Unusual Foreign Body in the Throat of a Pre Surgical Demented Patient

Sir,

A 69 year old lady, was admitted with fracture right hip for hip replacement at our hospital. During the pre-anaesthetic check, it was found that the patient was partially demented, ill controlled diabetic receiving insulin. No further history could be elicited from the patient because of dementia. The patient was wearing a nose stud which was left in situ for many years; it was advised by the anesthesia team to remove that in the ward before transfer to operation theater. The patient was transferred to the operation theater after removal of the nose stud. The ward nurses were not able to remove the nose study by unscrewing, they removed it by cutting the nose stud. While doing so, the internal part of the stud could not be retrieved and the nurses were not sure if the internal part of the stud fell into the nasopharynx or outside the patient. The patient herself was unable to confirm if the residual inner part of the nose stud was inside her nasopharynx or not, because of her dementia. The ward nurses communicated to the surgical team, to inform the anesthesiologists to look out for the same at the time of induction. There was a lapse in communication from the surgical team about it to the anesthesiologists. General anesthesia with controlled ventilation was planned and no premedication was administered. In the operation theater, via a peripheral venous catheter, general anesthesia was induced using propofol 50 mg, atracurium 35 mg and fentanyl 50 microgram intravenously and the trachea was intubated with a 7.5 size endotracheal tube. The patient was positioned in left lateral position to facilitate the surgery. While carrying out the safe surgery check list, the operating surgeon walked into the operation theater and asked the anesthesia team if they had retrieved the inner segment of the nose stud. The anesthetic team till then was unaware of problems if any during nose stud removal. Since the patient was already under general anesthesia, we attempted to locate the missing segment of the nose stud in the patient's oropharynx. The lateral position made it nearly impossible to make a formal search of the oropharynx and nasopharynx using the laryngoscope. A 'C arm' was brought into the operation theater and the neck was screened. We found the silhouette of the missing nose stud in the oropharynx. We used the fiberoptic bronchoscope and located it in the right tonsillar fossa [Figure 1] We then used the laryngoscope and Magill forceps to retrieve the same. Rest of the surgery and anesthesia was uneventful.

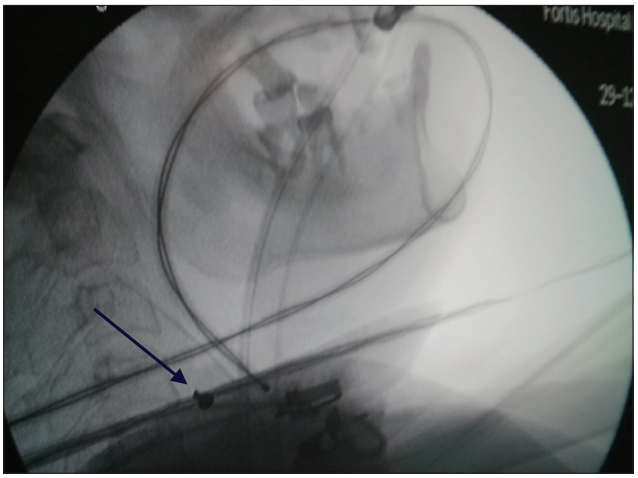

Figure 1: Radiograph showing the inner part of the nose stud located in the nasopharynx

This case is being reported to highlight the following few points.

- Anesthesia in uncooperative patients: Proper history may not be obtained and the attendant's version might not reflect the actual fact, rather their perception. This aspect may be enlightened to the family and included in the consent for anesthesia. Maneuvers such as awake intubation, regional blocks, surgery under monitored anesthesia care may not be feasible. Consent should find suitable mention of the same. Removal of such jewelry may be undertaken in the operation theater under anesthesia, so that complete removal is carried out in a unhurried fashion
- When an item of jewelry is partially retrieved, the same must be documented in the case papers. This serves two purposes: First, the family may be informed of the loss of the portion that was not retrieved, and second, at any cost it should be confirmed that the leftover portion is neither swallowed nor inhaled
- This type of scenario is a matter of medicolegal concern to all the health care personnel. It is mandatory to not only hand over the retrieved jewelry but document the same.

Mandal and coworkers have reported the harmful effects of a retained tongue stud.[1] It is wise practice to use imaging methods such as ultrasound or radiography to locate a foreign body. The topic of removing patient jewelry appears to have become controversial.[2] The authors of this report are of the opinion that body jewelry should be removed for various reasons: To allow unhindered access to tubes and catheters during the surgery, to prevent loss of the jewelry during the unconscious state of the patient, and to prevent its migration into the body cavity. Body piercings and jewelry pose a threat to patient safety during surgery and should therefore be removed when possible.[3]

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Conflicts of interest

There are no conflicts of interest.

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