ENT

NOSE AND EAR FOREIGN BODIES

Nasal foreign bodies usually present in children under 5 years old and carry a **risk of aspiration**. The child may be observed inserting the FB or report it themselves. If unnoticed the child presents with offensive discharge or epistaxis. **Button batteries** and **magnets** are the most concerning foreign bodies because they can cause localised necrosis. Nasal foreign bodies are usually easily visible, though a nasal speculum aids identification and removal.

First attempt the "mother's kiss"

The parent creates a seal over the child's mouth with their own mouth.

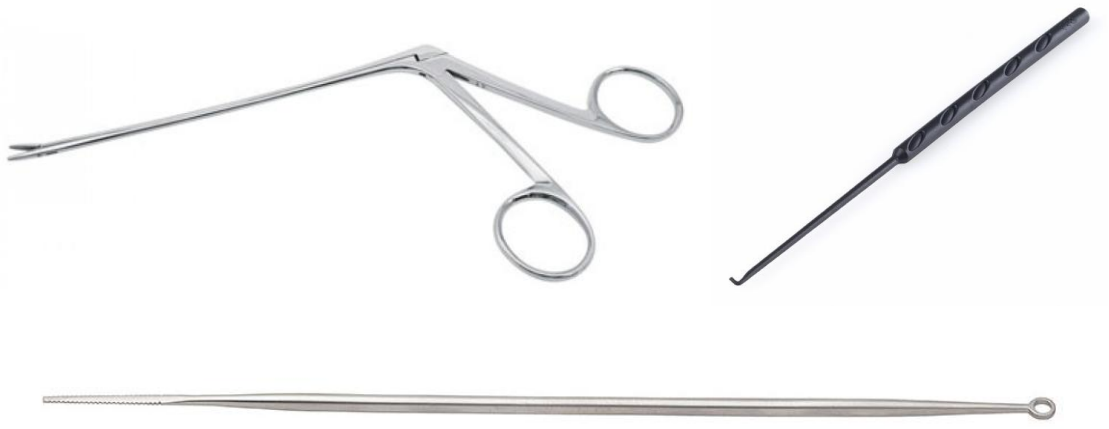
The unaffected nostril is firmly closed.

The parent exhales into the child's mouth with a short, sharp breath.

The positive pressure will hopefully expel the FB (50% success rate).

Children capable of following instructions can blow their nose with the unaffected nostril closed.

If this does not work then attempt removal with an instrument



- Use **crocodile forceps** if the object is graspable (spongy or hard edge to grip).
- Use a **right-angled hook probe** or **Jobson Horne probe** if the object is hard & smooth.
- A fine bore **suction catheter** is useful when a probe cannot be passed behind the FB.

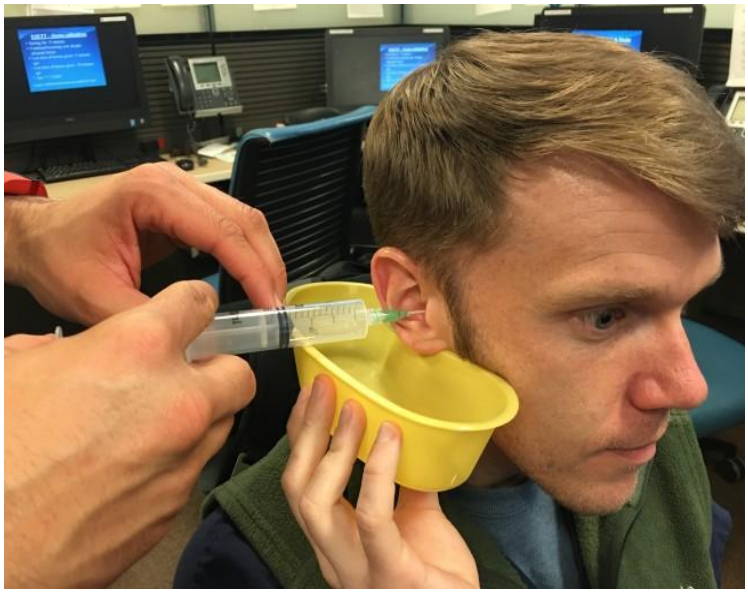
Refer to ENT if you are unsuccessful on the first try, the patient is uncooperative or the FB is out of reach. A general anaesthetic may be required to safely remove the foreign body.

Foreign bodies in the external auditory canal may present acutely or, if unnoticed, present with ear pain, discharge and hearing loss.

Remove ear foreign bodies **with forceps, hooks or suction catheters**. Try not to push the foreign body deeper into the external auditory canal.

Irrigation of the ear can also be effective but **avoid irrigating soft objects, organic material or seeds** which may swell when immersed in water.

If you are unsuccessful on the first attempt refer to ENT.



Irrigation can be performed with a 20ml syringe and a 14 or 16 gauge cannula (the needle is discarded).

The water is aimed at 45 degrees towards the roof of the canal (away from the tympanic membrane).

Lower pressures are generated than with specialised syringes, reducing the risk of tympanic membrane perforation.

Insects may still be alive and should be drowned with **2% lidocaine** prior to removal.