



COMPARISON BETWEEN LIGNOCAINE SPRAY 10% VERSUS LIDOCAINE LOZENGES IN EASE OF PERFORMING UPPER GI ENDOSCOPY (UGIE).

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KEYWORDS :

INTRODUCTION

UGIE is a routinely done procedure under Monitored Anaesthesia Care (MAC) on a day care basis.

For the conduct of this procedure upper airway anaesthetization is required. It is commonly achieved through 10% lignocaine spray, nebulization (4% lignocaine) or the recently introduced lidocaine lozenges.

Patient at times may require mild sedation to successfully perform UGIE.

Aim

In the current study, we aim to compare 10% lignocaine spray with lidocaine lozenges in the form of –

1. Patient satisfaction
2. Gastroenterologist satisfaction
3. Need of Propofol
4. Post OP Pain on swallowing (At time of Discharge) – 1 hour

Methodology

The study was conducted on the patients admitted in Sri Aurobindo Institute of Medical Sciences and PG Institute, Indore (MP).

We did purposive sampling for a month and chit system was used for group allocation for a period of 2 months.

Total target of 60 patients was decided. A likert type of scale was used to record patient and gastroenterologist satisfaction.

Zero(0) stands for totally unsatisfied and 10 stands for totally satisfied. The need for propofol in each group was recorded and compared.

And NRS(Numerical Rating Scale)for recording pain.

Inclusion Criterias :

- Patient posted for diagnostic UGIE
- ASA grade I, II, III

Exclusion Criterias :

- AGE >80years
- Allergy to lignocaine
- Mentally challenged patient
- Duration exceeding 10minutesPatient characteristics :

DISCUSSION :

- India being a medical resource limited country often requires using same lignocaine spray in multiple patients leading to cross infection among them and the use of lozenges helps in preventing this along with better patient and gastroenterologist satisfaction with decrease requirement of propofol.

- Spray has a bitter taste
- Pharyngeal anesthesia is crucial for improving patient comfort and procedural ease during upper gastrointestinal endoscopy (UGIE). Traditionally, 10% lignocaine spray has been the standard, but its bitter taste, inconsistent coverage, and risk of cross-contamination have led to the exploration of lidocaine lozenges as a viable alternative.

Our study findings align with **Supe et al. (2014)**, who reported that **lozenges significantly suppressed gag reflex** ($P < 0.0001$), **reduced procedural difficulty** ($P = 0.0007$), and **improved patient acceptance**. Similar results were observed in our study, reinforcing lozenges as an effective anesthetic option. **Mogensen et al. (2012)** further emphasized that lozenges provide **prolonged anesthesia by coating a larger pharyngeal surface**, enhancing patient tolerance.

In a **randomized controlled trial by Ayoub et al. (2007)**, **lidocaine lollipops** were found to be superior to spray in suppressing **gag reflex and discomfort**. Additionally, **Kacker et al. (2013)** demonstrated that **lozenges improved procedural ease and reduced sedation needs** in diagnostic UGIE.

Limitations :

- Despite these advantages, lozenges are costlier than sprays, and our study had a small sample size, limiting generalizability.
- Future multi-center trials should further evaluate their cost-effectiveness and broader applicability.
- Nonetheless, our findings support lidocaine lozenges as a superior alternative to spray, offering better patient comfort, improved procedural ease, and reduced cross-contamination risk.

REFERENCES :

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