

Foreign body case studies -razor blades

Patient data

Name:	Ms. Özcan
Age:	40
Indication:	Ingested foreign object
Treatment:	Gastroscopy (sedated)
Allergies:	Latex
Medication:	Haloperidol Valproic acid Diazepam
Anamnesis:	Bipolar disorder



'Foreign bodies' are also referred to as *Corpus alienum*.

Introduction

It is Wednesday evening when a gastroscopy is announced in the service. A patient residing in a psychiatric care facility arrives with a counselor in the emergency room. She suffered from psychosis for several weeks, having intrusive thoughts. She swallowed some loose razor blades this afternoon. Shortly afterwards, she told the staff in a panic what had happened. The psychiatrist referred her to the hospital.

X-rays have been taken and the 4 razor blades are in the stomach. In consultation with the MDL doctor, it is decided to perform a gastroscopy, with the aim of removing the objects. Before starting, the patient is given erythromycin via the infusion because she ate something 3 hours earlier. The endoscopy assistants prepare the endoscopy unit to perform the gastroscopy under sedation and prepare the materials that may be needed for the procedure.

Facts about corpus alienum

- In general objects are larger than 2 – 2,5 cm in diameter do not pass through the pylorus or ileocecal valve and should therefore be removed. Objects longer than 5-6 cm carry the risk of sticking in, and perforating, the duodenal bend and therefore need to be urgently removed.

Possibly required materials

- Extraction net
- Grasping device
- Talon grasping device
- Polypectomysnare
- Basket
- Overtube
- Capuchonhood

Treatment

The patient is in the endoscopy room. After being connected to the monitoring equipment and oxygen, a time-out procedure is performed. Due to her allergy, particular attention is paid to ensuring that all the materials are latex free. The patient suddenly indicates that she has concerns about endoscopy and starts crying. They take the time to calm her down. She indicates that she would like

her counselor to be present during the procedure. The counselor joins and after this, the patient calms down and is sedated, after which she falls asleep.

The gastroenterologist starts the gastroscopy. Despite the erythromycin administered, there is still some retention in the stomach. The razor blades are found just proximal of the pylorus. The gastroscope is removed from the patient.

In order to continue treatment, the gastroenterologist decides to take the following measures:

1. Apply an overtube to safely remove the object. This also prevents any aspiration due to the stomach retention.
2. Remove the objects with grasping forceps.
3. If one of these methods does not work, opt for other instruments, which lie prepared.

Tip

Each material requires a different technique. It is important to take this into account to work effectively. Look in the hospital's document management system for the current protocol and/or consult the manufacturer's recent documentation.

Completion

The goal of the procedure has been achieved; the objects have been removed. The patient remains connected to the monitoring equipment for an hour for observation. The necessary information is reported in the electronic patient file. All materials are cleaned up.

For the patient, the resulting schema consists of:

1. The patient can return to the psychiatric care facility after the hour of observation.
2. The gastroscopy report is provided for transfer.

Source:

1. ESGE Directive - <https://www.esge.com/removal-of-foreign-bodies-in-the-upper-gastrointestinal-tract-in-adults-european-society-of-gastrointestinal-endoscopy.html>