



# Radboudumc university medical center







## D4 & E4: MEDUWA-Vecht(e)

D4: **Alfons Uijtewaal,** The EU INTERREG-VA MEDUWA-Vecht(e) project, a general introduction, <u>post@huizeaarde.nl</u>

D4: **Ad Ragas,** Estimation and prioritization of hospital pharmaceutical (API) emissions, <a href="mailto:a.ragas@fnwi.ru.nl">a.ragas@fnwi.ru.nl</a>

E4: Paul Leenders, Plasma Activated Water Treatment, paul.leenders@vitalfluid.nl

E4: **Martien Graumans,** The use of plasma activated water and UV/H2O2 for the degradation of cyclophosphamide in wastewater, <a href="martien.graumans@radboudumc.nl">martien.graumans@radboudumc.nl</a>



#### **Disclosure**

Potential conflict of interest	None/see below
Relationships with commercial companies	Company names:
<ul> <li>Sponsorship / research money</li> <li>Fee or other financial compensation</li> <li>Shareholder</li> <li>Other relationship, (please specify)</li> </ul>	<ul><li>None</li><li>None</li><li>Triodos Bank NL</li><li>None</li></ul>

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# Estimation and prioritization of hospital pharmaceutical (API) emissions

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#### Problem definition

Radboudumc - Nijmegen

- Academic hospital
- ≈ 35,000 patients annually (day care)
- ≈ 600 beds



**UMC** Utrecht

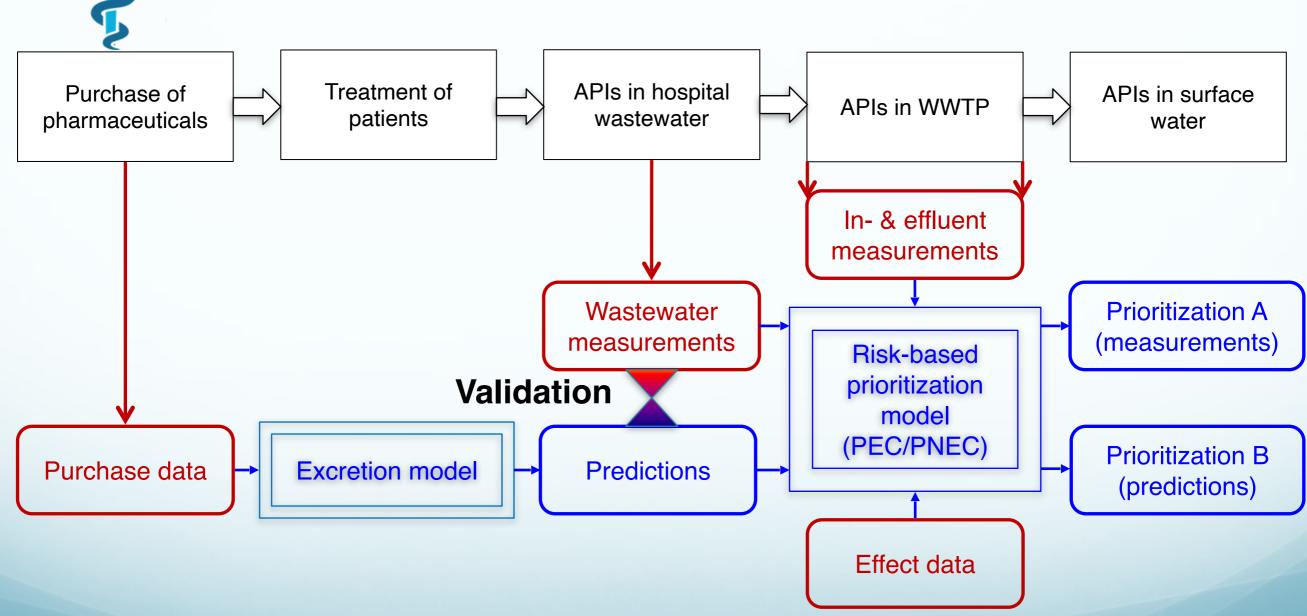
- Academic hospital
- ≈ 30,000 patients annually (day care)
- ≈ 1,000 beds



"How can we reduce the environmental impact of pharmaceuticals prescribed and used in our hospital?"



### Research Setup





# Substances & Measurements Deltares

Antibiotics	Azithromycin
	Ciprofloxacin
	Sulfamethoxazole
	Trimethoprim
Antineoplastics	Cytarabine
	Ifosfamide
Contrast Media	Iomeprol (Nijmegen)
	Iopromide (Utrecht)
NSAIDs	Diclofenac
	Ibuprofen
	Naproxen
	Acetaminophen (paracetemol)
Others	Carbamazepine (anti-epileptic)
	Gemfibrozil (cholesterol)
	Metformin (diabetes)
	Metoprolol (high blood pressure)
	Fluoxetine (Prozac)

#### Passive sampling

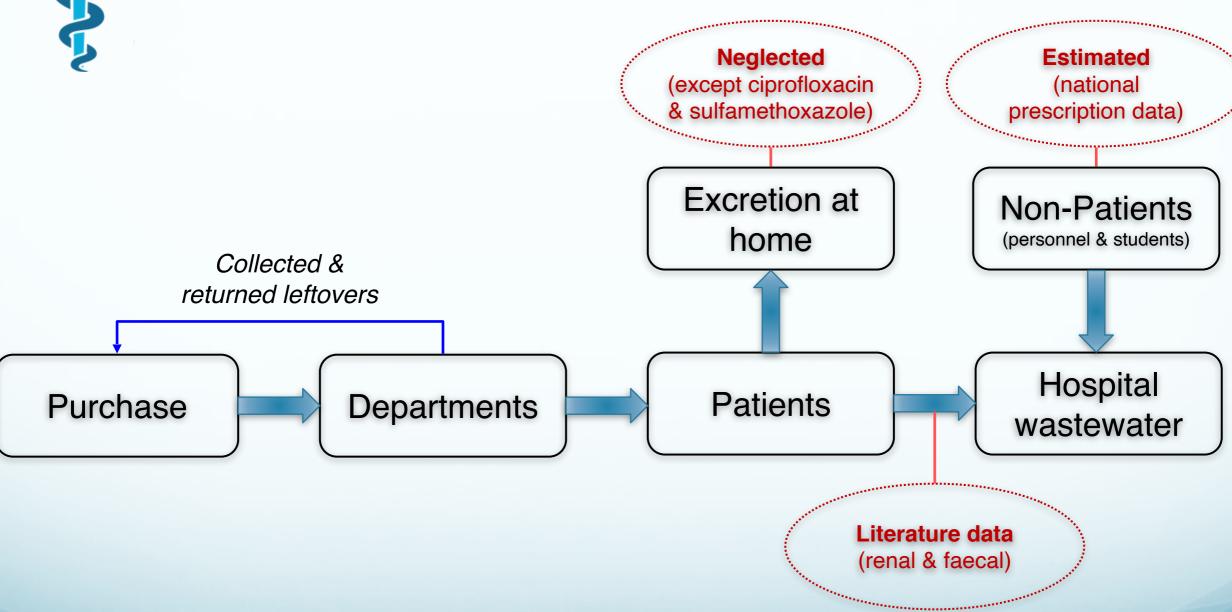




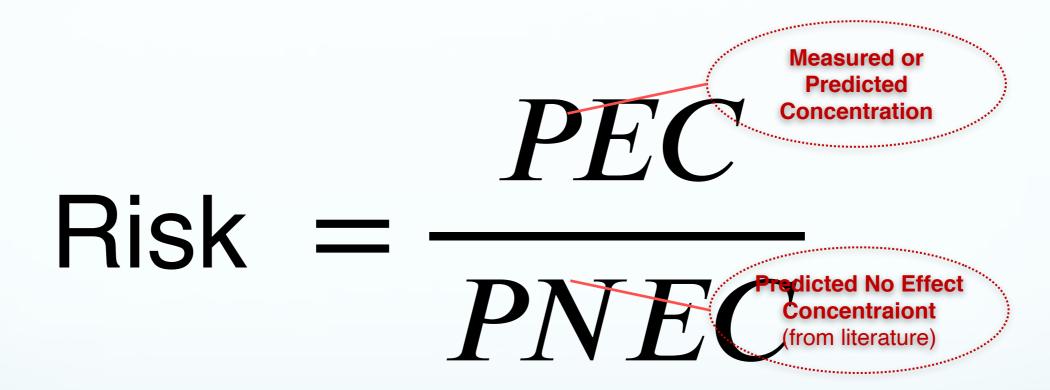
Enabling Delta Life



#### **Excretion Model**

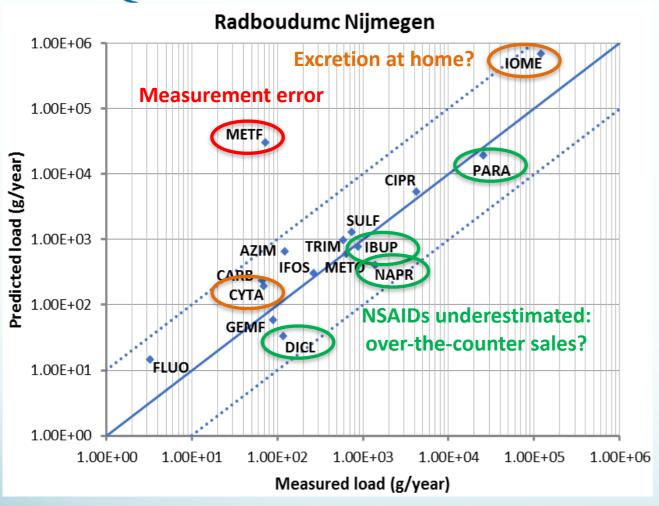


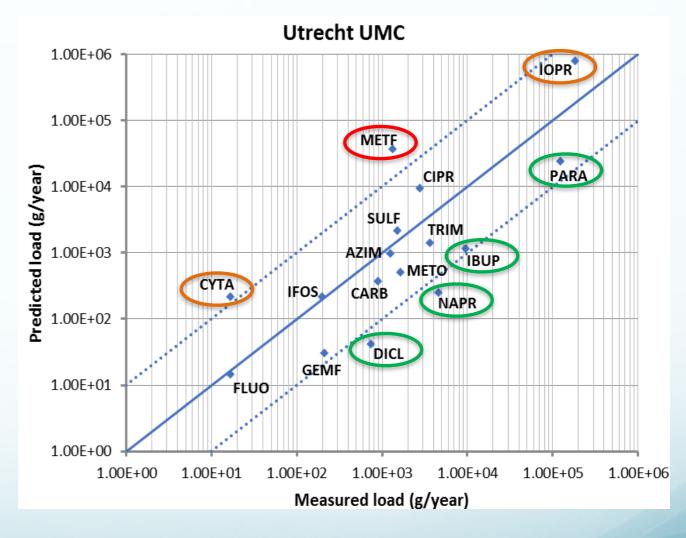
## Prioritisation





#### Validation Results







#### **Prioritization Results**

	Radboudumc Nijmegen	
Radboudumc Nijmegen	MEC-based	PEC-based
Sulfamethoxazole	1	1
Ciprofloxacin	2	4
Azithromycin	3	2
Iomeprol/Iopromide	4	3
Paracetamol	5	6
Ibuprofen	6	5
Metoprolol	7	8
Naproxen	8	13
Carbamazepin	9	7
Trimethoprim	10	10
Cytarabine	11	9
Gemfibrozil	12	15
Fluoxetine	13	12
Ifosfamide	14	14
Diclofenac*	15	16
Metformin	16	11

- Ranking is quite stable
- Antibiotics (i.e., sulfamethoxazole, ciprofloxacin & azithromycin) dominate
- Prioritization results are quite sensitive to selection of toxicity data underlying the PNEC, e.g. diclofenac



#### Actions?

#### **Antibiotics**

- Prescribe alternative antibiotics?
- Capture urine & treat? => see next presentation

#### **Contrast fluids**

Capture urine & treat? => see next presentation



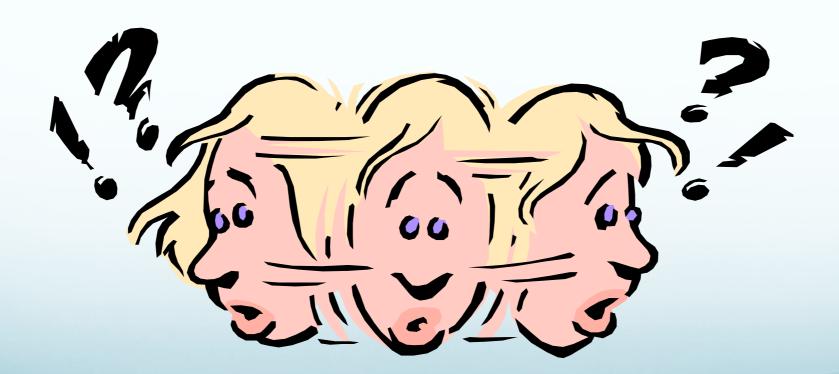
#### Conclusions

- API emissions from hospitals can be fairly well predicted based on hospital purchase data
- Emission estimation could be further improved:
  - Off-site API excretions (i.e., cytostatics and contrast media)
  - Over-the-counter drugs (i.e, NSAIDs)
  - Errors in measurement data
- Future: Assessment of all pharmaceuticals emitted by a hospital?



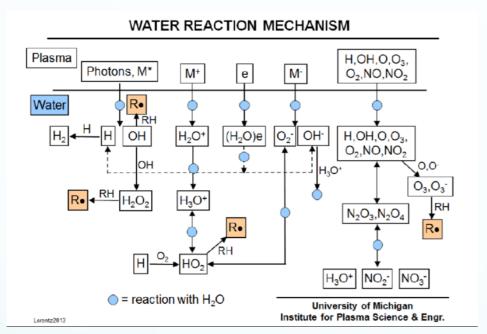
### Many thanks to...

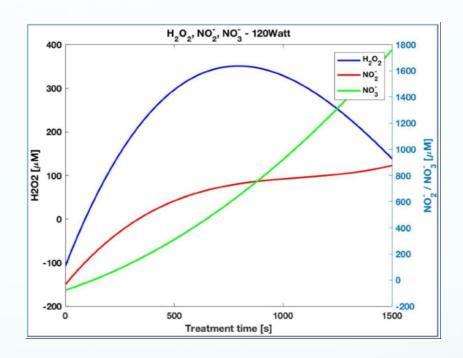
- Erwin Roex from Deltares (passive sampling)
- Nicole Vink, Harriette Laurijsen & Eric Mimmel from Radboudumc Nijmegen
- Esther Willems, Henny Tussenbroek & Harry Wernert from Utrecht UMC





### **Oxidative species**





An avalanche of short lived reactive species are created in the plasma arc

ROS and RNS dissolve in water and have oxidizing properties





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