Propositions related to the thesis:

Bacterial Contamination of Complex Flexible Gastrointestinal Endoscopes

1. Patients undergoing ERCP or EUS are frequently exposed to microbial flora from previous patients. *This thesis*

2. A brand new side viewing duodenoscope or linear echoendoscope (DLE) has a similar risk on contamination as an older intensively used endoscope. *This thesis*

3. Get to know your _____*: endoscope-associated infections cannot be prevented mono-disciplinary.
   * (manufacturer, regulatory agency, hospital director, gastroenterologist, clinical microbiologist, infection prevention practitioner, disinfection professional) *This thesis*

4. Post-manual cleaning adenosine triphosphate tests do not prevent the unintended use of contaminated endoscopes. *This thesis*

5. Monthly surveillance cultures do not prevent the use of contaminated endoscopes. *This thesis*

6. It is impossible to disinfect or even sterilize an inadequately cleaned instrument.
   ESGE–ESGENA Guideline, GIE, 2008

7. To provide a margin of safety we must transition from disinfection to sterilization.
   Rutala et al., American Journal of Infection Control, 2019

8. Extensive validation of “new features” of any new endoscope design and postmarketing surveillance are mandatory. *Verfaillie et al., Endoscopy, 2015*

9. Underreporting of transmission events [of endoscope-associated infections] appears inevitable.
   Thornhill et al. Techniques in Gastrointestinal Endoscopy, 2019

10. Despite its limitations, the use of surveillance microbial cultures remains the most reliable indicator of residual contamination on reprocessed endoscopes. *Multisociety guideline on reprocessing flexible GI endoscopes and accessories, GIE, 2021*

11. Why not try and make yourself? *Incubus, 1999*