

Reply to comments on 'A bench test of a modified gastro LMA for the insertion of the duodenoscope'

Sir,

Thank you for the comments on our publication.^[1] We remind that our case presentation refers to the duodenoscope, not the gastroscopy (this device passes without problems). We mistakenly wrote 14mm as the internal diameter instead of the 'MAXIMUM ENDOSCOPE SIZE'.^[2,3]

The gastro channel has a slight curvature that we defined as 'knee'. Even with the clearance correctly reminded in the comments on our published article,^[1] and thorough lubrication, we encountered difficulty at the 'knee'. The described cut facilitates passing of the duodenoscope without deflection from the midline. Many gastroenterology devices can be inserted into the oesophagus without any dedicated channel. The larger their outer diameter, the easier to advance them into the oesophagus. The laryngeal mask airway (LMA) component facilitates airway management and, to the best of our knowledge, does not interfere with any specific procedure or exert excessive backward pressure. The use of a dedicated medical grade silicone spray like the Teleflex^[4] one is unnecessary. Our cut poses no danger to the mucosa. The gastro LMA is made of soft material and is inserted gently and after careful lubrication. We used the same device for a Watchman procedure and no complaints were reported. We agree that a factory-produced device must be the solution.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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