

# Swallowed Foreign Bodies

The ingestion of a foreign body or multiple foreign bodies (FB) is a common presenting complaint in paediatric surgery, with a peak incidence from 12-24 months however, can occur at any age. Ingested foreign bodies rarely cause problems; almost 80% of patients pass the foreign body without intervention – in seven days<sup>2</sup> (only 1% require surgical removal). However, occasionally foreign bodies can cause significant morbidity (for example, oesophageal rupture) and 1% require surgical removal.

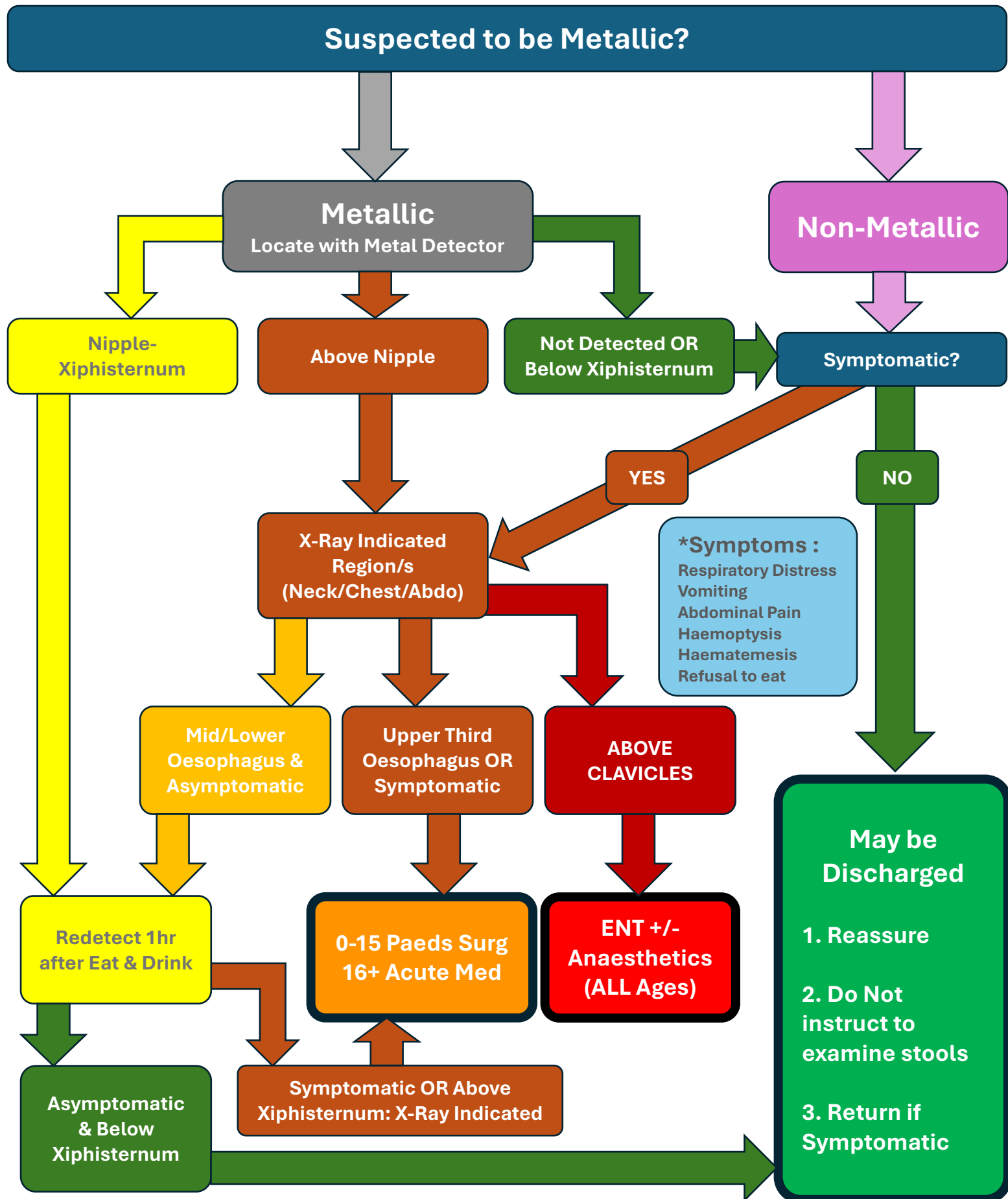
The presenting symptoms and outcomes of an ingested foreign body is highly dependent on the swallowed object, and for this reason, the guidance for hazardous and non-hazardous foreign body ingestion has been divided accordingly.

## Localisation of Metallic Foreign Body

Step	Instruction	Photograph/ Diagram
1	Explain the procedure to parent /guardian/patient and <b>Obtain verbal consent</b>	
2	Remove from the subject all items containing metal, and if possible all clothing down to underwear.	
3	<p>Basic operation:- There are three controls on the Adams ER3000 HHMD.</p> <p>The round black button is only used for calibration please <b>DO NOT ADJUST THIS</b> it may invalidate your reading.</p> <p>The <b>red rocker switch</b> is a two position on-off control. The forward position is on The back position is off</p> <p>The third button is the <b>white on/off push switch</b>. You can use this instead of the red button - Press and hold this button with your thumb to operate the unit.</p>	
4	The unit is sensitive to metal in the vicinity, make sure the subject is clear of metal trolleys/chairs etc. If the subject is unable to stand unaided then the person holding the subject should be scanned first to eliminate false positives.	
5	<p>To begin scanning, press and hold the round white button.</p> <p>Note when thumb lifted from the button -the unit emits a noise.</p>	
6	<p>The round end should be held as close to the skin as possible without touching.</p> <p>Scan vertically from chin to umbilicus and systematically cover the whole of the anterior chest and abdomen.</p>	
7	<p>Repeat the scan moving the detector horizontally. Scan posteriorly to sacrum</p> <p>The unit will signal the presence of metal by the red LED indicator lighting and emitting an increasingly high pitch sound the stronger the signal. If the unit remains silent this indicates a negative scan</p>	
8	<p>Localise the signal to-</p> <ol style="list-style-type: none"> <li>1. above clavicles</li> <li>2. below clavicles but above inter-nipple line</li> <li>3. below internipple line but above abdomen</li> <li>4. intra- abdominal</li> </ol> <p><b>FOLLOW THE ALGORITHM FOR HHMD</b></p>	

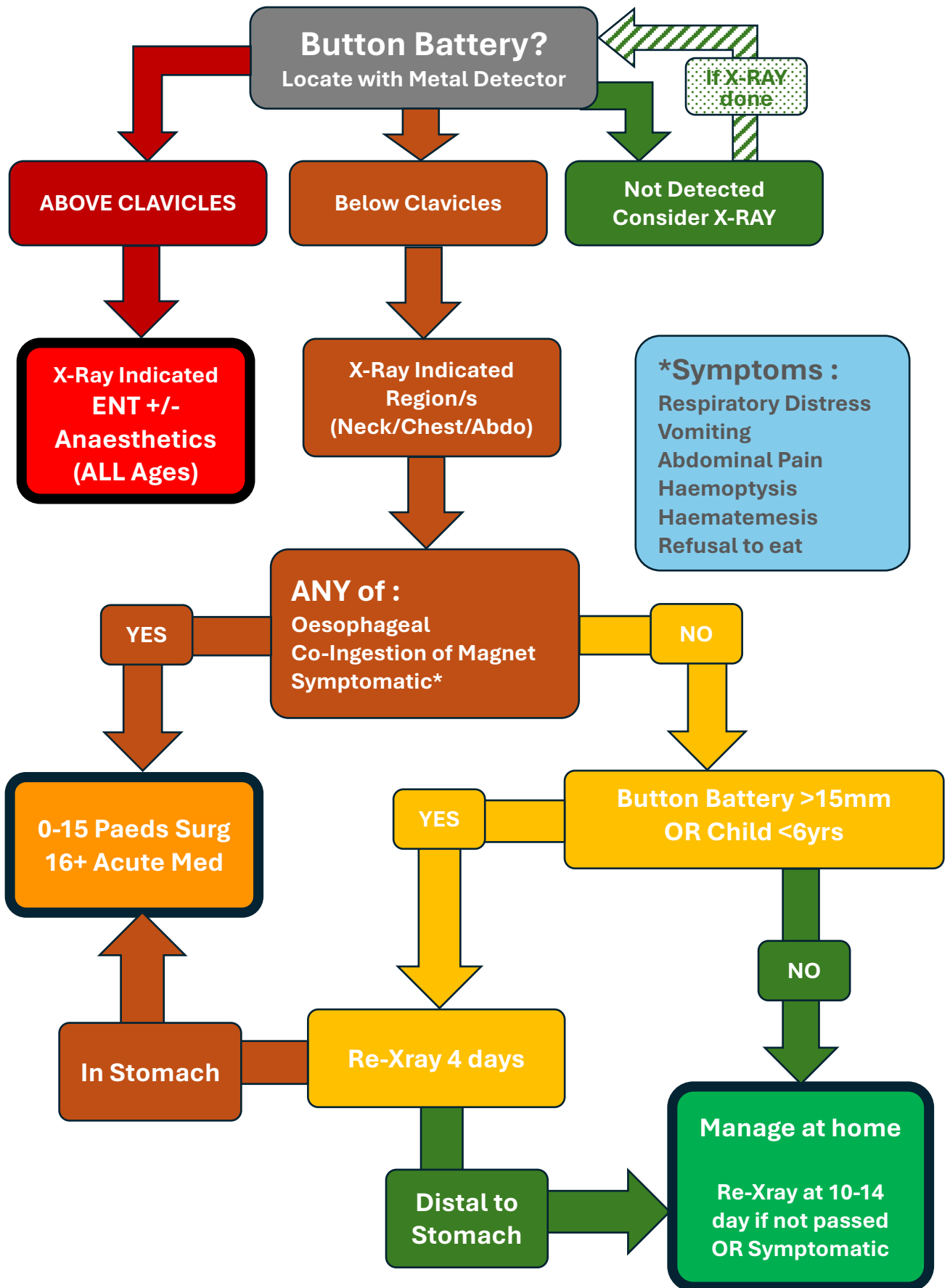
# Non-Hazardous (Witnessed/Known)

Excludes; Button-Battery, Magnets, Sharp Objects



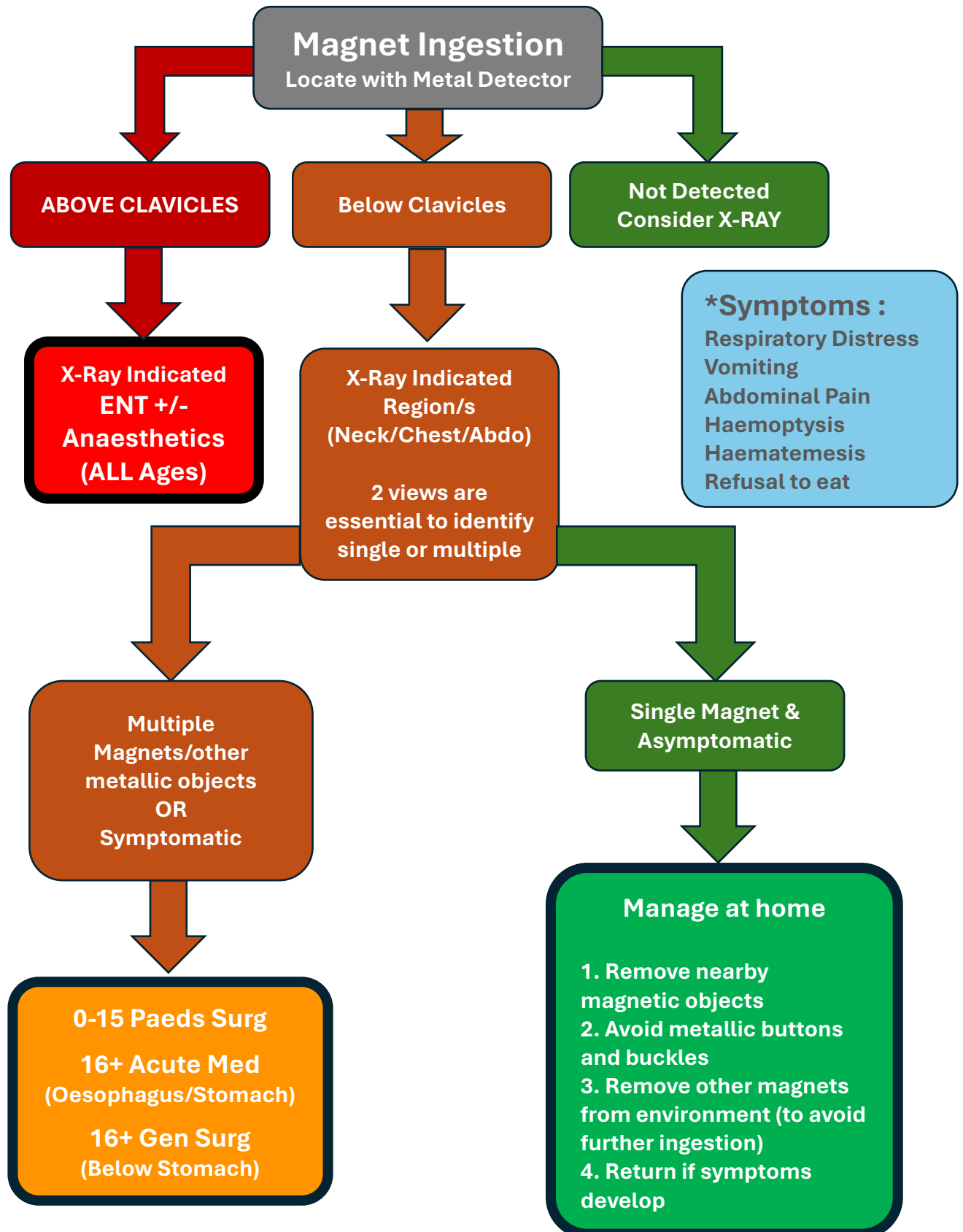
# Suspected Button Battery

This is potentially an EMERGENCY



# Magnet Ingestion

More than ONE is Bad



# Sharp Object Ingestion

