

Online Supplementary Material

Wilkins T, Gillies RA. Office-based unsedated ultrathin esophagoscopy in a primary care setting. *Ann Fam Med*. 2005;3:126-130.

<http://www.annfammed.org/cgi/content/full/3/2/126/DC1>

Supplemental Appendix. Technique

After informed consent was obtained, patients selected route of insertion, ie, oral or nasal, based on their personal preferences. Our technique for transnasal unsedated ultrathin esophagoscopy (UUE) has the patient sitting upright. The patient's nasal cavity is then anesthetized with an atomizer using a 50:50 mixture of 4% lidocaine and .05% oxymetazoline. Three sprays of benzocaine-aminobenzoate-tetracaine (Cetacaine) are then administered to the oropharynx. The XEF-140Y1 endoscope is lubricated with 2% viscous lidocaine. After 3 minutes to allow the topical anesthesia to take effect, the endoscopist passes the endoscope into the nasal cavity either along the floor of the nose or between the inferior and middle turbinates. With the patient's head in a flexed position (chin to chest), the examiner asks the patient to swallow as the scope is advanced to the level of the cricopharyngeus muscle and observes the endoscope intubate the esophagus under direct visualization. The endoscope is then advanced to the proximal stomach and retroflexion is performed. The esophageal mucosa is carefully inspected as the endoscope is slowly withdrawn.

Our technique for transoral UUE has the patient in the left lateral decubitus position. Three sprays of Cetacaine are administered to the oropharynx. The XEF-140Y1 endoscope is then lubricated with 2% viscous lidocaine. After 3 minutes to allow the topical anesthesia to take effect, the endoscopist then passes the endoscope into the oral cavity. As the endoscope is advanced to the level of the cricopharyngeus muscle, the esophagus is intubated and the procedure completed as described above.