Short Communication

Integrative Gastroenterology and Hepatology

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

Banerjee AK* and Goggin PS2

1Honorary Consultant Colorectal Surgeon, Department of Colorectal Surgery, Queen Alexandra Hospital Portsmouth, United Kingdom
2Consultant Gastroenterologist, Department of Gastroenterology, Queen Alexandra Hospital Portsmouth, United Kingdom

*Correspondence: Anjan K Banerjee, Honorary Consultant Colorectal Surgeon, Department of Colorectal Surgery, Queen Alexandra Hospital Portsmouth, United Kingdom, Tel: +44 7437909719; E-mail: banerjee3@doctors.org.uk

Received: June 10, 2018; Accepted: July 02, 2018; Published: July 09, 2018

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 Oesophagogastr Endoscopy (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 syringe which can be adapted as a safe mouth-guard for adult oesophagogastr Endoscopy.

Keywords: Oesophagogastr Endoscopy; Safety; Dental; Mouth; Protection

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 syringe (internal diameter 14.5 mm), or even a 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