Care of psychiatric patients during endoscopic treatment of repeated foreign body ingestions

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This presentation addresses the management of psychiatric patients who repeatedly ingest foreign bodies, describing epidemiology, procedural safety measures, and an institutional protocol for handling these high-resource cases.

KEY POINTS

- The speaker reported studies showing a handful of patients generate most foreign-body-ingestion work, with one patient accounting for 67 procedures alone, and stated that swallowing serves a purpose such as ending unbearable feelings, obtaining medication, or leaving an institution.
- Retrospective studies presented by the speaker showed 90% of admissions required gastroscopy, 69% under general anaesthesia, and 48% needed an overtube, with batteries and pens being the most commonly ingested objects.
- The speaker stated emergent removal should occur within 2 hours, urgent within 24 hours, and that complications are 14 times more likely after 24 hours in the oesophagus.
- Recovery was described as the riskiest period, with patients often intubated because the scope goes in and out multiple times and patients may be unreliable about sobriety.
- The speaker presented a multidisciplinary institutional protocol at Ghent that sorts patients by legal status and aggression risk, assigns clear responsibility at each stage, and involves internal security service for high-risk or non-cooperative cases.
- The speaker recommended treating these patients professionally and empathically without punitive attitudes, creating a signed multidisciplinary plan, and documenting individual deviations in the patient file.

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