

A Comparison of Single-Use Bronchoscopes and Reusable Bronchoscopes for Interventional Pulmonology Applications

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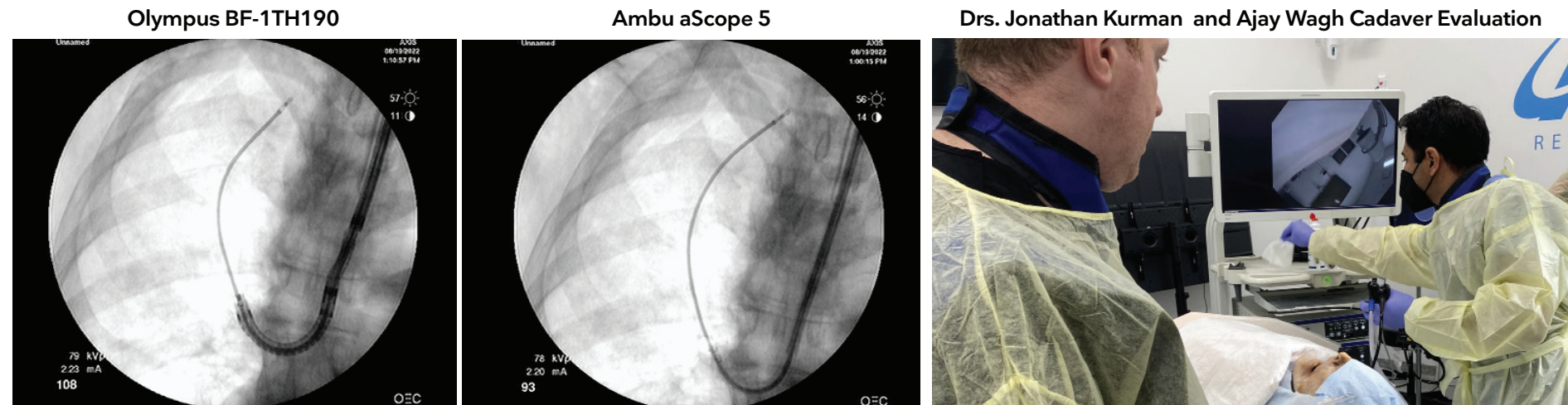
Background: Single-use flexible bronchoscopes (SUFB) have existed for a number of years but have generally been considered to be inferior to reusable flexible bronchoscopes (RFB). As such, SUFB have largely been relegated to use in the intensive care and operating room for simpler procedures, such as airway inspection and bronchoalveolar lavage. Interventional pulmonologists have long preferred RFB given their superior operating characteristics. Recently, there has been a proliferation of new SUFB from several different manufacturers. This latest generation of SUFB may be suitable for use during advanced bronchoscopy or interventional pulmonology procedures. In this study, we compare the characteristics and maneuverability of SUFB and RFB.

Methods: Two sizes of SUFB from four different manufacturers were compared to their RFB counterparts on a cadaver model, benchtop fixturing and artificial plastic lung model. Characteristics assessed included bending capability, scope rigidity, maneuverability, handling, optics, channel shape and size, and suction. Accessory devices included in the articulation testing included biopsy forceps, transbronchial needle aspiration (TBNA) needle, dilation balloon, Argon Plasma Coagulation (APC) and cryo-probes, bronchial thermoplasty catheter and valve catheter. All tests were performed by experienced, board-certified interventional pulmonologists.

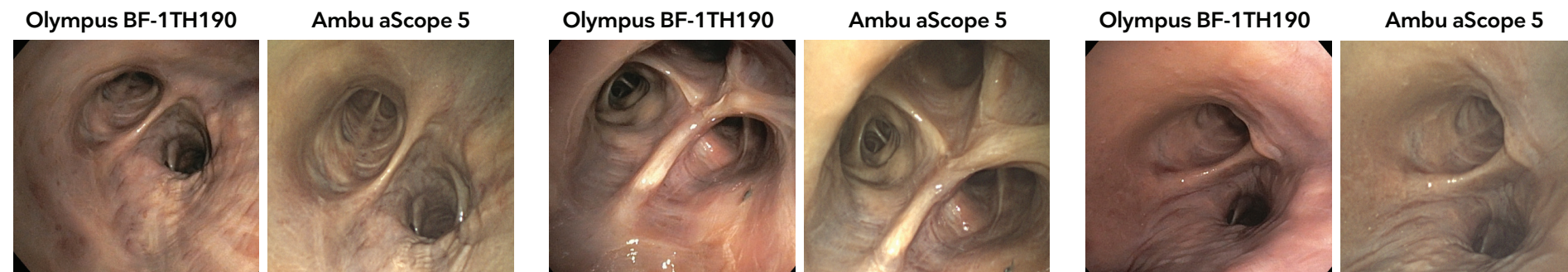
Results: 3 of 4 SUFBs had better flexion and extension without tools vs. RFB. The aScope 5 (Ambu) had more degrees of flexion and extension with all accessory tools compared to other SUFBs or RFB. The aScope 5 and RFB had similar depth of field and field of view versus other SUFB. The aScope 5 and RFB were able to reach the same anatomical location with biopsy forceps in the right upper lobe apical segment during cadaveric testing. aScope 5 and RFB were rated similar (score of 5 each, 1-5 scale) in image sharpness, near field resolution and far field resolution and better than other SUFB evaluated in the model (Verathon BFlex, Boston Scientific EXALT B, Ambu aScope 4). No SUFB or RFB was significantly better in suction performance of 60mL of water or 60mL of viscous material.

Disclosure: Ambu, Inc. provided funding for this evaluation and testing.

FLUOROSCOPY CADAVERIC IMAGES

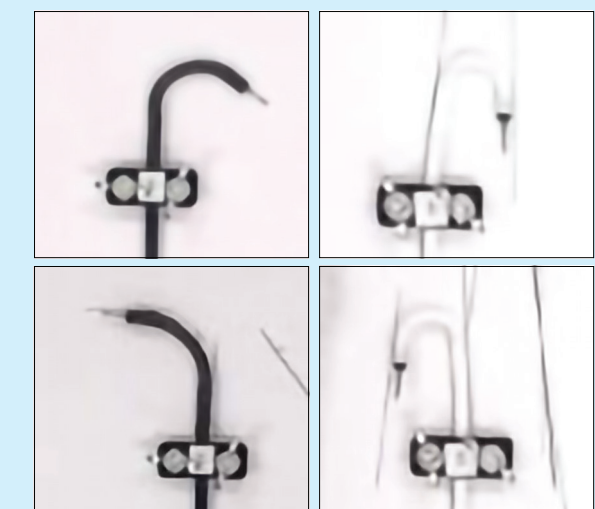


ENDOSCOPY CADAVERIC IMAGES (COLOR WAS NOT ADJUSTED)



Specification	Reusable	Single-Use Flexible Bronchoscopes			
	Olympus	Ambu	Olympus	Boston Scientific	Verathon
	BF-1TH190	aScope 5 Therapeutic	H-Steriscope Large	EXALT Model B Large	B-Flex Large
Working channel diameter (mm)	2.8	2.8	2.8	2.8	2.8
Flexion/Extension (Without tools)	180/130	195/195	210/210	180/180	140/135
Flexion/Extension (degrees) 2.8mm forceps	143/92	168/169	144/145	123/122	67/73
Flexion/Extension (degrees) 2.0mm forceps	156/117	193/193	181/177	162/162	90/101
Flexion/Extension (degrees) Pulmonx Zephyr Valve Catheter	161/114	195/184	181/176	151/153	86/94
Flexion/Extension (degrees) 2.3mm straight fire APC probe	156/118	195/189	185/180	165/165	94/89
Suction 60mL (seconds) - Water	4.10	5.35	5.55	3.05	4.41
Suction 60mL (seconds) - Viscous material	7.44	8.25	14.94	5.42	9.11
Optics - Depth of field (mm)	3-100	3-100	3-100	6-50	5-50
Optics - Field of view (degrees)	120	120	110	90	120

Large Capacity 2.8mm Forceps



Pulmonx Zephyr 5.5 EDC Valve



Conclusion: No SUFB or RFB was superior in every category evaluated. At least one SUFB was better than or equivalent to the RFB in each category. Among the SUFB, the Ambu aScope 5 was either superior or equivalent to the RFB in the most categories.

The latest generation of SUFB are a significant advancement over their predecessors. Many of their attributes are comparable to or even superior to RFB. SUFB may represent a viable alternative to RFB for interventional pulmonology procedures in the bronchoscopy suite, operating room, and intensive care unit.