



Ted Lucidi presents:

Mitigating Catastrophic TEE Transducer Failures Through Process Analysis

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Wednesday, May 10, 2017, 2:00pm ET

PRESENTER: Ted Lucidi, Bayer MVS



Ted Lucidi, CBET, is Technical and Clinical Specialist for Bayer Multi Vendor Service. Ted has over 25 years of experience with diagnostic ultrasound within the clinical environment. He currently provides custom training in support of diagnostic ultrasound, MRI coils and computerized radiography.

WEBINAR AGENDA: During this 60-minute presentation, Ted will share proven methods of reducing catastrophic TEE transducer failures. Rather than merely presenting attendees with common modes of failure, Ted will provide root cause analysis from a clinical point of view. The desired outcomes are that attendees will be able to audit their clinical environments, perform gap analysis and recommend process improvements which will ultimately impact the severity of, frequency of and cost of supporting these sensitive devices. This program has been proven to reduce catastrophic failures and, until now, has been exclusively available to customers of Bayer Multi Vendor Service. Now you can become the expert!

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All questions will be addressed at the end of today's presentation or the presenter will follow up with you offline.

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Care & handling recommendations: TEE transducers

Patient use

- Do not allow the use of a TEE transducer that fails the leakage test.
- Use a TEE bite guard on every patient.
- Use a protective sheath to cover the insertion tube in order to protect it from premature damage/wear during the lengthy surgical procedures.

Disinfection & cleaning

- Prior to disinfection, perform a quick visual inspection test.
 - Purchase a magnifying headset or desk-mounted magnifier for the cleaning personnel, so that detailed visual inspections can be performed prior to disinfection. Visually examine (under magnification) the tip, bending rubber/collars and insertion tube after every exam (and prior to the disinfection process).
- Perform a bite-hole (leakage) test prior to or at the immediate beginning of any soak cycle. This will minimize potential catastrophic damage to the transducer if a leakage failure exists.
- Confirm, with a leakage test, if any of the voids are severe enough to permit fluid invasion.
 - Do not perform high-level disinfection if there are any visible voids in the tip, bending rubber/collars or insertion tube.
- Do not proceed with high-level disinfection of a TEE transducer that fails the leakage test.
- Do not soak the transducer in any fluid overnight.

Storage & transporting

- Perform quick visual inspection of the tip, bending section and insertion tube anytime that the TEE transducer changes hands.
- Use a protective tip cover at all times when the transducer is outside of the patient.
- Transport the transducer in a covered bin whenever possible.
- Do not coil the insertion tube in less than a 12 inch diameter.
- Prior to storage, in addition to the quick visual inspection:
 - Perform a functional check of the articulation and knobs for lack of motion or slop/play in any direction.
 - Inspect cables and strain reliefs for cuts, tears, kinks, twists.
 - Inspect connector and pins for physical damage, bent or missing pins.
- Hang TEE transducer vertically to store.

Bayer MVS recommendation

- Perform routine preventative maintenance on TEE transducer:
 - Replace bending rubbers every 3-6 months (100-150 uses).
 - Adjust the articulation every 6-12 months.
 - Recoat insertion tube every 12-18 months.

Best Practices for leakage testing:



In-house constructed
leakage meter set-up



CS Medical TD-100 disinfection system with
in-house constructed leakage meter set-up



TEE Storage Cabinet

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Three Ways to Prevent Catastrophic TEE Failures

1. Perform Frequent Quality Visual Inspection

- ◆ When removed from storage
- ◆ When set-up and connected to the scanner
- ◆ Before insertion
- ◆ During removal
- ◆ After removal
- ◆ During pre-cleaning
- ◆ Before soaking in disinfectant
- ◆ After soaking in disinfectant
- ◆ Before storing

2. Perform Frequent and Time-based Leakage Testing

◆ Frequent

After EVERY patient exam, following a thorough visual inspection, under magnification, and prior to lengthy soak in disinfectant.

◆ Time-based

Test once at the beginning of the soak cycle and once again at the end in order to reveal intermittent, slow leaks (the beginning of hard, catastrophic failures). See *Visual Inspection Guide* on reverse side.

3. Establish a TEE Preventive Maintenance Program

- ◆ Benchmark your probe against Multi Vendor Service acceptance criteria and against prior evaluations over time.
- ◆ Evaluate 20-point physical and functional performance.
- ◆ Document functional integrity reports and scan photos to monitor probe performance over time.
- ◆ Maintenance timing guidelines:
 - ◆ Bending rubber replacement – every 3–6 months
 - ◆ Articulation adjustment – every 6–12 months
 - ◆ Recoating / relabeling – every 12–18 months



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Transesophageal (TEE) Probe Visual Inspection Guide

Always refer to OEM specifications and your owner's manual before servicing equipment.



Separated Collar



Separated Collar



Chipped Collar



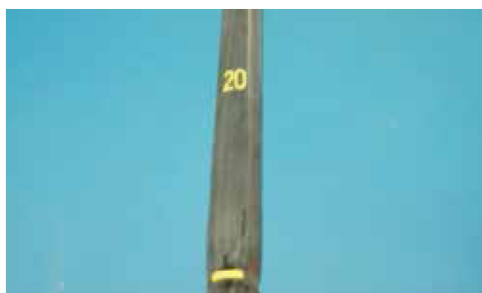
Worn Insertion Tube



Pin-holes in Bending Rubber



Worn Bending Rubber



Stained Insertion Tube



Scratched Tip/Lens



Cracked Tip



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