intelligent endoscopy module helps the physician detect colorectal polyps of various sizes, shapes, and morphologies. The module has a 99.7% sensitivity rate and less than 1% false positives, according to Medtronic.

#### **Red Dichromatic Imaging**

Gastrointestinal bleeding is a serious challenge, involving considerable mortality of 2%-10% and high management costs. Consequently, prevention of complications is crucial. According to Olympus, its RDI technology improves the visibility of bleeding points within the mucosa and enhances the visibility of deep blood vessels compared to white light.

Identification of bleeding spots through RDI technology makes hemostasis quick and easy, Olympus marketing materials state. Therefore, RDI technology may help to reduce stress

and procedure time for emergency bleeding and endoscopic resection.

#### **Single-Use Bronchoscopes**

Ambu is offering a bronchoscope called the aScope 4 Broncho for airway inspection, BAL/BW and flexible bronchoscopic intubation. For more advanced critical-care procedures the aScope 5 Broncho HD is appropriate for: percutaneous tracheostomy, hemoptysis, cryotherapy, transbronchial biopsy and foreign-body removal.

Ambu is also providing new thin and ultrathin single-use bronchoscopes for “small anatomy” called the aScope 5 Broncho 4.2/2.2 and aScope 5 Broncho 2.7/1.2. The thin, single-use bronchoscope “is perfect for peripheral bronchoscopy procedures, features a regular-sized working channel, and is compatible with commonly used endotherapy instruments and active tools,” according to Ambu.

#### **TXI Technology**

Precursor lesions are often tiny and far too easy to overlook. With that in mind, TXI technology from Olympus was designed to increase the visibility of potentially suspicious lesions and polyps by enhancing image color and texture during endoscopic screening.

Olympus marketing materials state that a trial published in *Gastroenterology* in October 2023 “revealed TXI technology significantly improves the adenoma detection rate (ADR) by 13.61%, and the rate of adenomas per colonoscopy (APC)  $\geq$  5mm in size, versus white-light endoscopy (WLE), highlighting its ability to support clinicians in identifying potential precancerous lesions and enhancing the quality of their colonoscopies.

“TXI technology is designed to emphasize image information by combining the three image-processing algorithms: brightness correction of the dark part of the image; color-difference expansion processing; and texture-component emphasis processing,” the marketing materials continue. “The incoming image is split, and the texture and brightness are enhanced before the separate images are merged back together. Additional color enhancements are made to define subtle tissue differences more clearly.”

#### **Conclusion**

The endoscopy industry has always been rife with innovation and is poised for continued inventiveness, driven by the need to improve diagnostic accuracy, treatment effectiveness, and accessibility of care. These advancements are expected to lead to more minimally invasive procedures, better patient outcomes, and a wider range of applications for endoscopy in the future. For endoscopy, the sky’s the limit! **EP**

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# Weight Management and Endoscopy

## A Collaborative Approach

By Laura Purdy, M.D., MBA

In this article we'll examine the role of endoscopy in weight management and how to provide insights and strategies for working with patients on weight-related health issues. As a seasoned board-certified, family medicine physician, industry thought leader and creator of my own science-driven approach to sustainable weight management (called MELTOFF.Health), I've seen firsthand the importance and efficacy of minimally invasive to noninvasive practices that help aid in weight management.

Endoscopy, in regard to weight management, is minimally invasive and one of the best diagnostic tools we have to get to the root cause of weight gain (or loss) from a biological standpoint. As readers of this magazine are well aware, endoscopes are used to examine internal systems, organs, obstructions and structures. Endoscopes are also a valuable tool for initial assessment and are also used in treatment procedures for overweight patients who struggle with obesity despite their best weight-loss efforts.

When used holistically with a focus on the mental health and emotional components of the individual patient in addition to the use of medical procedures, weight-loss results improve and sustained management can be achieved.

When used diagnostically, procedures such as colonoscopy or upper gastrointestinal endoscopy are often performed if there is concern that the patient's weight loss or gain could be caused by a physical condition or disease that can be discovered, assessed and observed internally using the flexible tube, light and camera of the endoscope. This window into the human body provides tremendous insight and better diagnostic ability than ever before, resulting in a much more accurate diagnosis and treatment plan for the patient. Once the diagnosis has been made, the use of this technology continues as a means of treatment for obesity.

When used for gastric bypass or sleeve gastrectomy, an endoscopic procedure (versus an open procedure) has many benefits, the most valuable being a shortened recovery timeline and limiting hospital stays due to the lack of incision. One of the most common weight-loss procedures, endoscopic sleeve gastroplasty (or ESG), is performed less invasively through the mouth.

This treatment uses sutures to minimize the size of the stomach, resulting in a significantly quicker satiated state and decreased ability for food intake, ultimately resulting in weight loss. Unlike gastric sleeve surgery, ESG is much less invasive as it does not remove any part of the stomach.

It is important to understand that weight management, whether the underlying focus is gain or loss, is not limited to just diet, exercise or medical action. More often than not, the root of obesity can be an emotional one that is not often addressed along with lifestyle changes, pharmaceuticals or medical procedures.

Without a broader assessment that takes into consideration the patient's mental health and lifestyle habits, the results from more extreme medical measures—however less invasive—can prove to be ineffective. Putting into practice mindful and more emotionally aware eating habits on their own can prove beneficial, and when used in combination with guided goals and a health plan from a physician, the results can be much more positive. Body positivity is top of mind currently in society and the media, but it is not so easily achieved. Emotional trauma and conditioning around a negative body image are deeply rooted and enforced by our culture and society.

It is imperative that, as medical professionals who are being sought out by our patients for support of weight management,



**It is important to understand that weight management, whether the underlying focus is gain or loss, is not limited to just diet, exercise or medical action.**

we acknowledge, address and aid in recognizing and rehabilitating these intertwined beliefs. An endoscopic procedure is absolutely not a simple, quick fix to years of emotional neglect and a deeply ingrained, negative body image.

Though less invasive, endoscopic procedures are not at all without risk, and results will absolutely vary from person to person. Similar risks to traditional surgeries—such as infection, bleeding and a negative reaction to anesthesia—can occur.

Focusing on lifelong well-being and accountability from a holistic viewpoint is often overlooked in lieu of a physical procedure that doesn't necessarily get to the root of the problem for the diagnosis. Understanding that the physical practices and procedures are equally important as the psychological, mental and emotional health of the patient is a proven, unparalleled approach to success.

The best weight-management program that leads to sustained weight loss is a process best undertaken alongside a medical professional's guidance and care. **EP**

*Dr. Laura Purdy, M.D., MBA, is a board-certified family medicine physician. She is founder of EXILARA, a healthcare platform that delivers solutions to bridge care gaps. One such product, MELTOFF. Health, is a science-driven approach to sustainable weight management. For more information, visit [www.dr.laurapurdy.com](http://www.dr.laurapurdy.com)*

# An Alternative to Plastic

## Can It Improve the Medical Industry?

By EndoPro Staff



Plastics. They're everywhere. And it's not good.

In fact, it's very, very bad.

These days there's a lot of erroneous "health" information out there, and it's hard sometimes to know what deserves alarm and what doesn't.

Plastics deserve alarm.

Even those people who are not concerned about the environment must surely be concerned by studies that show imaging of human brains that contain as much plastic as a plastic spoon.

Fortunately, several companies are trying to address this problem. One such company is PlantSwitch. The mission of the PlantSwitch team is to replace all petroleum-based, single-use plastics with sustainable, plant-based alternatives. Using proprietary technology, the company upcycles agricultural residues into a high-performance, plant-based resin that serves as an affordable, zero-waste alternative to traditional plastic. The following is a Q&A with Dillon Baxter, co-founder and CEO of PlantSwitch.

### Dillon, tell us more about this alternative to plastic.

The material is designed to seamlessly integrate into existing manufacturing processes, making it a true drop-in replacement for traditional plastic, without sacrificing quality or functionality. From cutlery and straws to plates, packaging and beyond, the company's resin can be used to create nearly any plastic product without the environmental cost or the cost to human health.

### Please explain what damage plastics are doing to the environment and health of living things on our planet.

Plastics are no longer just a waste issue, but a systemic environmental crisis. Every year, millions of tons of plastic enter our oceans, rivers, ecosystems and, recent studies show, our bodies and food sources. The impact on our

ecosystems is profound. Microplastics are ingested by fish, birds and other wildlife, often leading to malnutrition, poisoning and death. As they move through the food chain, these pollutants accumulate and magnify, posing growing risks to biodiversity and ecological balance.

Studies are now showing that microplastics (microscopic plastic particles) are being found in our hearts, livers, kidneys and brains. They are also being found in breast milk, the placenta, and our reproductive organs.

### How important is it for the healthcare industry in particular to consider alternatives to traditional plastics?

Ironically, many of the plastic materials used in healthcare that are intended to promote healing may actually be contributing to long-term health risks. Single-use plastics, particularly those containing phthalates, BPA and other additives, have been linked to hormone disruption, cancer, autoimmune diseases, and developmental disorders.

Healthcare is one of the largest worldwide producers of plastic waste. From gloves and syringes to IV bags and packaging, the sector relies heavily on single-use plastics for hygiene and convenience. However, this has created a staggering waste stream that ends up in landfills or incinerators, contributing to environmental pollution and greenhouse gas emissions.

### PlantSwitch currently provides their products to Boston Medical and to Fort Healthcare, and there are more such partnerships in the works. Please tell us more about these partnerships.

We are proud to partner with providers who prioritize sustainability and innovation by choosing PlantSwitch cutlery and straws for their food-service operations. Healthcare is a key area where we see tremendous potential for growth, as replacing single-use plastics represents a meaningful step forward for patient well-being and the health of our planet. Potential uses might include syringes and IV clips, patient wristbands, etc.

### What tips do you have for healthcare professionals who want to reduce plastic use in their facilities, and/or who want to find alternative products?

I commend healthcare professionals who are taking any steps toward more sustainable practices. Even incremental changes can lead to significant impact over time. For example, simply replacing 1 million plastic forks with PlantSwitch alternative plastic for their staff and patient food services can prevent nearly 9,000 pounds of plastic from entering the waste stream.

### How important is it that we find immediate solutions to this problem?

Plastic production is set to triple by 2060 if current trends continue. The longer we delay action, the more entrenched the crisis becomes. Plastics are polluting and accumulating at a pace our planet cannot absorb or process. Our planet cannot afford to wait longer for solutions to plastic.

### Sometimes even solutions have flaws. Are there any flaws to plant-based plastics that we should be considering (even if these products are far better than traditional plastics)?

As with the development of any new product, achieving the ideal formulation often involves a period of trial and refinement. Depending on the specific application, it can

take multiple iterations to perfect the blend, consistency and thickness needed to match or outperform traditional plastic. However, our team of engineers and scientists has developed deep expertise in this area and has successfully fine-tuned the process to deliver reliable, high-performance results.

### How optimistic or pessimistic are you about how humanity will face our plastic crisis?

I would describe my outlook on humanity's response to the plastic crisis as cautiously optimistic. On one hand, the urgency has never been clearer. We are now seeing microplastics in our food, our oceans, and our bodies, and public awareness is rising. However, the plastic crisis is accelerating, and in many regions, plastic production is still growing unchecked. So yes, I believe we can solve this. But it's going to take bold leadership, global cooperation, corporate cooperation, and relentless innovation.

One major step in this progress is PlantSwitch's adaptability. PlantSwitch offers a drop-in solution to existing plastic thermoforming machinery and injection molding machinery, making it much more convenient and cost effective for companies to adopt on a large scale. People can learn more about our manufacturing process and the source of our compostable, bioplastic material at PlantSwitch.com.

*Dillon Baxter is co-founder and CEO of PlantSwitch.*

# Calling All Stars

## Nominate Your Colleagues as an All Star

We'd like to honor you, the endoscopy professional. This could include anyone from doctors and technicians to nurses or office managers. We love showcasing you and giving you the space to share your struggles and success.

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