

EXPLORING ANTIMOCROBIAL COATINGS FOR ENDOSCOPES

GROUP 2 - C. Mjumi, S. Somba, G. Vaicyte, P. Opoku

INTRODUCTION

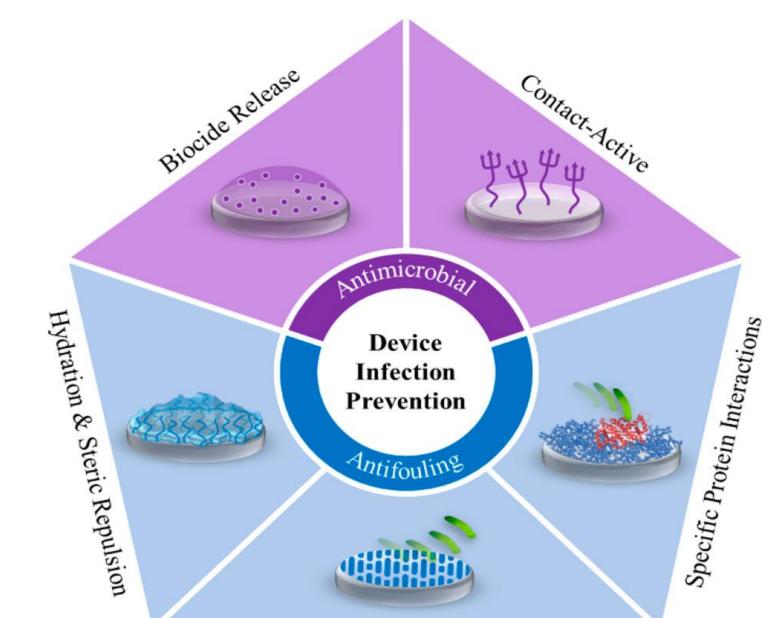
Hospital-acquired Infections (HAIs) have been a continuous burden on the NHS and have been estimated to cost £2 billion per year (Guest et al., 2020). Endoscopyrelated infections, through cross contamination between patients, have been a contributing factor to this burden.

Bacterial biofilms are a layer of several microbes that adhere to the surface of instruments (Luo et al., 2020). They are associated with a range of HAIs, as they usually contain several pathogenic microbes (Luo et al., 2020). More than 60% of endoscopic infections are a result of biofilms on their surface (Coenye & Nelis, 2010). A large number of studies have shown that after sterilisation, biofilms are still found on endoscope surfaces, proving the inefficiency of current cleaning practices (Nelson, 2005).

Current Problems

- Biofilm Formation: Endoscopes may have biofilms, which are populations of bacteria enclosed in a protective matrix. Biofilms are extremely resistant to disinfection and can act as reservoirs for ongoing contamination.
- Problems with current cleaning: Harsh cleaning or sterilisation methods can harm endoscopes, diminishing their efficiency and perhaps causing them to fail during treatments.
- Cross-Contamination: Improper handling or cleaning of endoscopes can cause cross-contamination among patients. Residual biological material left on the endoscope from one patient could transfer to the next, increasing the risk of infection.

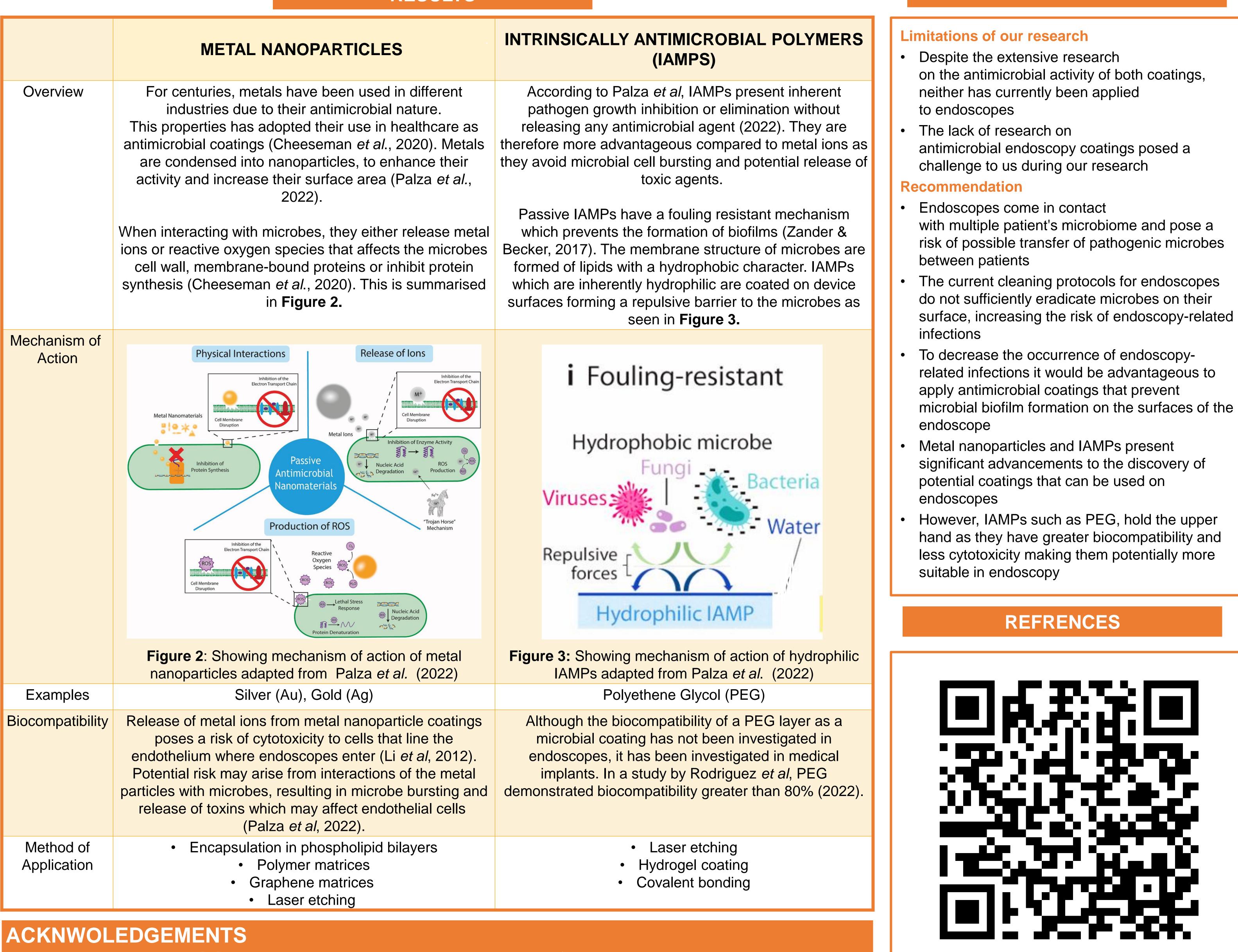
Possible antimicrobial/antifouling techniques for endoscope coatings:



Low Surface Energy

Figure 1: Possible antimicrobial/antifouling techniques for endoscope coatings adapted from Zander & Becker (2017)

RESULTS



Dr. I Tennant, Dr. H Williams, Test Labs, ARU-P Lecturers and fellow students



DISCUSSION

- surface, increasing the risk of endoscopy-related