Foreign Bodies

GI's most interesting procedures

GI foreign body retrieval cases are often surprising, uniquely challenging, and rewarding when successful. Foreign bodies come in many types, shapes, and sizes. This guide provides some insight into the various objects encountered and helpful tools US Endoscopy offers to better prepare you for success.

Key

- When a cylindrical battery is swallowed, it is advised to retrieve it within 2 hours of ingestion due to an increased risk of esophageal injury.
- Endoscopic removal is recommended for objects wider than 2.5cm because they are less likely to pass the pylorus.
- Objects longer than 6cm are likely to have difficulty passing the duodenum.
- Sharp-pointed objects can be extremely dangerous when swallowed and must be evaluated immediately. If one of these objects is lodged in the esophagus, it is considered a medical emergency.
- Liquefaction necrosis and perforation can occur rapidly when a disk battery is lodged in the esophagus leading to severe and potentially fatal complications.

Ingested Foreign Bodies

- AA Batteries
- Buttons/Coins
- Spoons/Toothbrushes
- Safety pins, toothpicks, paperclips
- Disk Batteries
- Food Bolus

Guardus® overtube

It is recommended to use an overtube in all foreign body procedures. Overtubes may be used to provide airway protection and facilitate passage of the endoscope during procedures requiring multiple passes. An overtube is especially important during retrieval of sharp objects as it protects the mucosa from trauma during removal.

The most common esophageal foreign body in adults in the Western world is impacted meat or other food.

The majority of foreign body ingestions occur in children between 6 months and 6 years.

Other types of commonly ingested foreign bodies include: bread bag clips, magnets, medication blister packs, razor blades, and safety pins.

US endoscopy

www.usendoscopy.com

782986 Rev. B