

Viscous lidocaine solution versus lidocaine spray for pharyngeal local anesthesia in upper gastroesophageal endoscopy

We read the article entitled "Viscous lidocaine solution versus lidocaine spray for pharyngeal local anesthesia in upper gastroesophageal endoscopy" recently published in your valuable journal.^[1] When we are planning for an interventional diagnostic or therapeutic procedure, it is not an unusual practice to forget some necessary but out of mind aspects of patient care. Operating rooms or endoscopy units are familiar for us as physicians, but these places can be very stressful for unfamiliar patients. Such as effects of any other acute stress on our daily life, putting the patient in a stressful situation may limit the benefits of therapeutic intervention or it may influence the results of a diagnostic procedure. In routine anesthesiology practice, premedication is the main part of anesthesia care, and in this regard, administration of a benzodiazepine such as midazolam is the key element with the aim of anxiolysis and ante-grade amnesia.^[2,3] Midazolam can supply this aim.^[4] Some physicians may refrain from taking such medications to avoid respiratory complications during the procedure, but limiting the dose of midazolam (0.01–0.03 mg/kg for intravenous injection) will be the patient safety guaranty.^[5] Taking an appropriate anxiolytic medication is the absolute right of every patient who enters the procedure room.

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Conflicts of interest
There are no conflicts of interest.

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