



**ENT 3.6FL30**

**Nasopharyngoscope**



**Manufactured by:**

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## ***Introduction***

Optim LLC's ENT 3.6FL Nasopharyngoscope is designed for examination of the upper airway from the nasal passage to the vocal cords. With proper use, the endoscope provides a thorough examination for more accurate diagnoses while minimizing patient discomfort.

Please be sure to handle the fiberoptic instrument with care at all times. The fiberoptics are comprised of thin glass fibers that can easily be damaged by physical trauma, extreme temperatures, high humidity, or fluid invasion of the endoscope.

### **IMPORTANT**

This instrument is intended for use by persons thoroughly trained in the techniques of nasopharyngoscopy. The Optim Nasopharyngoscope is specifically designed for these procedures and should not be used for any other purpose.

This manual describes the proper procedures for preparing and using the endoscope. The manual also contains pertinent information on the proper care and handling of the endoscope during use, reprocessing, and storage.

Please read this entire manual carefully before using the endoscope. If you have any questions concerning the material contained in this manual or concerning the operation or safety of the equipment, please contact our customer service department.

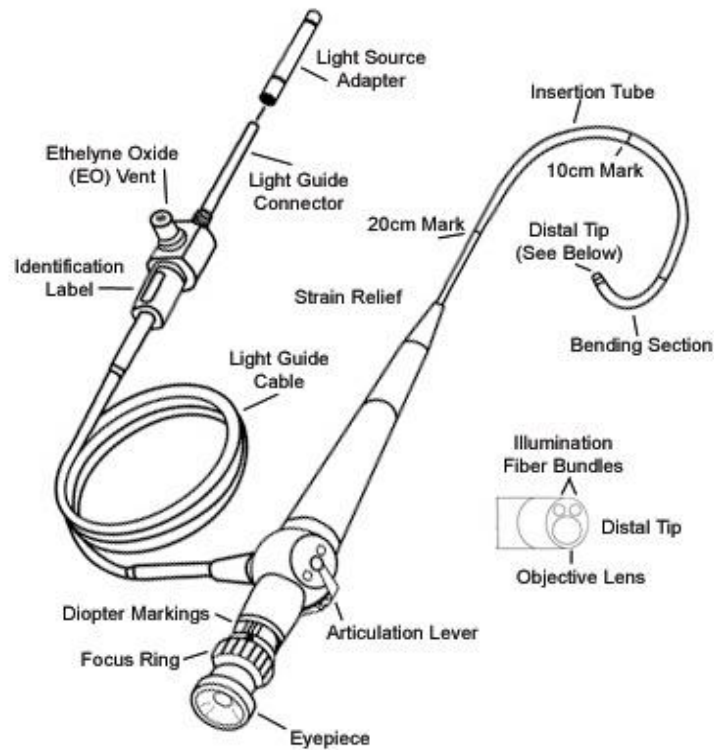
## ***Precautions***

- Damage may occur to the endoscope if used improperly. Read this Owner's Manual thoroughly before attempting to use the endoscope.
- Check all items upon receipt to assure damage has not occurred during shipment.
- Verify compatibility of all components and accessories used with the endoscope by contacting Optim LLC at 1 (800) 225-7486 or 1 (508) 347-5100.
- Avoid excessive bending or twisting of the endoscope Insertion Tube and Light Guide Cable. While designed to bend, too much force can damage the fiber bundles and internal components.
- Do not use excessive force when wiping down the endoscope Insertion Tube. Hold the endoscope by the Control Body and gently wipe back and forth along the Insertion Tube with a soft material (4x4 gauze).

### ***Precautions (Cont.)***

- Avoid storing or using the endoscope in areas of heavy traffic where the endoscope may sustain physical damage.
- The endoscope should not be stored in the Carrying Case, but in a well-ventilated environment. Avoid extreme temperatures, direct sunlight, and high humidity.
- Avoid immersing the endoscope for periods of time greater than recommended by the disinfectant manufacturer. Prolonged immersion may damage the outer coverings of the endoscope and could result in fluid invasion of the endoscope.
- Do not attempt to disassemble the endoscope in any way. There are no user-serviceable parts and disassembly will void all warranties.

### ***Endoscope Description***



#### **Control Body:**

**Eyeiece:** The eyepiece allows the user to visualize the image directly or to connect a standard video camera, still photography system, or teaching attachment to the endoscope. The eyepiece is compatible with most C-mount adapters and video camera systems. Call Optim LLC at +1 (508) 347-5100 or (800) 225-7486 for information on video adapters, cameras, processors and monitors.

**Focus Ring:** The focus ring adjusts the image to the user's eyesight. Adjust the focus by rotating the Focus Ring (also known as the Diopter Adjustment Ring) clockwise or counterclockwise until the fiber pattern is in clear focus.

**Diopter Markings:** If using a video camera, still photography system, or teaching attachment, the white dot on the Control Body must be aligned with the white dot on the Focus Ring (Diopter Adjustment Ring). The colored lines provide reference markers for various users of the same fiberscope.

**Articulation Lever:** The articulation lever controls the angular deflection of the Distal Tip.

#### **Insertion Tube:**

**Depth Markers:** Depth marks are located at 10cm and 20cm from the Distal Tip of the Insertion Tube.

**Bending Section:** The bending section deflects up and down when the Articulation Lever is rotated.

**Distal Tip:** The termination of the Image fiber bundle (at the Objective Lens) and the Illumination fiber bundles (Light Guides).

**Light Guide Cable:**

**Identification Label:** Label includes identity of the endoscope by serial number.

**Ethylene Oxide (EO) Vent:** Equalizes the air pressure inside the endoscope during EO sterilization and shipping when the EO Cap is installed. It is also the connection to the Leak Tester (used to check that the endoscope is fully sealed and can be immersed in liquid or used for patient procedures).

**EO Vent Cap:**

**Cap on:** The EO Cap must be **PLACED ON** for aeration, shipping and EO sterilization. It holds the EO Vent open and prevents damage caused by changes in pressure and temperature.

**Cap Off:** The EO Cap must be **REMOVED** for patient use, leak-testing, and cold-soak disinfection. Removing the cap allows the EO Vent to close, preventing fluid invasion.

**Light Guide Connector:** Insert into the Light Source with the proper Light Source Adaptor attached.

**Light Source Adaptor:** Thread an Adaptor onto the Light Guide Connector to adapt to different light sources.

**Specifications**

<b>Outer Diameter</b> 3.6 mm	<b>Working Length</b> 30 cm	<b>Field of View</b> 70°	<b>Depth of Field</b> 5-50 mm	<b>Articulation</b> 135° Up/Down
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<b>Scope &amp; Accessories Listing</b>	<b>Part number</b>
OPTIM ENT-3.6FL30 Nasopharyngoscope	F408A653
Leak Tester	F004918
Carrying Case	Vinyl Case
Storz Light Source Adaptor	R013491P
Wolf Light Source Adaptor	R013625
Olympus/ACMI Light Source Adaptor	F013492P
Pentax Light Source Adaptor	R004848P
Machida Light Source Adaptor	R004849P
Owners' Manual	N004847D
EO Vent Cap	F006284

**Endoscope Function**

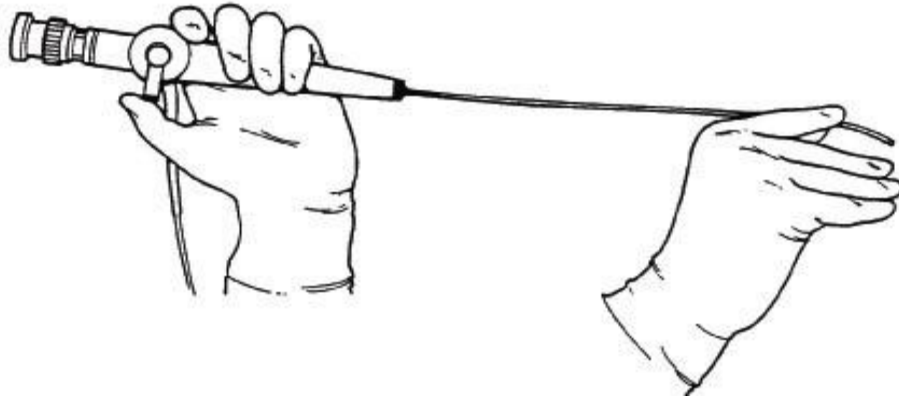
**Preparation**

- Before use, the endoscope should be reprocessed. **Please refer to the Care & Maintenance Section of this manual for proper reprocessing protocol.**
- Before each procedure, visually inspect the Insertion Tube for holes, cuts or abrasions. Run one's fingertips down the length of the Insertion Tube, feeling for the above defects. **Do not squeeze the outer coverings tightly.**
- Check the Distal Tip deflection by rotating the Articulation Lever clockwise and counterclockwise. **Do not apply excessive force rotating the Articulation Lever. Scope articulates 135° Up/Down.**
- Clean the Eyepiece and lens on the Distal Tip with an alcohol prep pad. **Do not use abrasive cleaners on lens surfaces.**

## ***Endoscope Operation***

- Hold the endoscope so that the control body fits comfortably in one hand, allowing easy manipulation of the articulation lever with the thumb. Use the other hand to manipulate the Insertion Tube of the endoscope.

**CAUTION: AVOID EXCESSIVE BENDING OR TWISTING OF THE ENDOSCOPE INSERTION TUBE. WHILE DESIGNED TO BEND, EXCESSIVE PRESSURE CAN DAMAGE THE FIBER BUNDLES AND INTERNAL COMPONENTS. DO NOT MANUALLY BEND THE DISTAL TIP; ALWAYS USE THE ARTICULATION LEVER TO ARTICULATE DISTAL TIP UP/DOWN.**



- Thread the appropriate Light Source Adaptor onto the Light Guide Cable Connector.
- Insert the Light Guide Connector into the light source until it snaps in securely.
- While viewing through the Eyepiece, rotate the Focus Ring clockwise or counterclockwise until the fiber pattern is in clear focus.
- When using a video camera, still photography system, or teaching attachment with the endoscope, be sure the white dot on the Control Body is aligned with the white dot on the Focus Ring.
- Turn on the light source. Adjust the brightness to the desired level using the brightness adjustment control on the light source.
- Introduce the endoscope into the patient and operate the Articulation Lever as necessary to guide the Distal Tip & Insertion Tube for advancement and observation.
- At the completion of the exam, remove the endoscope under direct visualization and with the Angulation Lever in the neutral position.

## ***Use of the Endoscope with Video***

The endoscope may be used with video camera or still photography systems. The endoscope's eyepiece will accommodate most video adapters for connection to a camera system and video chain.

When using a video camera, be sure to align the white dot on the Control Body of the scope with the white dot on the Focus Ring. This setting will optimize the focusing capabilities of your camera system. Call Optim LLC at +1 (508) 347-5100 to order video adapters, cameras, monitors and accessories for Optim's ENT 3.6FL Nasopharyngoscopes.



## **Care & Maintenance**

### **I - Methods of Endoscope Reprocessing**

Thorough cleaning and rinsing are the first and most important steps in the reprocessing of your endoscope. Without thorough cleaning and rinsing, it might not be possible to achieve high-level disinfection or sterilization. Cleaning is the removal of all adherent visible soil (i.e. blood, protein substances and other debris) from the surface, crevices and joints of the endoscope.

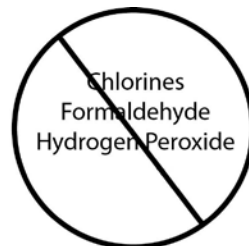
Use caution when cleaning, disinfecting, and sterilizing your endoscope; some methods may be harmful to the endoscope and could result in extensive damage. Manual cleaning is the recommended method for cleaning your precision endoscope. To be effective, cleaning agents must assist in the removal of residual organic soil without damaging the device. No single cleaning agent removes all types of soil or is safe to use with every type of reusable device. Certain cleaning agents may damage the device materials. Cleaning agents should be used in the correct dilution/concentration and at the correct temperature in accordance with the cleaning agent manufacturer's directions. Please contact Optim LLC's Service Center at 1 (800) 225-7486 or 1 (508) 347-5100 to verify compatibility of a cleaning method not listed in this manual.

**CAUTION! THE FOLLOWING METHODS OF STERILIZATION AND DISINFECTION WILL RESULT IN DAMAGE TO THE ENDOSCOPE AND SHOULD NOT BE USED:**

Sterilization



Disinfection



## **Care & Maintenance (Cont.)**

The Optim Nasopharyngoscope is a “semi-critical” device, as defined by the Centers for Disease Control, and requires high-level disinfection or sterilization.<sup>1</sup>

**Attach** the EO Vent Cap for EO Gas Sterilization.

**Remove** the EO Vent Cap for immersion in a cleaning or disinfecting solution.

**FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN DAMAGE TO THE FIBERSCOPE AND WILL VOID THE PRODUCT WARRANTY.**

### **II- Fiberscope Reprocessing Protocol:**

1. Pre-Cleaning
2. Leak-Testing
3. Enzymatic Cleaning and Rinsing
4. High-Level Disinfection or EO Sterilization
  - a. 2% Glutaraldehyde Solution Disinfection
  - b. EO Sterilization

#### **1) Pre-Cleaning:**

Optim recommends the endoscope be pre-cleaned immediately after every patient procedure. This will prevent patient material from adhering to the endoscope. Dried material is difficult to remove and can render the disinfection or sterilization process ineffective. Gently wipe all debris from the Insertion Tube and Distal Tip using a soft, lint-free cloth and water to which you have added a low sudsing detergent, diluted in accordance with the detergent manufacturer’s instructions.

#### **2) Leak Testing:**

After every procedure, in preparation for high-level disinfection or sterilization, the endoscope should first be tested to ensure that no leaks are present. This is accomplished using the Leak Tester. Gloves should be worn when performing the Leak Test procedure, as the endoscope has not yet been reprocessed.

- Remove EO Vent Cap. Connect the Leak Tester to the EO Vent by aligning the pin in the Leak Tester connector with the groove on the EO Vent, pushing down, and rotating the Leak Tester connector clockwise 1/4 turn.
- Pump the hand bulb of the Leak Tester until the needle is within 140-180mmHg or the green gauge area. Do not exceed 180mmHg. Observe the needle for 10 seconds. If the needle drops, the Leak Tester connection to the endoscope may be loose. Repeat procedure to verify.
- If the needle drops again, the endoscope may have a damaged seal and should not be immersed in any liquid. **DO NOT CONTINUE TO USE THE ENDOSCOPE.** Please contact Optim LLC’s Service Center at 1 (800) 225-7486 or 1 (508) 347-5100 to arrange for evaluation and/or repair.
- If the needle stays in place, immerse the entire endoscope in water. Observe the endoscope for 30 seconds. Articulate the Distal Bending Section up and down during this period; holes in the soft covering of the Distal Bending Section may not be evident in a relaxed position.
- **A STEADY STREAM OF AIR BUBBLES INDICATES A LEAK IN THE ENDOSCOPE.** Remove the scope immediately from the water, while the scope is still pressurized. Air escaping the endoscope at the leak site will have prevented fluid invasion.
- If a leak is detected, the endoscope should not be immersed in solution or used for patient procedures after the leak test. **DO NOT CONTINUE USE OF THE ENDOSCOPE.** Reprocess the endoscope by washing all its external surfaces with an enzymatic cleaning solution. Do not immerse the endoscope in the enzymatic cleaning solution. Do not conduct high-level disinfection or EO sterilization of the endoscope. Please contact Optim LLC’s Service Center at 1 (800) 225-7486 or 1 (508) 347-5100 to arrange for evaluation and/or repair.

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<sup>1</sup> CDC Guidelines for the Prevention and Control of Nosocomial Infections - Guidelines for Hand washing and Hospital Environmental Control, 1985. Section 2: Cleaning, disinfecting, and sterilizing patient-care equipment.

**Do not mistake the release of trapped air from the crevices on the endoscope's outer surface with a leak. Trapped air can be released by tapping the endoscope gently after immersing the endoscope in water.**

- Absence of a steady stream of air bubbles confirms that the endoscope is watertight. Remove the endoscope from the water and disconnect the Leak Tester from the endoscope. It is now safe to immerse the endoscope in solution.

### **3) Enzymatic Cleaning and Rinsing**

- Gently wash all external surfaces with an enzymatic cleaning solution and soak the endoscope in the enzymatic cleaning solution for the time recommended by the manufacturer.
- Remove endoscope from the solution and rinse thoroughly with clean, lukewarm water.
- Dry all external surfaces of the endoscope.

### **4) High-Level Disinfection or EO Sterilization**

#### **a) 2% Glutaraldehyde Solution:**

1. Verify that the EO Vent Cap is removed.
2. Immerse the endoscope in 2% glutaraldehyde solution.
3. Allow the endoscope to remain in the disinfectant solution for the period of time recommended by the disinfectant manufacturer. **DO NOT EXCEED TIME RECOMMENDED BY DISINFECTANT MANUFACTURER**
4. Following disinfection, remove the endoscope from the solution.
5. Thoroughly rinse the outside of the endoscope with clean, lukewarm water and place on a clean, dry surface.
6. Wipe all outside surfaces of the endoscope with soft material (4x4 gauze) until completely dry.
7. Ensure the Eyepiece and lenses on the Distal Tip are free of solution residue.

#### **b) Ethylene Oxide Gas (EO) Sterilization**

1. To open the EO Vent, connect the EO Vent Cap to the EO Vent by aligning the pin in the EO Cap with the groove on the EO Vent, pushing down, and rotating the EO Cap clockwise 1/4 turn.

***If the EO Vent is not open during the EO cycle, the changes in heat and pressure from the process will cause internal damage.***

2. Place the endoscope in a sterilizer pouch or on a tray before EO reprocessing.
3. Reprocess the endoscope:

##### EO Conditions:

Maximum EO Concentration: 12%

Temperature: 125°F ± 5°F (52°C ± 3°C)

Humidity: 70% RH Minimum

Exposure Time: 60–90 minutes

Mechanical Aeration: 12 hours at 130°F (54°C), or 72 hours at 75°F (24°C)

4. Aeration is required after EO exposure. Optim LLC recommends following the instructions supplied by the manufacturer of the EO Gas reprocessor and that a biological indicator be used to confirm effective reprocessing.

### **III - Endoscope Storage**

- The endoscope should be stored in a dry and well-ventilated environment. Avoid extreme temperatures, direct sunlight, and high humidity.
- Avoid storing the endoscope in areas of heavy traffic where the endoscope may sustain physical damage.
- Do not store the endoscope in the carrying case. The carrying case is not sufficiently ventilated for storage of the endoscope. The carrying case is intended only for transport of the endoscope.
- The endoscope should be completely clean and dry before storing.
- When storing the endoscope, be sure to keep the Insertion Tube straight. The Light Guide Cable should also be kept straight or coiled neatly to prevent kinking.



## Troubleshooting

PROBLEM	POSSIBLE CAUSE	ACTION
Articulation feels "stiff"	Damaged distal bending section causing impairment of angulation	Contact Optim for evaluation
Articulation alignment is no longer up/down	Insertion tube rotated from excessive twisting	Contact Optim for evaluation
Loss of articulation up and/or down	Control wires are stretched or broken from use	Contact Optim for evaluation
Cloudy or Foggy Image	Focus ring not adjusted properly	Rotate focus ring until fiber pattern is in clear focus
	Eyepiece lens or objective lens is obscured by material or is stained	Clean lens with alcohol prepped pad to remove material or stain. If material/stains remain, contact Optim.
	Fluid invasion of the image bundle	Contact Optim for evaluation
	Damaged lens at the distal tip	Contact Optim for evaluation
	If using a video system, still photography or teaching attachment: White dot on control body not aligned with white dot on focus ring	Align dots of body and ring
Loss of Illumination	Light guides obscured by material or are stained	Clean objective end and light guide lens with 70% isopropyl alcohol, 30% water to remove material or stains. It is important to avoid touching the end tip of the fiberscope and the end of the light guide, as oils from one's fingers can stain lenses. If staining remains, contact Optim.
	Damaged light guide fiber bundles	Contact Optim for evaluation
	Light source lamp output deteriorating	Replace lamp per light source instructions
Insertion tube has developed folds and/or wrinkles	Long-term effects of disinfecting the fiberscope in a chemical solution. Wiping the fiberscope with excessive pressure may cause the material to stretch and buckle	Contact Optim for evaluation
Insertion tube has dent(s)	Dents can be caused by physical damage to the fiberscope (i.e. closing the case on the insertion tube)	Contact Optim for evaluation
Rainbow glare seen in the image field	Fluid invasion of the fiberscope	Contact Optim for evaluation
Loss of pressure during leak tester	Leak Tester not connected to EO vent properly	Reconnect Leak Tester and perform leak test again.
	Hole or crack in the fiberscope has broken the watertight seal of the fiberscope	Contact Optim for repair.

## **Repair Service**

### **Customer Service**

- The Optim Nasopharyngoscope is serviced at Optim LLC's manufacturing facilities in Sturbridge, MA, USA. Use the following procedure to expedite returned goods for evaluation, repair or replacement.
  1. Telephone Optim LLC at 1 (800) 225-7486 or 1 (508) 347-5100 or complete the online RMA request for on our website [www.optim-llc.com/rma-request](http://www.optim-llc.com/rma-request).
  2. Provide a detailed description of the problem.
  3. If the scope needs to be sent to Optim, a Returned Material Authorization number will be issued.
  4. The fiberscope should then be returned to the address below for repair or replacement.
  5. Include a copy of the RMA inside package
  6. Have RMA visible on package.

### **Returning Goods to Optim LLC**

- Ship the endoscope with the EO cap attached to the EO Vent, in the carrying case and within a corrugated box to prevent damage during shipment.

**Ship to:** Optim LLC  
64 Technology Park Road  
Sturbridge, MA 01566-1253  
Attention: Customer Service / RMA# \_\_\_\_\_

### **IMPORTANT:**

- **If the endoscope has been used in a clinical setting, the endoscope must be reprocessed according to procedures outlined in the Care & Maintenance section of this manual before shipment to Optim LLC.**
- **Upon evaluation, the customer will be contacted and advised of the findings and estimated repair cost. Repairs will not begin until authorization or a purchase order is issued indicating the approval of charges.**

### **Endoscope Warranty**

The Nasopharyngoscope is warranted to be free from defects in materials and workmanship for a period of one (1) year from the date of purchase.

It is recommended that a Leak Tester be used prior to cleaning procedures, as a preventive measure that can extend the product's life and help minimize the need for repairs that could result from entry of fluid into the endoscope.

All non-warranty repairs will be warranted to be free from defects in materials and workmanship for a period of ninety (90) days from the date of the invoice.

Accidental damage and damage resulting from misuse, abuse, excessive sterilization, as well as normal wear and tear, will be subject to prevailing repair charges. Disassembly, alteration, or repair performed by any person not authorized by Optim LLC will result in immediate loss of warranty. THE ABOVE WARRANTIES ARE IN LIEU OF ALL OTHER WARRANTIES EITHER EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Suitability for use of the medical device for any surgical procedure shall be determined by the user. Optim LLC shall not be liable for incidental or consequential damages of any kind.

Regardless of warranty status, all shipping charges to and from the Optim facility are the responsibility of the customer.

**For service call Optim LLC's Service Center at 1 (800) 225-7486 or 1 (508) 347-5100.**



Attention: See Instructions for Use

# SN

Serial Number



Do Not Use if Package Is Damaged

# REF

Reference



The CE mark on this product indicates that it has been tested to and conforms with the provisions noted within the Medical Device Directive 93/42/EEC + 2007/47/EC (21.09.2007).

Authorized Representative:

Scanlan Group B.V.  
Postbus 75664  
1118 ZS Schiphol Triport  
The Netherlands  
Telephone +31(0)20 653 0553

In Compliance with:

ISO 9001:2008

ISO 13485:2003

ISO14971:2007

FDA CGMP 820

CDN MDR CMDCAS

MDD 93/42/EEC Annex II (2007)



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