



“How did that get up there?”

Austin Person, MD, MPH

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Objectives

- Discuss the care of patients with rectal foreign bodies
 - Humanistic points
 - Technical points
- Present an algorithm for treatment of patients with rectal foreign bodies

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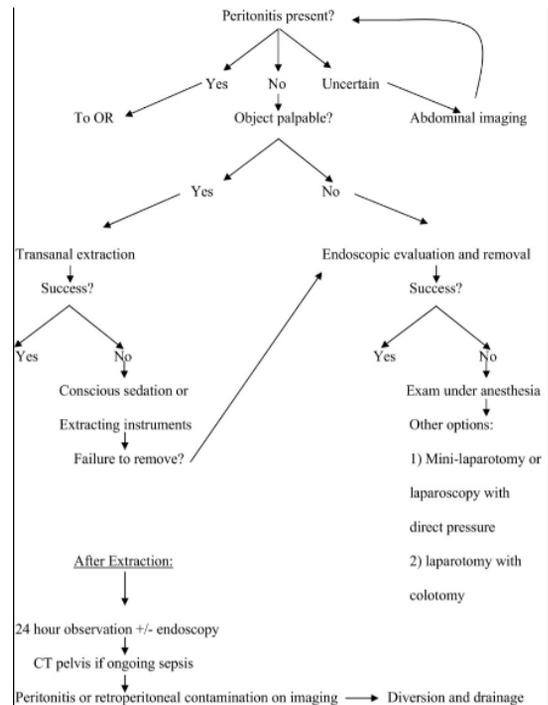
Key Points

- Patient embarrassment abounds
 - Delayed presentation
 - Presentation to remote facility
 - Convoluted history
- Be kind
 - Pertinent history taking
 - Remain objective



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The Algorithm...



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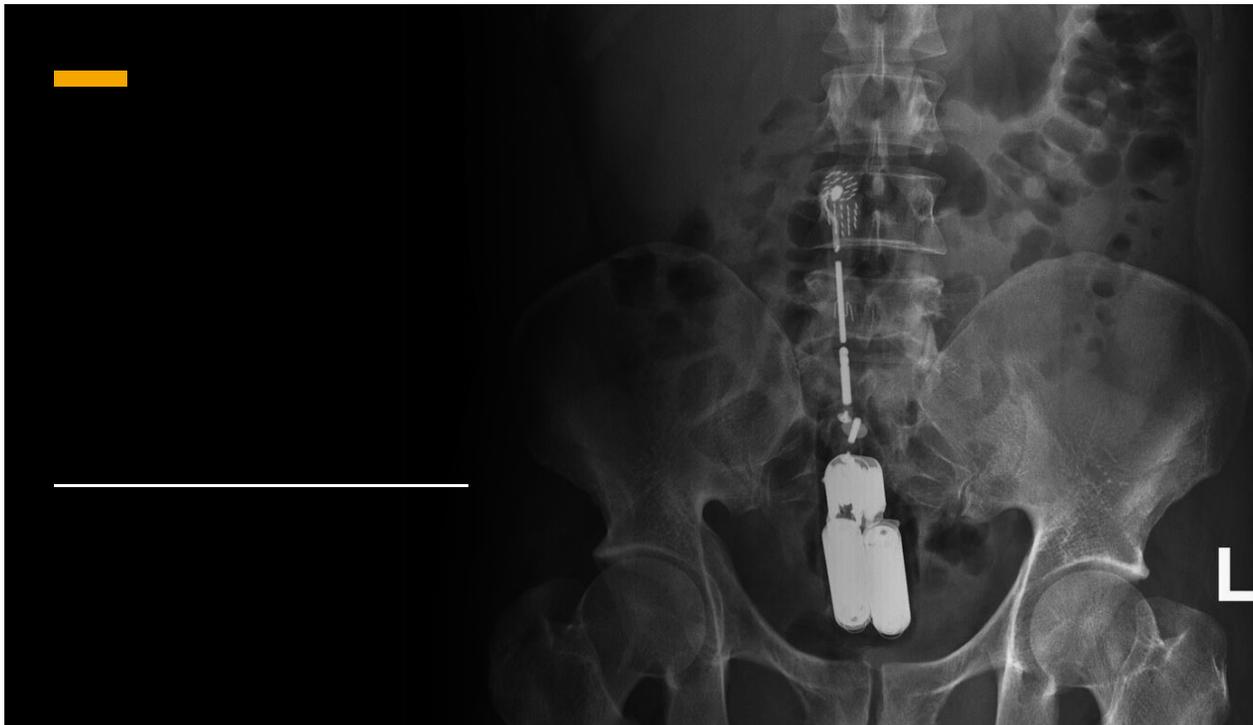
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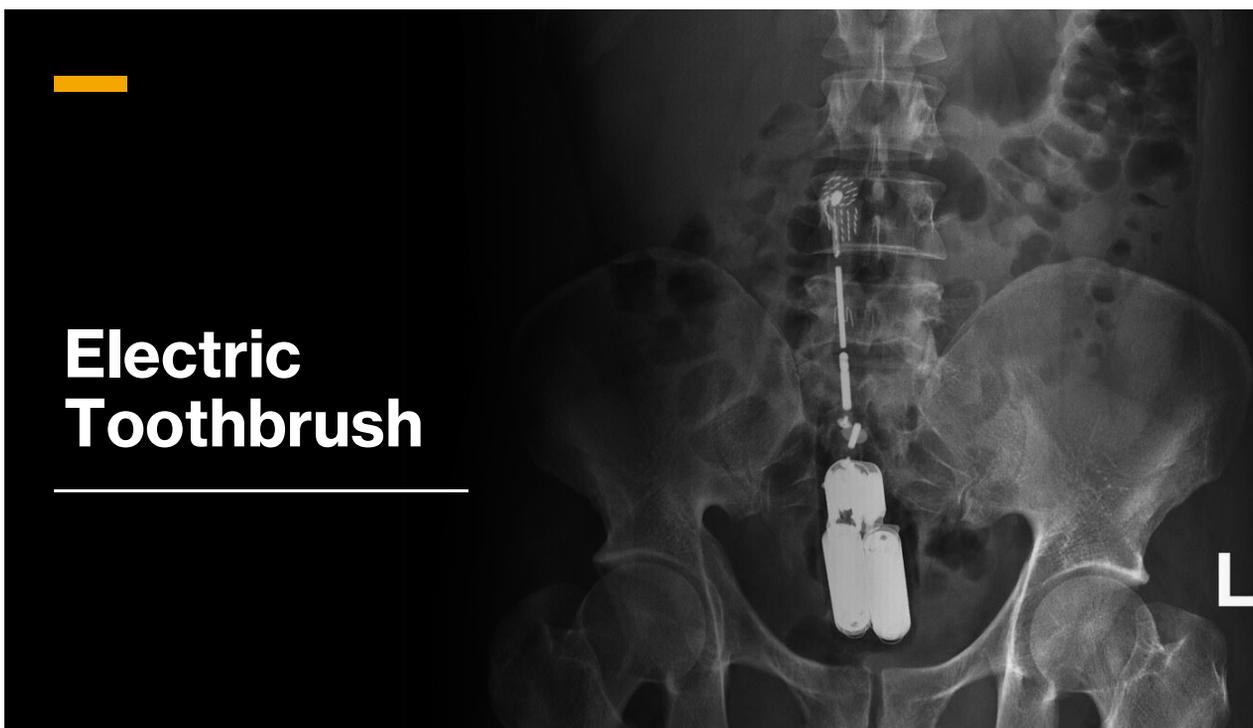
Gun



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Key Points

- Discretion is paramount



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Dentures



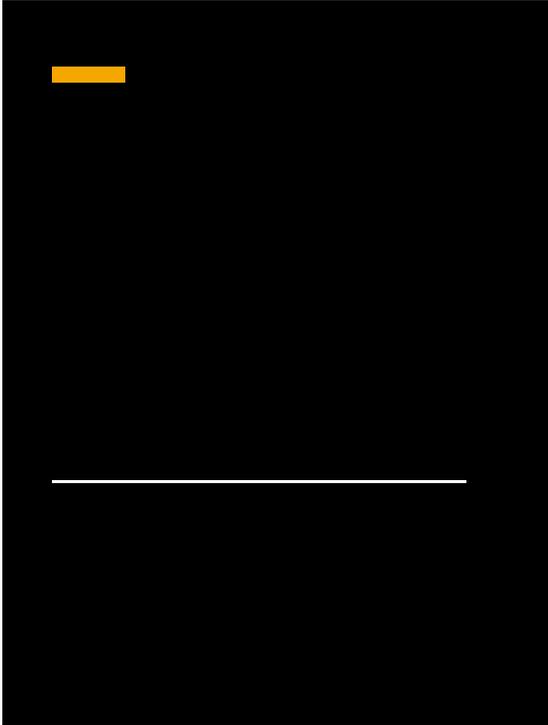
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Key Points

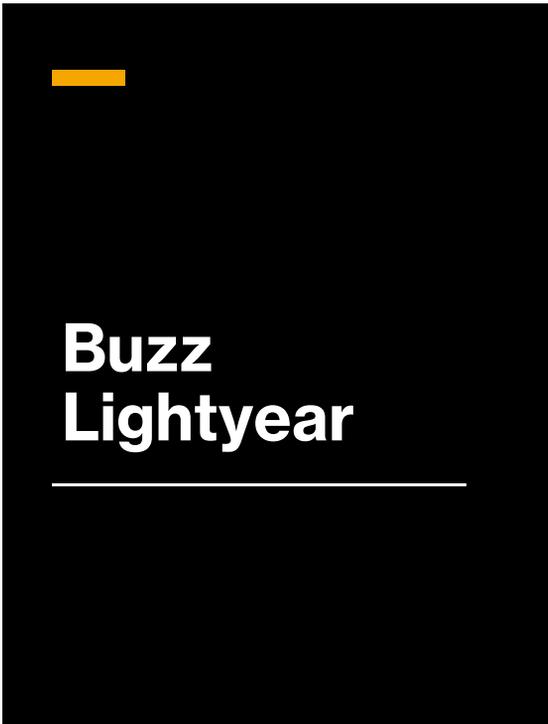
- Discretion is paramount



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Key Points

- What are the physical exam findings?
 - Peritonitis?
 - Palpable?



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Instant Coffee Jar



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Key Points

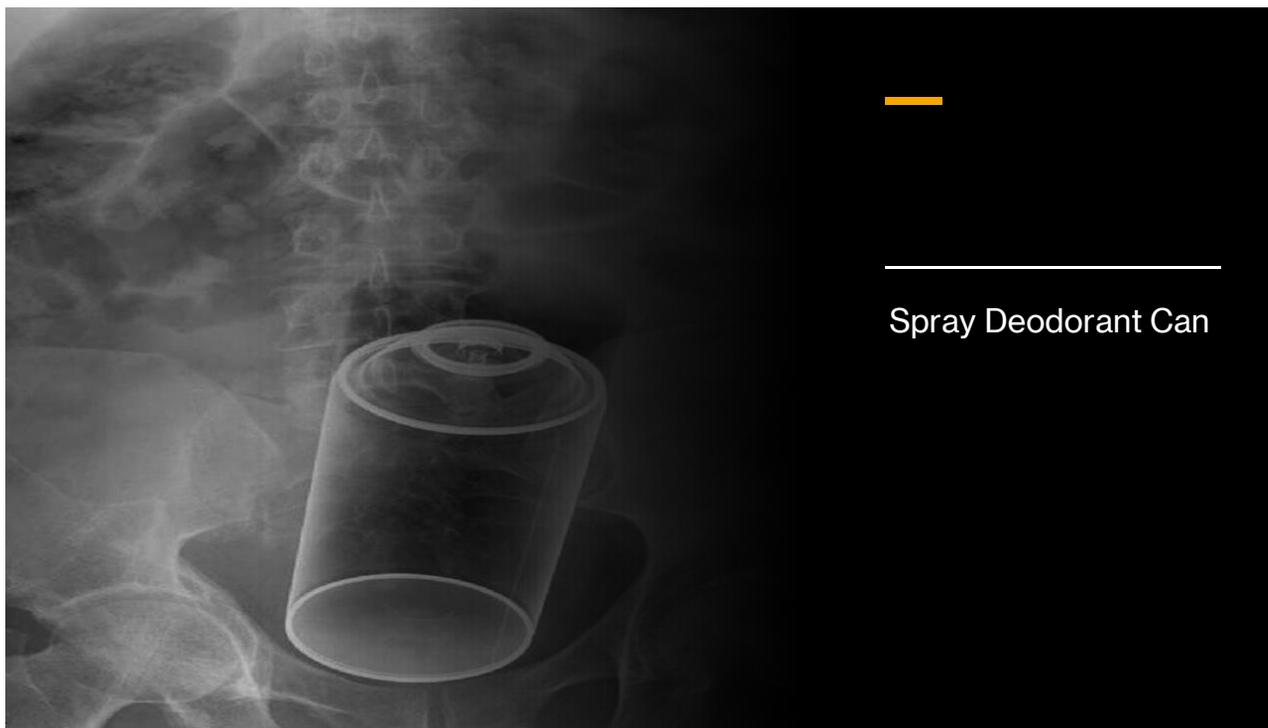
- Patient physical comfort should always be assured
 - Removal in ED? In OR?



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Tricks for the toolbox

- Valsalva
- Foley catheter
- Forceps



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Beer Bottle



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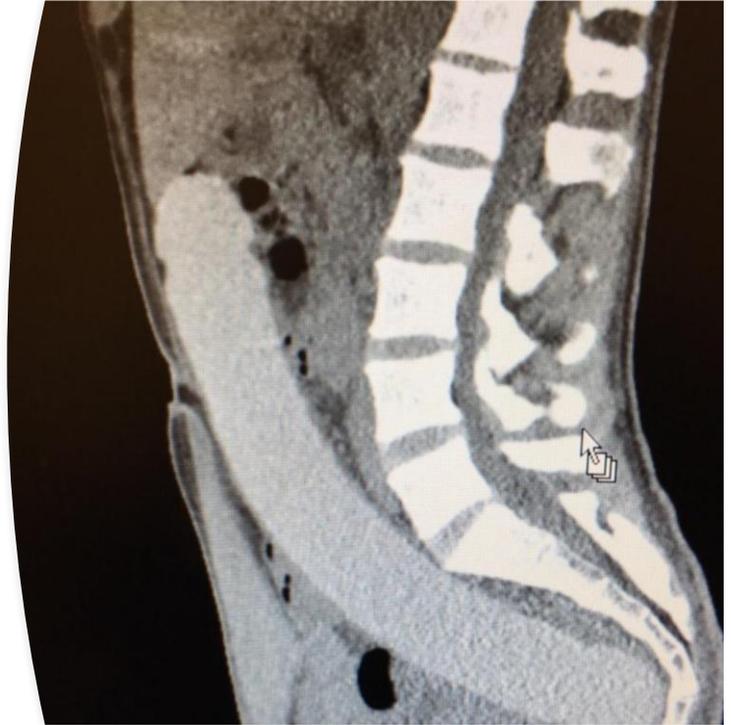
Modelo



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Key Points

- Know the anatomy of the patient and anatomy of the foreign body
- Endoscopic evaluation?



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If able to remove transanally...

- 24 hour observation
 - Delayed perforation?
- Endoscopic evaluation
 - Look for pressure necrosis/ischemia

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To the OR...

- If patient demonstrates peritonitis or has imaging to suggest perforation into retroperitoneum
- If patient unable to tolerate removal at bedside
- May require exploratory laparotomy
 - Possible resection
 - Possible colostomy

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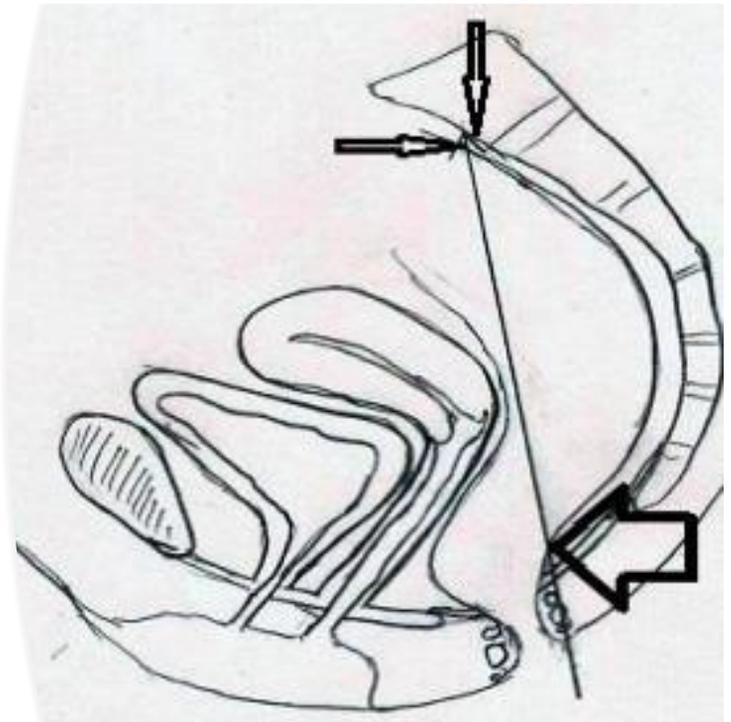
Bell



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Retroperitoneal Perforation

- Exploratory laparotomy
- Resection
- Fecal diversion
- Wide drainage



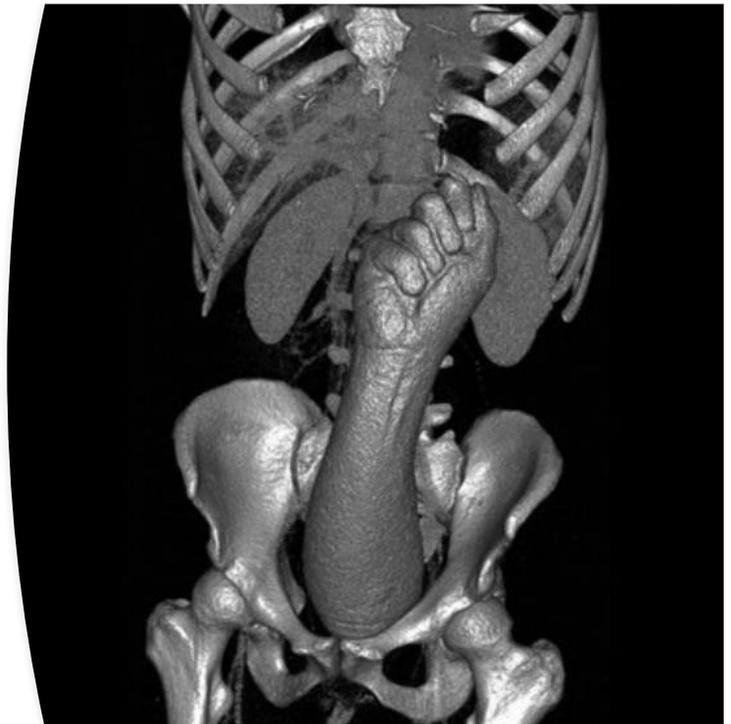
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References

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Thank you



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