Short Communication

Integrative Gastroenterology and Hepatology

Syringe Mouth-Guard for Oesophagogastroscopy (OGD) with Restricted Oral Access

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Abstract

Endoscopy mouth-guards are available in a range of sizes to protect the patient's mouth and teeth, as well as the endoscope, in Oesophagogastroscopy (OGD). Although they are available in a range of sizes which cover the vast majority of procedures, they are too large in a small number of patients with restricted oral access. This short technical note describes the use of a cut flange end of a 10 ml syringe which can be adapted as a safe mouth guard for adult oesophagogastroscopy.

Keywords: Oesophagogastroscopy; Safety; Dental; Mouth; Protection

Endoscopy mouth-guards protect the patient's mouth and teeth, as well as the endoscope during OGD. These are disposable, made of synthetic plastic and are available with or without a latex strap from a number of manufacturers. Although available in a range of sizes, including paediatric, covering most procedures, they may be too large in a small number of patients with restricted oral opening, either due to dental treatment, previous temporo-mandibular and maxillary fractures, or conditions such as scleroderma or peri-oral burns and scarring. Even smaller mouth guards, sufficient to pass an adult gastroscope may be too large for such patients, and forcing the mouth guard is contra-indicated due to the risk of trauma.

This note describes the use of a cut flange end of a 10 ml syringe adapted as a safe mouth-guard for adult OGD. A standard 10 ml syringe is cut with a sharp scalpel (Figure 1). Note the flange should be at least 3 cm long, to allow sufficient external protrusion of the

flange to allow control by the nurse at the head end of the procedure. Care is also taken to avoid any sharp or jagged edges to minimise any risk of oral trauma. The lubricated cut syringe flange is passed between the teeth or gums, held in place by the head end nurse and the gastroscopy performed, appropriate consent being taken from the patient beforehand to let the patient know that the syringe is being used for an unlicensed purpose. Insertion tube diameter of standard adult gastroscopes range from 9.5 to 9.9 mm (slimmer scopes such as Olympus GIF- Q180 are 8.8 mm, and the widest twin channel therapeutic instruments such as GIF-2T240 are 11.8 mm), which is easily accommodated by a standard 10 ml syringe (internal diameter 14.5 mm), or even a 5 ml syringe (diameter 12 mm) [1]. The syringe mouth guard is discarded at the end of the procedure. One of the authors (PG) has used the procedure for several years with no complications.

Figure 1: 10 ml syringe with cut flange end, used as mouth guard.

Note the flange should be at least 3 cm long, to allow sufficient external protrusion of the flange to allow control by the nurse at the head end of the procedure.

References

1. Common Syringe Data - Diameter and Plunger Surface Area. Harvard Apparatus.

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