



endoNEWS

Best Practice: Processing of Endoscopes



Dear readers,

The Dr. Weigert poster offers safety at a glance and provides a step-by-step overview of the reprocessing procedure for flexible endoscopes. You can find out how to order it on page 1.

This year's Dr Weigert webinar series continued with great success. In Part 2, the focus was on risk management. Speakers included Ulrike Beilenhoff, Chair of the DEGEA, Thomas Brümmer, Coordinator of AKI Hamburg, and Klaus Wiese, Chair of the DGSV. On pages 1–3, you will find an overview of the webinar content. You are also welcome to use the sample tables provided for your own risk assessment.

On page 4, we offer insights into our trade fair appearances this year. From 5 to 7 October 2025, we took part in the 33rd United European Gastroenterology Week (UEGW) in Berlin and from 3 to 5 April 2025, in the ESGE Days 2025 in Barcelona, Spain. Our dedicated team took the opportunity to establish new contacts, deepen their expertise in endoscopy, and discover a range of new products. We are pleased to share our national and international experiences with you.

Enjoy the newsletter!
Best regards

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DR. WEIGERT

Systematic Hygiene

The Dr. Weigert Reprocessing Poster: Everything you need to know at a glance.

The reprocessing of flexible endoscopes is a demanding task that requires specialised training and continuous practice. Our goal is to provide you with the best possible, practice-oriented support. Based on the current KRINKO and ESGENA recommendations, Dr. Weigert has created a poster that illustrates the reprocessing procedure for flexible endoscopes step by step.

Each stage of the process lists and describes the most important and error-prone sub-steps, supported by clear illustrations. The poster also explicitly addresses specific challenges in the process such as preventing contamination from contact, water, or faecal microorganisms (e.g. through proper hand disinfection).

The poster answers common questions about the leak test, pre-cleaning in the examination room, and manual pre-cleaning in the reprocessing room – the most error-prone stage of the process.

Would you like to use the poster in your endoscopy department?

We appreciate your interest. Please contact us at info@drweigert.de



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Risk analysis – options and implementation

Dr. Weigert
Webinar

On 15 January 2025, Dr. Weigert dedicated a session in its webinar series to the key topic of risk management. The second on-line seminar explained the fundamentals and practical implementation of this method and discussed examples from both the CSSD and endoscopy. The event was hosted by DEGEA Chairwoman Ulrike Beilenhoff and supported by Guido Merk and Marcel Jung from Dr. Weigert.

Additional speakers included Thomas Brümmer and Klaus Wiese. The moderation team opened with an introduction to the topic, followed by Thomas Brümmer (Hamburg), coordinator of the AKI guidelines for the validation of endoscope reprocessing. He provided a well-founded overview of the background and practical implementation of risk analysis.

Background and implementation of a risk analysis

Brümmer explained that his approach is based on DIN EN ISO 14971 and Annex 13



tem (QM system) because they may also be relevant during inspections by regulatory authorities.

Using a traffic light system and a numerical scale, Brümmer demonstrated how risks can be assessed and visualised in

Risk management in the CSSD

Klaus Wiese, Chair of the DGSV e.V. and Head of the CSSD at St. Johannes Hospital Dortmund, presented the risk management approach using sample risks demonstrated in an Excel spreadsheet.

1. Analysis before measures

Risk analysis			Risk assessment prior to measures				Risk acceptance prior to measures
Risk/error/deviation/problem (hypothetical)	Possible consequences/hazards/deficiencies	Expected/conceivable damage	Probability of occurrence	Severity	Probability of detection	RPN	
Contamination of the cleaning solution	Cleaning effect is impaired	Endoscope is not cleaned effectively	8 likely	7 severe	7 very low	392	unacceptable

of the guideline for the validation of flexible endoscope reprocessing. According to him, the aim of risk management is to analyse potential hazards, assess them, and derive appropriate measures with the goal of eliminating or at least minimising risks. The results must be documented in the quality management sys-

terms of probability of occurrence and severity of harm. Measures to reduce these risks must then be defined. Ideally, this should bring all risks down to the green, or at least the yellow, level. He emphasised the importance of interdisciplinary teamwork to draw on the full range of experience.

Using the example of changing the cleaning solution, he demonstrated how risks are described, assessed, and quantified with a Risk Priority Number (RPN), which is calculated by multiplying the probability of occurrence, severity of harm, and probability of detection (Fig. 1). Wiese emphasised that the importance (sever-

ity) of a risk remains unchanged even after corrective measures have been implemented. Only the probability of occurrence and detection can be influenced. In this example, the proposed measures include wiping down the endoscope after the examination, flushing the channels, and taking further steps to minimise contamination of the cleaning solution. Clear operating and procedural instructions as well as staff expertise are essential in this context. For risks that cannot be adequately controlled, changing the cleaning solution after each patient could be the appropriate measure. The assessments described must be reviewed regularly and documented in a risk management report. Wiese pointed out that each department must define its own criteria for RPN limit values and corresponding measures. Although the Excel spreadsheet requires considerable effort, it can also serve as a valuable tool for discussions with hospital management (e.g. when structural requirements are insufficient). Figure 1 illustrates a possible workflow using an example case.

Risk analysis: Examples from the reprocessing of flexible endoscopes

Ulrike Beilenhoff added practical examples from the reprocessing of flexible endoscopes. She reminded participants that there are no “one-size-fits-all” solutions. However, recommendations such as the revised Annex 8 of the KRINKO-BfArM guideline (Germany) set out a clear framework. Risk assessments are required for a wide range of areas. As an example, Beilenhoff highlighted the area of staff training and pointed out that there is a considerable difference depending on the educational background with which an employee enters the field of flexible endoscope reprocessing. Staff without prior training in a medical profession ideally require additional and/or alternative training.

Beilenhoff’s presentation also addressed the classification of endoscopes. Most endoscopes remain classified as semi-critical B, meaning that cleaning and disinfection are sufficient. However, sterilisation may still be advisable. For example, when longer transport or storage periods are planned. Other topics include the construction and technical equipment of the facilities. Structural limitations can also pose a risk. For example, when rooms are too small. Although there is a certain de-

gree of grandfathering for single-room set-ups, the required capacities must be carefully evaluated, and contingency plans should be considered when planning the rooms. There are now numerous options for drying and storage that must be selected and defined to suit each department.

The concluding discussion showed that this is a highly topical issue with strong demand for further information.

You can find further webinars at the following link:

[www.drweigert.com/
de/aktuell/webinar-archiv](http://www.drweigert.com/de/aktuell/webinar-archiv)



Author: Marcel Jung M.Sc.,
Product Manager Endoscopy

2. Risk mitigation measures

3. Assessment of residual risk after risk mitigation measures

4. Assessment of measures

Risk minimization	Risk assessment before measures				Risk acceptance before measures	Assessment of measures			
Existing/planned measures	Probability of occurrence	Severity	Probability of detection	RPN		Planned (period)	Implemented (date)	Result	Completed
Sufficiently wipe the outside of the endoscope after the examination. Suction all existing channels using a fresh container. Ensure that qualified personnel carry out the work and that their knowledge is up to date. Do not use cleaning agents with a fixing effect. Make sure that SOPs and work instructions are available for every work step. After brushing the channels, rinse the cleaning solution into a separate basin. Visually inspect the solution for contamination and replace it if contamination is visible. Mechanical cleaning must always follow manual cleaning.	8 Probable	7 Severe	7 Very low	392	unacceptable	after 3 months	Date	OK	Date
	Assessment of residual risk				Risk acceptance after measures	Reassessment of risk			
	Probability of occurrence	Severity	Probability of detection	RPN		Planned (period)	Implemented (date)	Result	Completed
	5 low	7 severe	3 high	105	acceptable	after 6 months	Date	OK	Date

Fig. 1: Model structure of a risk analysis using an example case

Note: These tables are provided as examples only.

- Each endoscopy unit must – and is entitled to – define its own criteria. The acceptance threshold may also be determined by the risk assessment team.

You can find the complete sample table here (German):



You can find a table for evaluating risks here (German):



Dr. Weigert at UEG Week 2025 – Sharing Knowledge, Strengthening Practice

At this year's UEG Week in Berlin, healthcare professionals gathered to explore the latest developments in gastroenterology. Dr. Weigert contributed to the Nurse Programme with a focused session on endoscope hygiene and troubleshooting and provided valuable insights for everyday clinical practice.

On 4 October, as part of the Nurse Programme, Ilona Reifenrath, Applications Engineer at Dr. Weigert, gave a presentation entitled "Troubleshooting – What to do if your scope looks unusual after processing?". With practical tips for identifying errors after endoscope reprocessing, she drew great interest from attendees.

Following the presentation, our interactive invited participants to engage in professional exchange. Many visitors took the opportunity to connect directly with our experts and gain new insights for their clinical routines. It was successful contribution



to quality assurance and ongoing education in endoscope hygiene.

At the booth, we not only presented new neodisher® system solutions and innovative dosing technology to an international audience but also discussed what hygiene truly means: safety for patients, safety and relief for staff, and processes that run smoothly.

Author: Marcel Jung, M.Sc., Product Manager Endoscopy

ESGE-Days 2025 in Barcelona

From 3 to 5 April 2025, Barcelona hosted ESGE Days 2025 under the title "Shining a light on endoscopy". This year, the European Society of Gastrointestinal Endoscopy once again presented an impressive programme distinguished not only by its scientific depth but also by its strong interdisciplinary collaboration. Hygiene in the best light – with stimulating discussions, new contacts, and a wealth of expertise centred on endoscopy, the ESGE Days were truly a highlight for us. Our dedicated team took the opportunity to pres-

ent new products to an international professional audience and engage in active exchange.

The discussions went beyond neodisher® system solutions and innovative dosing technology and focused on what hygiene truly means: safety for patients, safety and relief for staff, and processes that run smoothly.

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Dates

December 2025–October 2026
(as of: 22 November 2025)

- **WFHSS Congress**
Hongkong
03–06 December 2025
- **28. International Endoscopy Symposium**
Düsseldorf
05–07 February 2026
- **World Health Expo**
Dubai
09–12 February 2026
- **ESGE-Days**
Milan
14–16 May 2026
- **Visceral Medicine**
Hamburg
14–19 September 2026
- **UEG Week**
Barcelona
17–20 October 2026

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