



1979 Marcus Avenue, C105 • Lake Success, New York 11042 • Tel: (516) 354-0900 • Fax: (516) 354-5902

Scan Type	Probe Type	Use	Patient Contact	Device Classification	Disinfection Level	Recommended	Method
A Scan	A Probe	Direct Contact	Mucous Membrane	Semi-Critical	High Level	2-3% Hydrogen Peroxide	Clean probe if needed to remove any visible debris. Soak for 8-10 minutes. Rinse thoroughly with water.
A Scan	A Probe	Immersion	None	* Semi-Critical	High Level	2-3% Hydrogen Peroxide	Clean probe if needed to remove any visible debris. Soak for 8-10 minutes. Rinse thoroughly with water
B Scan	B probe	Over the Eyelid	Intact Skin	Non-Critical	Low Level	70% Isopropyl Alcohol	Clean probe if needed to remove any visible debris. Soak for 5-10 minutes. Rinse thoroughly with water
B Scan	B probe	Direct Contact	Mucous Membrane	Semi-Critical	High Level	2-3% Hydrogen Peroxide	Clean probe if needed to remove any visible debris. Soak for 8-10 minutes. Rinse thoroughly with water
UBM	Water Path Probe with External Transducer	Clear Scan Cover	None	NA	NA	Cleaning or low level disinfection if necessary	Dishwashing liquid diluted in water may be used for cleaning. 70% Isopropyl alcohol wiped on the probe. Rinse thoroughly with water
UBM	Water Path Probe with External Transducer	Immersion	None	* Semi-Critical	High Level	2-3% Hydrogen Peroxide	Clean probe if needed to remove any visible debris. Soak for 8-10 minutes. Rinse thoroughly with water

* The immersion technique does not involve patient contact, however, the mucous membrane is exposed to the immersion solution and the probe is used in the immersion solution. Therefore, worst case conditions are considered in assigning the device classification as semi-critical.



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Probe Cleaning: Addresses visible debris on a probe or probe tip. Cleaning is the removal of foreign material (e.g., soil, and organic material) from objects and is normally accomplished using water with detergents or enzymatic products. Thorough cleaning is required before high-level disinfection because materials that remain on the surfaces may interfere with the effectiveness of the disinfection.

- a) A few drops of common concentrated dishwashing detergent diluted in warm tap water may be used. The probe may be scrubbed with a soapy solution that facilitates the suspension and washing away of the unwanted contaminants. The probes may be vigorously scrubbed, as needed, to remove contaminants. A soft bristle brush may be used to scrub the narrow gap where the probe window joins the probe cover.
- b) Rinse the probe thoroughly with water and allow to air dry or blot with a clean, soft, lint-free cloth that does not leave lint or debris.
- c) If a water path probe is used, the transducer may be washed with light pressure. Do not scrub the face of the transducer harshly or use any abrasive cleaners or cloths. Careful cleaning will lengthen the useful life of the transducer. *Special care should be taken not to rub the gold surface of the transducer*

Disinfection of Probes: Addresses microorganisms. Required between patients.

- a) For low-level disinfection: After cleaning, immerse the probe in 70% isopropyl alcohol (70% IPA) for 5-10 minutes. Rinse the probe thoroughly with water and allow to air dry or blot with a clean, soft, lint-free cloth that does not leave lint or debris.
- b) For a high level of disinfection: After cleaning, immerse the probe in 2-3% W/W hydrogen peroxide for 8-10 minutes. Rinse the probe thoroughly with water and allow to air dry or blot with a clean, soft, lint-free cloth that does not leave lint or debris.
- c) If a water path probe is used, the transducer may be detached from the probe if necessary and disinfected separately. If the transducer is detached, take care that the surface mount connector (SMC) of the probe and transducer are thoroughly dried before remounting the transducer to the probe. The internal surfaces of the transducer connections must be free of moisture prior to re-assembly. *Special care should be taken not to rub the gold surface of the transducer.*

Probes are hermetically sealed and, if necessary, the entire probe (up to the connector) may be immersed in either solution (70% IPA or hydrogen peroxide). However, this should be reserved for rare cases where it is judged by the clinician that the entire probe has been contaminated. When this is not the case, it is only necessary to immerse the portion of the probe that has been in contact with the patient, plus approximately 2 cm. of the probe cover.

**** CAUTION: NEVER IMMERSER THE CONNECTOR AT THE END OF THE PROBE! ****
NEVER AUTOCLAVE PROBES OR TRANSDUCERS OR EXPOSE TO HIGH HEAT



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Probe Cleaning and Disinfecting Tips

- Do not allow probes to come in contact with any solutions for longer than 10 minutes at a time.
- Thorough rinsing with water is recommended after contact with any cleaning or disinfectant agent to remove traces of the solution.
- Air drying is acceptable following water rinsing.
- If a cloth is desired for drying, blot dry with a clean, soft, lint-free material that does not leave visible debris or lint on the probe.
- Diluted sodium hypochlorite solution (1:10 bleach solution) may be used as a high-level disinfectant on probes that do not have an external transducer. Always rinse very thoroughly.
- Do not use bleach on UBM transducers. The gold plated surfaces of the UBM transducers should not come in contact with bleach.
- FDA cleared disinfectants for low-level or high-level disinfection may be used on the probes according to the facility and/or manufacturer's instructions, but not longer than 10 minutes.
- Thorough and continuous rinsing with copious amounts of the disinfectant solution for several minutes is an effective means of disinfecting between patients.
- Avoid use of abrasives on all probes.
- The gold plating on the surface of UBM transducers is very thin, extreme care must be taken to avoid scratching or otherwise damaging the gold surface of the film. Do not use abrasive cloths or tissue when blotting or wiping the surface. Camera lens cleaning paper or soft gauze may be used. Apply no more pressure than is needed. Contact Sonomed if the gold plating is breached and a silver color is seen in place of the gold.