COVID-19 is a disease caused by a novel coronavirus (SARS-CoV-2), which is chiefly transmitted through respiratory secretions, aerosols, and contaminated surfaces [1].

Endoscopy is an aerosol-generating procedure and thus carries a significant risk of transmission of aerosol-borne diseases to the endoscopist and staff [2]. During endoscopic procedures, a wide open space is left between the mouth guard and the endoscope, through which large quantities of aerosols escape, increasing the risk of infection.

We have made a few changes in the mouth guard to prevent exposure to aerosols and allow endoscopy to be carried out safely. The elements of the novel mouth guard are: a standard mouth guard, a baby feeding bottle, a feeding bottle nipple, and a triple-layer mask (▶ Video 1).

Take a plastic feeding bottle and cut off the upper end at the neck. Fix this upper end of the bottle to the mouth guard (▶ Fig. 1). Then take the nipple and make a small slit across its top (▶ Fig. 2). Invert the nipple (▶ Fig. 3), place it in the bottle neck, and screw down the collar tightly (▶ Fig. 4). Then take a surgical mask, cut a hole in the middle of it, and fix the assembly into the mask (▶ Fig. 5).

Place the novel mouth guard inside the patient’s mouth and perform endoscopy with all due precautions and necessary protective equipment. The nipple inside the device acts as a perfect valve and prevents aerosols from escaping (▶ Video 1).

We have been able to carry out both diagnostic and therapeutic endoscopies with...
these changes. We have demonstrated the efficacy of our device by performing a simple experiment simulating endoscopy and aerosol generation (Video 1). Our device is cheap, easy to make, reusable, and allows us to do endoscopy more safely during this COVID era.

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Competing interests

The authors declare that they have no conflict of interest.

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References


Fig. 5 Novel mouth guard in place in a triple-layer mask, ready for use.