

Dedicated to transplant

RISK MANAGEMENT

Current medium indwelling time: 4 to 6 weeks^{1,2}

Current procedure: removal with reusable cystoscope

Prolonged indwelling time increases urinary tract infections: 5.8% UTI incidence at 1 week versus 29.4 % at 4 weeks¹

19.5% of flexible cystoscopes non-compliant after HLD reprocessing⁴

Cost benefits of early over routine stent removal: 2390 \$³

Several resistant bacteria outbreaks reported through contaminated cystoscopes⁵ and ureteroscopes

Immediate access to Isiris (on shelves)

No risk of cross contamination



- No need of reprocessing
- No requirement for theatre environment
- No additional capital investment

CAPACITY SAVING

Routine removal in specifically equipped room

Costs
1 Hour operating theatre: 1000 to 3000 euros^{6,7}
Endoscopy room: 400 to 500 euros^{8,9}

Translocation of stent removal procedures to a lower cost environment with no requirements to capital investments⁹

Isiris allows retrieval when you want where you want.

- (1) Prospective randomized study over 103 patients comparing early stent removal (1 week) to current removal (4 weeks) post transplantation in terms of UTI incidence. Liu et al. Early Removal of Double-J Stents Decreases Urinary Tract Infections in Living Donor Renal Transplantation: A Prospective, Randomized Clinical Trial. *Transplant Proc.* 2017 Mar;49(2):297-302 (China)
- (2) Patel P et al. Prophylactic ureteric stents in renal transplant recipients: a multicentre randomised controlled trial of early versus late removal. *Am J Transplant.* 2017 Feb 11 (UK)
- (3) Parapiboon W. Impact of early ureteric stent removal and cost-benefit analysis in kidney transplant recipients: results of a randomized controlled study. *Transplant Proc.* 2012 Apr;44(3):737-9. (Thailand)
- (4) Saliou P et al. Microbiological evaluation of cystoscope reprocessing at Brest university hospital from January 2007 through December 2014. *Prog Urol*, 2016, 26, 2, 103-107 (France)
- (5) O'Horo JC et al. Carbapenem-resistant Enterobacteriaceae and endoscopy. An evolving threat. *Am J Infect Control.* 2016 Sep 1;44(9):1032-6. (USA)
- (6) Projet ARMEN vague 3 PHARE (Performance hospitalière pour des achats responsables). Segment Equipements de bloc opératoire. DGOS. 2014
- (7) Fleischer, W. OP-Organisation: Erste Hilfe für das Herzstück. *Dtsch Arztebl* 2012; 109(50): A-2555 / B-2095 / C-2047
- (8) Doizi S et al. Double loop ureteral stent removal (DJ): Impact of cystoscopes unavailability on hospital cost and patients' quality of life. *Challenges in Endourology*: PP80; May, 23rd 2017
- (9) Estrade V et al. Impact of double-loop ureteral stent (DJ) removal method on indwelling time and hospital organization: a Prospective Survey in daily practice. *Challenges in Endourology*: PP75; May, 23rd 2017

- ✓ Clinical efficiency
- ✓ Risk management
- ✓ Capacity saving

Isiris® α