ISSN: 2977-6139

Research Article

Open Access Journal of Pediatrics Research

Local Anaesthesia of the Pharynx for Oesophagogastroduodenoscopy (Ogd): Jasmeg Technique

Esther Killan

Department of Gastroenterology; Northumbria Healthcare, Newcastle Upon Tyne, Newcastle Upon Tyne, UK

Corresponding author

Esther Killan, Department of Gastroenterology; Northumbria Healthcare, Newcastle Upon Tyne, Newcastle Upon Tyne, UK.

Received: April 01, 2026; **Accepted:** April 09, 2026; **Published:** April 21, 2026

Introduction

Upper gastrointestinal endoscopy, or oesophago-gastroduodenoscopy (OGD), is a commonly performed procedure in the UK, with over 1.2 million endoscopies carried out annually in England [1]. Local anaesthesia in the form of lidocaine throat spray, with or without intravenous sedation, is routinely used to improve patient comfort and facilitate the procedure [2].

Sedation, although effective, carries risks such as aspiration, particularly in elderly patients or those with comorbidities [2]. As a result, optimising the use of local anaesthetic spray is important for improving patient experience while minimising risk.

The conventional technique involves spraying the posterior pharynx while the patient's mouth is open. However, there is limited evidence evaluating alternative methods of administration. Additionally, OGD is considered an aerosol-generating procedure, increasing the risk of airborne transmission of infections such as COVID-19 [3,4].

Methodology

Comfort and anxiety were assessed using a 5-point Likert scale, a widely used and validated method for measuring subjective outcomes [5].

Statistical analysis included linear regression models and Fisher's exact test, with effect sizes calculated using Cohen's d [6].

Discussion

This study demonstrates that the "mouth-closed" (JASMEG) technique significantly improves patient comfort and reduces anxiety compared to the conventional method. These findings are consistent with previous studies showing that optimisation of local anaesthesia can improve tolerance of upper gastrointestinal endoscopy [7,8].

The reduction in cough observed has implications for infection control, as OGD is an aerosol-generating procedure [3,4]. The COVID-19 pandemic has highlighted the importance of minimising aerosol generation [9].

Conclusion

The JASMEG technique represents a simple, low-cost modification that improves patient comfort while reducing cough and potential aerosol spread. It may enhance both patient experience and procedural safety.

References

1. British Society of Gastroenterology (BSG) and Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland (AUGIS) Guidelines on safety and sedation in gastrointestinal endoscopy. 2017.
2. National Institute for Health and Care Excellence (NICE) Sedation in adults (CG50). 2010.
3. Public Health England COVID-19 guidance. 2020.
4. World Health Organization (WHO) Transmission of SARS-CoV-2. 2020.
5. Likert R. Archives of Psychology. 1932.
6. Cohen J. Statistical power analysis.1988.
7. Hedenbro J.L. and Ekelund M. Endoscopy. 1991. 23: 79-82.
8. Mulcahy H.E. et al. Gut. 2001. 49: 809-813.
9. Repici A, et al. Gastroenterology. 2020. 159: 363-366.

Citation: Esther Killan. Local Anaesthesia of the Pharynx for Oesophagogastroduodenoscopy (Ogd): Jasmeg Technique. Open Access J Ped Res. 2026. 3(2): 1-1. DOI: doi.org/10.61440/OAJPR.2026.v3.33