When to call the surgeon?

Bas P.L. Wijnhoven

UEG Week Berlin 2025 | Presentation

Endoscopy | Nurses | Paediatrics | Surgery

October 6, 2025

This surgical overview addresses when to call a surgeon for foreign body removal, emphasizing that most lower GI foreign bodies can be managed with bedside or anaesthesia-assisted transanal retrieval while upper GI foreign bodies rarely require surgery, with surgical intervention reserved primarily for perforations and failed endoscopic management.

KEY POINTS

- Lower GI foreign bodies, typically self-inserted and more common than upper GI foreign bodies requiring surgical consultation, can usually be managed at bedside with digital examination or under general anaesthesia for muscle relaxation to enable transanal retrieval, with laparoscopy or laparotomy seldom needed except for perforation.
- Surgeons should be called for lower GI foreign bodies when there is perforation, peritonitis, contamination, or free air on imaging; CT scan is recommended to identify the number and size of foreign bodies and guide retrieval strategy.
- Upper GI foreign body surgical retrieval is very rare, occurring only once or twice in the speaker's 15 years of practice, with surgery indicated when endoscopy fails, when perforation occurs, or for life-threatening complications such as aorto-oesophageal or tracheo-oesophageal fistulas from delayed presentations.
- The speaker reported that perforation can occur in up to 15% of patients according to the literature, and early perforations detected during endoscopy can be managed endoscopically with close follow-up including contrast studies or CT scans.
- Delayed perforations with sepsis and mediastinal contamination require surgical debridement, closure of the defect, and adequate drainage, while the oesophagus is described as one of the most unforgiving organs with risk of leak and severe complications.

– Patients with lower GI foreign bodies should be treated ethically with privacy protection, and those with rectal foreign bodies are typically observed for 24 hours post-retrieval due to risk of late complications.

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