Food Bolus Obstruction

Exclusions:

- This is **not** the protocol for ingestion of foreign bodies/ food with animal or fish bones which if lodged in the oesophagus is an emergency and GI should be contacted immediately for these cases (switch or 2117).
- Body packing is a contraindication to endoscopy. Please see Emibank guidelines on patients suspected of secreting drugs.

Patients should be assessed with

- History are there red flag symptoms or a history of atopy?
- U&Es, FBC
- CXR to look for complications of perforation or aspiration

There is no good quality evidence that buscopan/fizzy drinks/glucagon will aid passing of the food bolus. Fizzy drinks increase aspiration risk and are not recommended.

80% will resolve spontaneously. In this case the patient can be discharged BUT an outpatient urgent endoscopy should be requested on ALL patients who present who have not already had an OGD with oesophageal biopsies. Please include if red flag symptoms and concerns of underlying cancer. NB The onus on follow up of abnormalities falls on the endoscopist and not the requestor.

If the food bolus is visible in the pharynx then the patient should be referred to ENT otherwise the patient should be <u>admitted to medicine</u>.

- An inpatient endoscopy should be requested on trak
- Between 9am and 5pm the GI reg can be bleeped on 2117 to expedite the endoscopy or if concerns of complications but the patient can only be taken to the endoscopy department if there is an identified inpatient bed for post procedure
- Out of hours:
 - The GI registrar does NOT need to be contacted overnight for straightforward food bolus obstruction
 - Please phone to front bays doctors room and ask for patients details to be added to the board for review.
 - o Sat/Sun 0900-2100 bleep GI reg so that they can organise scope in theatre
- **Be aware**, patients cannot be scoped until they have an inpatient bed to go to after the scope for recovery.

