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## Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

International Standards are drafted in accordance with the rules given in the ISO/IEC Directives, Part 3.

Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies casting a vote.

Attention is drawn to the possibility that some of the elements of this part of ISO 8600 may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights.

International Standard ISO 8600-2 was prepared by Technical Committee ISO/TC 172, *Optics and optical instruments*, Subcommittee SC 5, *Microscopes and endoscopes*, in close collaboration with Technical Committee ISO/TC 121, *Anaesthetic and respiratory equipment*, Sub-Committee SC 2, *Tracheal tubes and other equipment*.

ISO 8600 consists of the following parts, under the general title *Optics and optical instruments — Medical endoscopes and endoscopic accessories*:  
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- Part 1: General requirements
- Part 2: Particular requirements for rigid bronchoscopes
- Part 3: Determination of field of view and direction of view of endoscopes with optics
- Part 4: Determination of maximum width of insertion portion

Annex A of this part of ISO 8600 is for information only.

## Introduction

Rigid bronchoscopes need to serve three simultaneous functions during endoscopic procedures:

- 1) as an endoscope with distal illumination to allow visualization of the larynx, trachea and bronchi, and views into the bronchial trees;
- 2) as a sheath for a flexible or rigid endoscope, aspirator (suction channel), biopsy forceps, scissors, etc.;
- 3) as a gas passage (airway) for the terminal part of an anaesthesia ventilation system or the upper respiratory tract.

Rigid bronchoscopes should therefore have sufficiently large channels with low gas-flow resistance and should also have an adequate gas supply from the breathing system of an anaesthetic and/or breathing machine, or from compressed air/oxygen gas sources. Particular attention should therefore be paid to the life-sustaining ventilatory aspects of this part of ISO 8600.

Ideally, all rigid bronchoscopes should be usable to ventilate the patient whenever clinically necessary either under general anaesthesia or not, by means of a ventilation connector and an end cap for assisted/controlled ventilation or by means of a jet-injector for intermittent jet ventilation. In addition to the general features of rigid bronchoscopes, the ventilatory aspects of both rigid ventilation bronchoscopes and rigid jet-ventilation bronchoscopes are especially included in this part of ISO 8600.

Test methods other than those specified in this part of ISO 8600, but of equal or greater accuracy, may be used to verify compliance with the given requirements. However, in the event of a dispute, the methods specified in this part of ISO 8600 are to be used as the reference methods.

A rationale for the most important requirements is given in annex A. It is considered that a knowledge of the reasons for the requirements will not only facilitate the proper application of this part of ISO 8600, but will expedite any subsequent revision.

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# Optics and optical instruments — Medical endoscopes and endoscopic accessories —

## Part 2:

## Particular requirements for rigid bronchoscopes

### 1 Scope

This part of ISO 8600 specifies definitions and requirements for rigid bronchoscopes and their endoscopic accessories used in the practice of anaesthesia and medical endoscopy.

### 2 Normative references

The following normative documents contain provisions which, through reference in this text, constitute provisions of this part of ISO 8600. For dated references, subsequent amendments to, or revisions of, any of these publications do not apply. However, parties to agreements based on this part of ISO 8600 are encouraged to investigate the possibility of applying the most recent editions of the normative documents indicated below. For undated references, the latest edition of the normative document referred to applies. Members of ISO and IEC maintain registers of currently valid International Standards.

ISO 5356-1:1996, *Anaesthetic and respiratory equipment — Conical connectors — Part 1: Cones and sockets*  
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ISO 8600-1:1997, *Optics and optical instruments — Medical endoscopes and endoscopic accessories — Part 1: General requirements*

### 3 Terms and definitions

For the purposes of this part of ISO 8600, the terms and definitions given in ISO 8600-1 and the following apply.

#### 3.1

##### **rigid bronchoscope**

open straight tube-type rigid endoscope fitted with a means of illumination through the distal end and intended to be introduced into the tracheobronchial airway, having an internal lumen sufficiently large to permit free respiration of the patient

#### 3.2

##### **rigid ventilation bronchoscope**

rigid bronchoscope, fitted with a removable end-cap at the proximal end of the open straight tube and having an internal lumen sufficiently large to permit ventilation of the patient through an integral ventilation connector

#### 3.3

##### **rigid jet-ventilation bronchoscope**

rigid bronchoscope provided with a jet-injector

NOTE Rigid bronchoscopes provided with only a gas nipple should not be included within the category of jet-ventilation bronchoscopes, because the Venturi principle does not necessarily function sufficiently to ventilate the patient.

**3.4**

**ventilation connector**  
**breathing system connector**

integral part of a rigid-ventilation bronchoscope that permits connection to a breathing system of an anaesthetic or breathing machine

**3.5**

**end-cap**

removable fitting at the proximal end of a rigid-ventilation bronchoscope to seal its lumen

**3.6**

**jet-injector**

narrow-lumen tubular device utilizing compressed gases (often using the Venturi principle) to provide intermittent positive gas pressure to the lungs of a patient

NOTE Gases selected may include air, oxygen and/or other gases.

**3.7**

**jet ventilation**

artificial inflation of the lungs by intermittent release of compressed gases by means of a jet-injector within or towards the trachea and bronchi of a patient

**3.8**

**maximum insertion portion width**

maximum external width of a rigid bronchoscope or accessory intended for introduction through the larynx or trachea

NOTE This definition replaces the definition given in 3.10 of ISO 8600-1:1997.

**3.9**

**overall length**

distance between the proximal and distal ends of a rigid bronchoscope

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## 4 Requirements

### 4.1 General

Rigid bronchoscopes shall comply with the requirements specified in ISO 8600-1. In addition, rigid bronchoscopes shall comply with the requirements specified in 4.2 and 4.5; rigid-ventilation bronchoscopes shall comply with the requirements specified in 4.3 and rigid jet-ventilation bronchoscopes shall comply with the requirements specified in 4.4.

### 4.2 Dimensions

#### 4.2.1 Working length

The actual working length of a rigid bronchoscope shall be at least as long as, and not more than 10 mm longer than, the working length stated in the instruction manual provided by the manufacturer.

#### 4.2.2 Overall length

The overall length shall be no longer, and no less than 10 mm shorter, than that stated in the instruction manual provided by the manufacturer.



### 4.2.3 Maximum insertion portion width

The maximum insertion portion width of the rigid bronchoscope shall be no larger, and no less than 1 mm smaller, than that stated in the instruction manual provided by the manufacturer.

NOTE This requirement replaces the requirement given in 4.2 of ISO 8600-1:1997.

## 4.3 Rigid ventilation bronchoscopes

**4.3.1** A rigid ventilation bronchoscope shall be provided with an integral ventilation connector and an end-cap at its proximal end. Provision shall be made for insertion of endoscopes and endoscopic accessories through the end-cap. The end-cap shall not accidentally detach at an airway pressure of less than 4,0 kPa (40 cmH<sub>2</sub>O).

NOTE 1 An end-cap may incorporate a transparent window and/or may permit the insertion of an endoscope or endoscopic accessory through the opening or an airtight gasket. Removal or opening of the end-cap for accessory insertion may be achieved by the detachment, rotation or sliding of the end-cap.

NOTE 2 An end-cap may be an integral part or a detachable part of a rigid ventilation bronchoscope.

**4.3.2** A rigid ventilation bronchoscope shall be provided, in a side-arm, either with an integral ventilation connector which shall meet the requirements for 15 mm male conical connectors specified in ISO 5356-1 or shall be provided with a detachable adapter which is provided with a 15 mm male conical connector as specified in ISO 5356-1 (see Figure 1). This shall not be a connector in which the internal lumen has been reduced. The ventilation connector, when fitted to the rigid ventilation bronchoscope, shall permit to-and-fro ventilation of the patient.

NOTE 1 Adding a smaller connector to a 15 mm adapter creates a low dead-space connector. Users should be aware of the danger of using two connected low dead-space connectors, which may cause excessive flow resistance.

NOTE 2 A ventilation connector may be located at either side of the rigid bronchoscope (see Figure 1) and may swivel around the shaft of the rigid bronchoscope.

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## 4.4 Rigid jet-ventilation bronchoscopes

**4.4.1** Rigid jet-ventilation bronchoscopes shall be provided with a jet-injector intended for jet ventilation.

NOTE Jet ventilation through a rigid bronchoscope is usually possible without a separate jet-injector port. See examples of different bronchoscopes where jet injection is possible given in Figure 2.

**4.4.2** When tested in accordance with 5.3, a jet-injector supplied with a bronchoscope shall withstand a minimum force of 20 N without becoming detached.

**4.4.3** When tested in accordance with 5.4, the container pressure generated by a rigid jet-ventilation bronchoscope with any jet-injector provided by the manufacturer shall not exceed 6,0 kPa (60 cmH<sub>2</sub>O).

If the bronchoscopist uses jet-injectors from sources other than the bronchoscope manufacturer, he/she will be responsible for its function and performance.

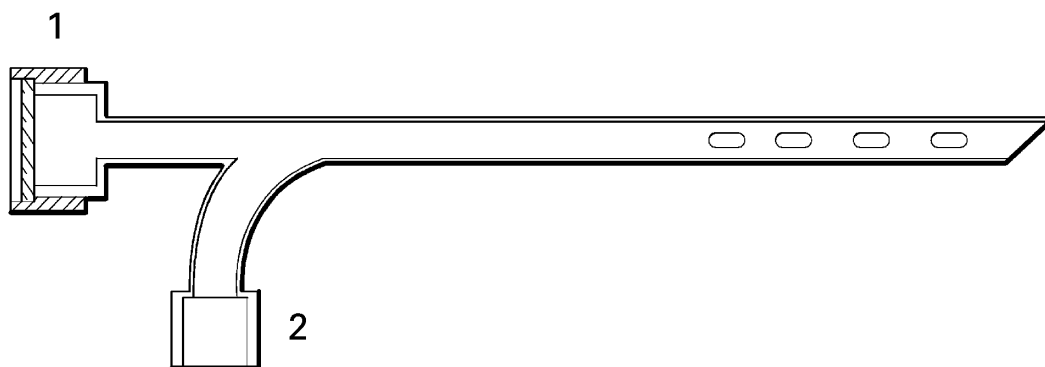
NOTE The ventilation pressure developed by any jet-injector depends on the characteristics of the bronchoscope with which it is used or tested. Users should be aware that ventilation pressure can be greatly increased by insertion of any obstruction, e.g. an aspirator or forceps, into the lumen of the rigid bronchoscope.

## 4.5 Side apertures

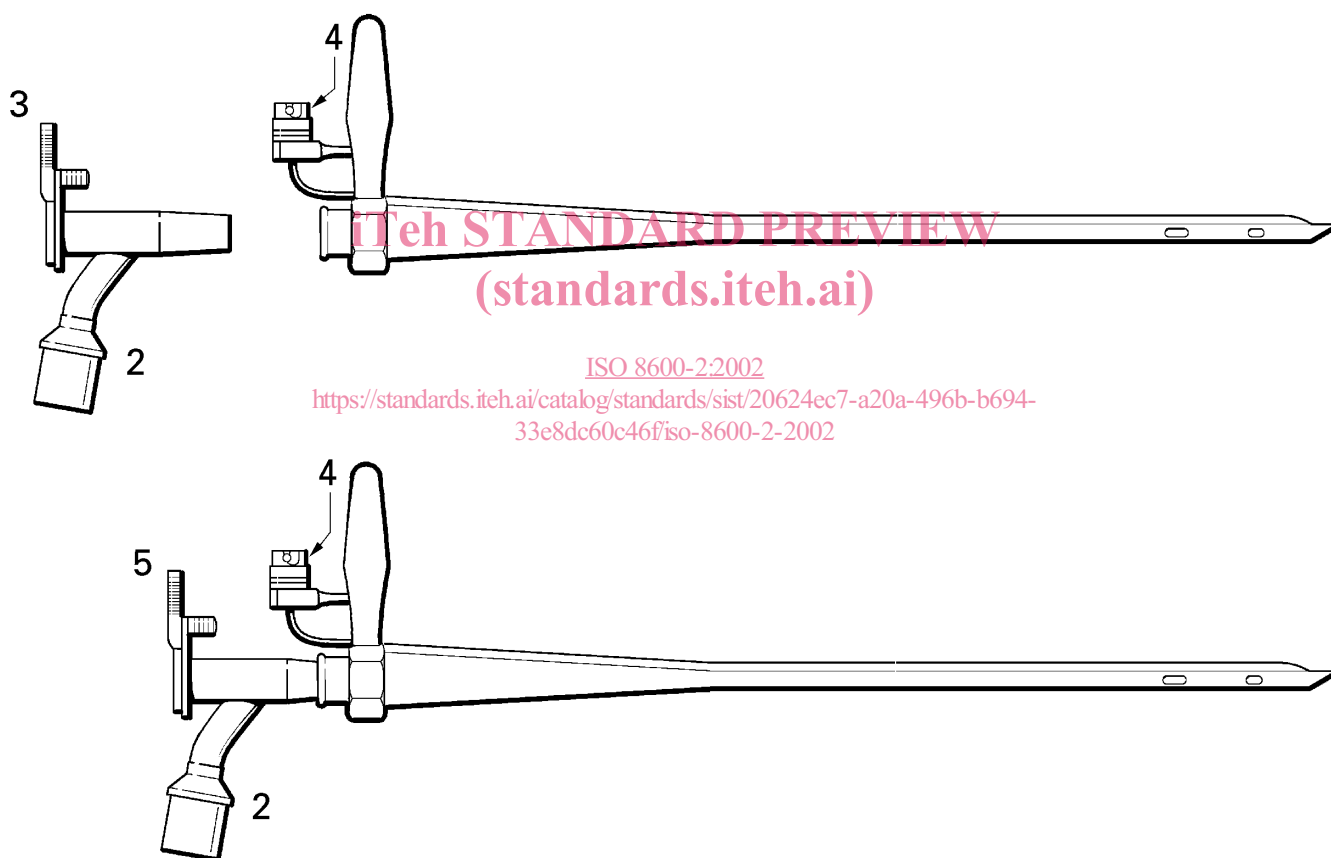
**4.5.1** Side apertures, if provided, shall be located on the rigid bronchoscope no closer than 5 % of the working length from the distal tip.

**4.5.2** The minimum total area of the side apertures shall not be less than the cross-sectional area of the minimum instrument channel width.

4.5.3 The side apertures shall have a smooth rounded finish.



a) Rigid ventilation bronchoscope with integrated ventilation connector



b) Rigid ventilation bronchoscope with detachable ventilation connector

**Key**

- 1 End-cap closed
- 2 15 mm male conical connector
- 3 Ventilation connector detached
- 4 Fibre optic light guide
- 5 Ventilation connector assembled

**Figure 1 — Examples of rigid ventilation bronchoscopes**

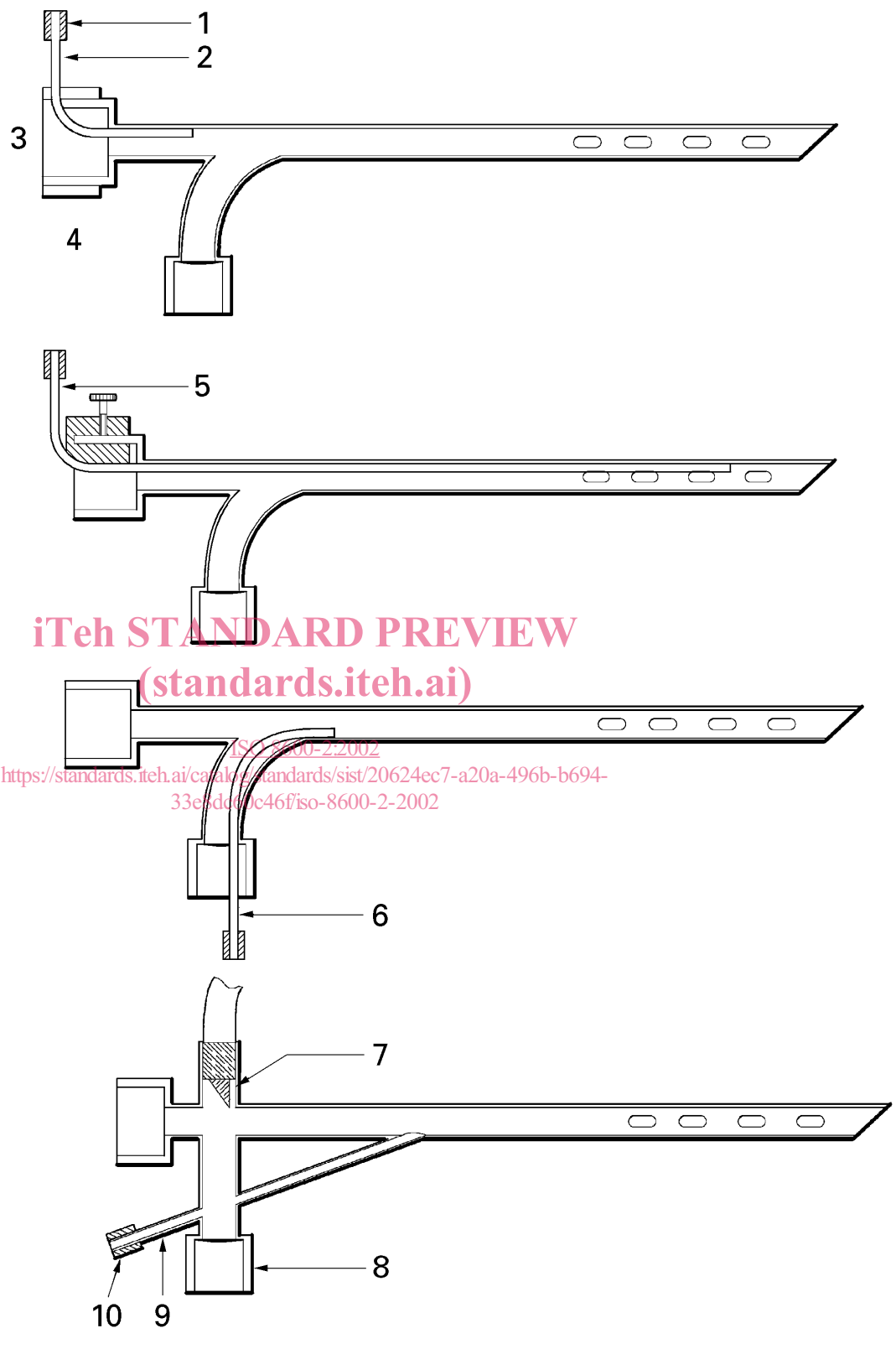


Figure 2 — Examples of rigid jet-ventilation bronchoscopes