

A comparative cost analysis of reprocessed bronchoscopes versus disposable sterile sheathed bronchoscopes.

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OBJECTIVE: Propagation of noscomial infection by bronchoscopes has recently attracted attention. In order to avoid patient cross-contamination, a new flexible fiberoptic bronchoscope has been developed. It is composed of a reusable endoscope that has no operating channel and a sterile disposable sheath made up of a sheath, a biopsy-suction channel, a distal window and a cover for the endoscope control body. We determined the cost of the high level decontamination of reprocessed bronchoscopes in a tertiary care hospital and compared it to the cost that the use of the disposable sheath system for the same bronchoscopies would have occasioned. **METHODS:** The costs of reprocessing flexible bronchoscopes at the Pitie-Salpetriere Hospital in Paris, was recorded over a 12-month period. They included: wages of the person affected to this task; total cost of the equipment used (depreciation, financial costs, maintenance and repairs of an automated disinfecting machine and of the fiberoptic bronchoscopes); costs of detergent and disinfection chemicals, of filtered water, disposable suction valves and cleaning brushes; costs of bacterial sampling and glutaraldehyde residual tests of the reprocessed bronchoscopes. The cost of bronchoscopy with the disposable sheath system was estimated on the basis of the depreciation of two bronchoscopes and of one sheath (\$137) per endoscopy. **RESULTS:** The use of the disposable sheath system would have been \$251,830, i.e. 2.8 times more than the \$90,880 actually spent on reprocessing for the 1,800 fiberoptic bronchoscopies performed in 1996. **CONCLUSION:** The systematic use of disposable sheathed bronchoscopes appears to be far more costly than reprocessing. Our next step will be a prospective trial to assess the clinical utility of this technology for patients thought to have diseases such as pulmonary tuberculosis or Creutzfeldt-Jakob disease.

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