

Process for the management of patients presenting repeatedly from HMP Edinburgh with deliberate ingestion of foreign body (IFB)

1. Patient presenting with deliberate ingestion of potential harmful foreign body is assessed in A/E by ED staff, with careful history of what has been ingested, physical examination and with CXR/AXR to aid assessment and ensure no immediate complication, and no high risk item in oesophagus which would require emergency endoscopy.
2. If endoscopic intervention is required this should be discussed by ED staff and GI Reg (with GI consultant input if required) and the timing agreed. ESGE guidance should be used to assess the risk and appropriate timing of endoscopy. Most low risk situations will require endoscopy within 24hours, some only within 72 hours.
3. After assessment, if judged low risk the patient to be discharged from A/E, with arrangements to return within the next 24-72 hours (depending on assessment) for daycase endoscopy under GA for foreign body removal.
4. The GI reg will contact Theatre 17 and on call Anaesthetist to plan endoscopy. The aim is to try and always do this in working hours where possible.
5. The GI reg will contact DSU (Coordinator 07540 674789) to let them know of the planned admission of the patient, aiming for a standard admission time of 10am.
6. Theatres will expedite the endoscopy, either in OT17 or another theatre if possible, aiming to have it completed by 1300hrs
7. Endoscopy will performed by GI duty consultant/GI reg
8. The patient will be recovered and safely discharged back to their original destination within working hours.
9. If DSU is closed, or presentation requires emergency endoscopy, patient will be admitted to hospital for endoscopy in Theatre 17 as appropriate

Table 3 Timing of endoscopic intervention in foreign body ingestions: emergent is preferably within 2 hours, but at latest within 6 hours; urgent, within 24 hours; nonurgent, within 72 hours.

Object type	Location	Timing
Battery	Esophagus	Emergent
	Stomach/small bowel	Urgent
Magnet	Esophagus	Urgent
	Stomach/small bowel	Urgent
Sharp-pointed foreign body	Esophagus	Emergent
	Stomach/small bowel	Urgent
Blunt and small foreign body < 2 – 2.5 cm diameter	Esophagus	Urgent
	Stomach/small bowel	Nonurgent
Blunt and medium-sized foreign body > 2 – 2.5 cm diameter	Esophagus	Urgent
	Stomach/small bowel	Nonurgent
Large foreign body > 5 – 6 cm	Esophagus	Urgent
	Stomach/small bowel	Urgent
Food bolus	Esophagus	Emergent (urgent if without symptoms or without complete obstruction)