

## Adhesive window technique for interventions on lip mucosa



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### CLINICAL CHALLENGE

Performing ablative procedures and mucoscopy of the lips can be difficult, especially in children, for a number of reasons. A limited operating field, maintaining lip eversion, and risk of injury to adjoining tissues are some of the major challenges facing the operator.

### SOLUTION

We have devised a simple office-based solution to address these challenges. An adhesive surgical dressing tape, with a window cut to the size of the lesion, is placed on the lower lip, sticking the lower half to the chin. This keeps the lip everted and gives the surgeon full control of the operating area (Fig 1). We have been using this technique with ease for procedures such as radiofrequency ablation of pyogenic granuloma and cryotherapy of warts and mucoceles.<sup>1</sup> An added advantage during cryotherapy (in addition to stabilizing the field) is the protection of normal tissue from cryogen contact, as described in the paper cup technique.<sup>2</sup> We have also found this technique useful when performing mucoscopy because it helps to avoid fingers in the view and allows better contact with the lesional area (Fig 2).

### REFERENCES

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**Fig 1.** **A,** A mucocele on the lower lip of a child. **B,** The operator has to hold the lip with one hand while administering cryotherapy. **C,** The adhesive window plaster in place. **D,** Cryotherapy is easily administered.



**Fig 2.** **A**, Dyschromia of the lip warranting dermoscopic examination. **B**, Mucoscopy done with the lip held manually shows the finger in the image. **C**, Adhesive window plaster in place. **D**, Mucoscopy image with our suggested technique.