

# UNDERSTANDING THE IMPLICATIONS OF SINGLE-USE RHINOLARYNGOSCOPES FOR FEES PROCEDURES ON SLP WORKFLOW

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## INTRODUCTION

Flexible endoscopic evaluation of swallowing (FEES) requires the use of a flexible rhinolaryngoscope to evaluate the swallowing function and are performed by speech language pathologists (SLP) across many settings, which means equipment needs to be readily available. Single-use (SU) rhinolaryngoscopes are an alternative to traditional reusable equipment and do not require reprocessing or repairs, which means there is no extensive downtime which may allow for patient access to a life saving assessment sooner and/or discharge from hospital earlier.

## OBJECTIVE

The objective of the study was to understand the potential impact of SU rhinolaryngoscopes on FEES caseloads and SLP productivity from the user perspective.

## METHODS

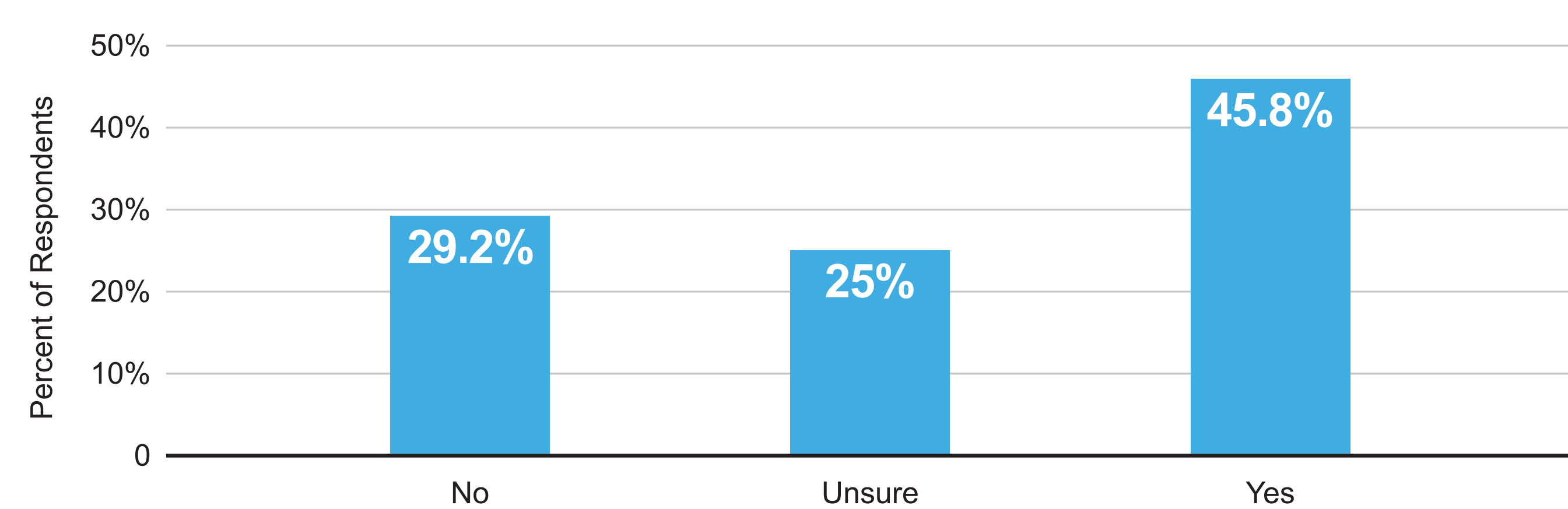
A survey was administered to SLPs between November 16-18, 2023. Proportions were calculated using each question's applicable respondents.

## RESULTS

- Figure 1 shows a **majority of SLP respondents felt that they could perform FEES more regularly** if scope availability issues were eliminated.
- Figure 2 indicates that **1/3 of respondents felt single-use scopes would allow for them to spend more time on other direct patient care** while only 12.5% thought single-use would not make an impact.
- Figure 3 indicates **1/3 of respondents felt that they could discharge patients sooner with the availability of single-use scopes** while just under half were unsure.
- Figure 4 indicates that **most respondents believe 1-3 cases could be added per week if scope availability was not an issue**, with some believing up to 7-9 cases could be added per week.

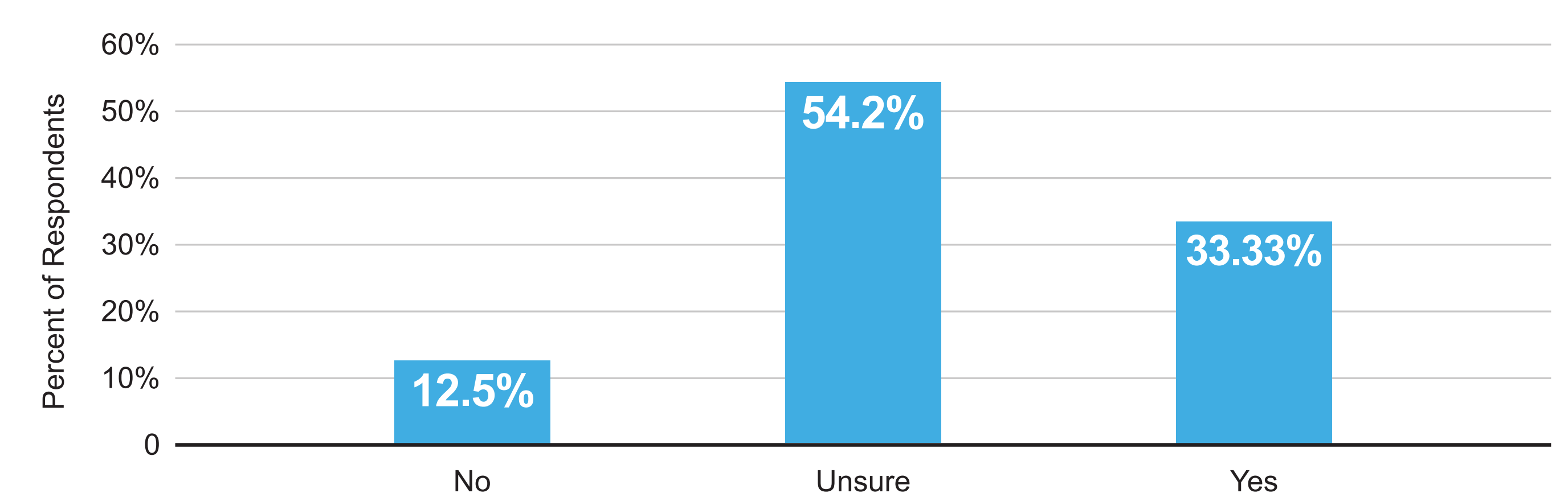
**FIGURE 1**

Would you perform FEES more regularly, if scope availability issues were eliminated?



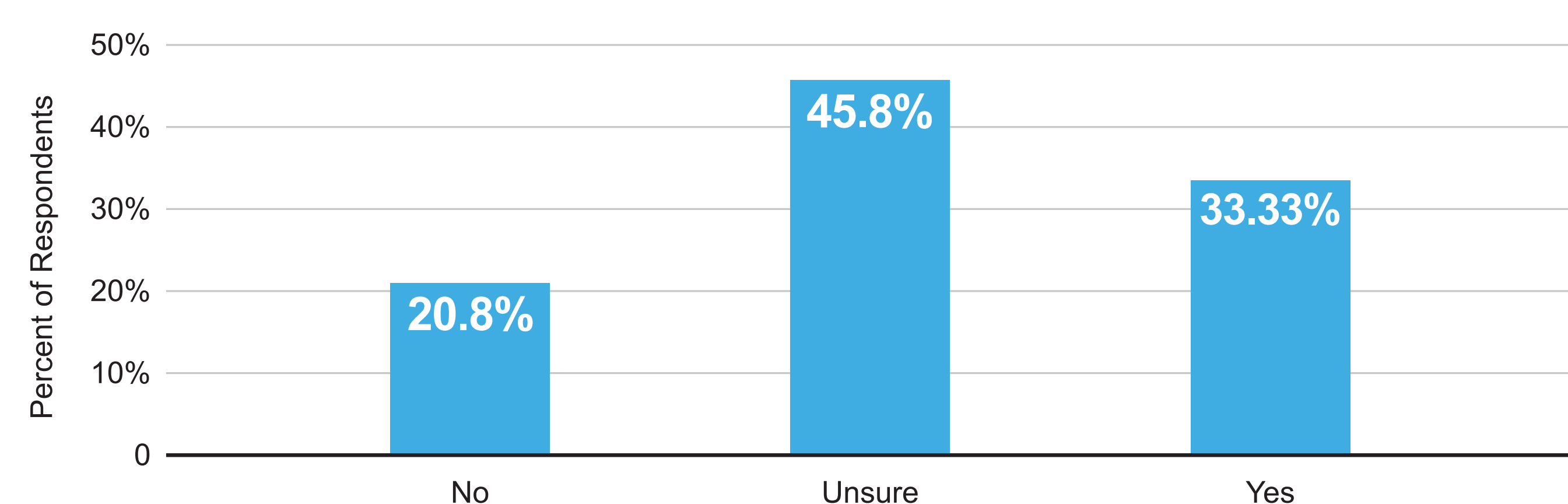
**FIGURE 2**

If single-use rhinolaryngoscopes were utilized in your facility for FEES cases, would you be able to spend more time on other direct patient care?



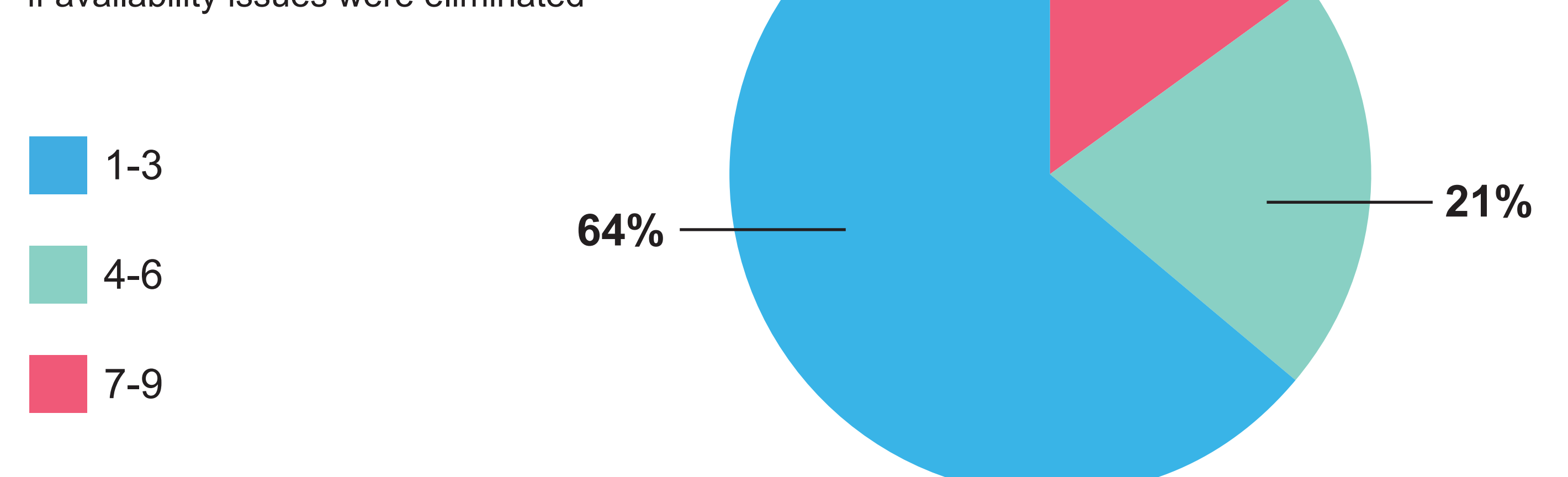
**FIGURE 3**

If single-use rhinolaryngoscopes were available in your facility, do you feel that you could discharge patients sooner?



**FIGURE 4**

Number of additional procedures from those who believed they could add cases if availability issues were eliminated



## DISCUSSION

SLPs with the FEES competency can be requested to perform the procedure across multiple departments within a hospital or clinical setting, which requires the timely transport of the endoscopy equipment between the reprocessing department and the patient's room. Reprocessing endoscopes can take more than an hour to complete<sup>1</sup>, limiting the available equipment for SLPs to complete additional procedures in a timely manner. Single-use rhinolaryngoscopes do not require reprocessing and are disposed of following a procedure, enabling the clinician to have an unused, sterile rhinolaryngoscope for each procedure they perform. Additionally, single-use rhinolaryngoscopes have a portable monitor with a small footprint, allowing the system to be quickly transported room to room for each case. In other endoscopy specialties, studies have shown that single-use endoscopes can save significant time<sup>2</sup>, streamlining the clinical and procedural workflow by reducing the scope preparation time and avoiding reprocessing. Ensuring a flexible rhinolaryngoscope is always ready and available for SLPs may allow for FEES procedures to be executed as they are ordered without delays or downtime, providing timely results to physicians and improving the overall patient care.

## CONCLUSION

Respondents felt that they would be able to perform FEES more regularly/efficiently with readily available endoscopy equipment but indicated uncertainty as to how SU scopes would impact their overall workflow (likely due to inexperience with SU), signaling the need for further research.

REFERENCES  
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