****Workshop – June 2025

**From Stuck to Stitch: Mastering foreign body removal and laceration techniques in pediatric care**

**Foreign Bodies**

Nasal:

* Forceps, tweezers, or hooks
	+ Best if you can visualize object and there is something to grab
* Katz extractor or foley catheter
	+ Insert into nose past location of object, blow up balloon, pull out
	+ Katz extractor has rigid tube, foley has soft tubing
* Suction Catheter
	+ Adult suction catheter trimmed to size and attached to suction cannister
* Parent’s Kiss
	+ Parent occludes non-object nostril and blows puff of air into patient’s mouth, pushing object out of other nostril
* When to Refer
	+ ED: button batteries, pills, or patient ill appearing
	+ Outpatient ENT: all other objects if unable to remove

Ear:

* Irrigate
	+ Small syringe with angiocath tubing
	+ Use warm water to prevent side effects
	+ Non-occlusive objects only
* Curette
* Glue
	+ Superglue (cyanoacrylate) on q-tip
		- Attach lightly to object, allow to dry and remove
	+ Patient must be cooperative and you need to be able to see object to ensure contact with q-tip
* Insects
	+ Lidocaine into ear canal
		- Provides pain relief
		- Kills insect (or will leave canal)
	+ Remove via above techniques

Skin:

* Cactus thorns
	+ Liquid glue (example Elmer’s). layer onto skin, allow to completely dry, then peel off with tweezers
* Splinters
	+ Tweezers – if edge visualized above skin
	+ 18g needle – if visualized immediately below skin to bring above skin
* Soaking
	+ Baking soda and water x 24 hours
	+ Increases osmotic pressure in skin causing splinter to be pushed out
* Leave alone
	+ Body will often remove on own. Periodic warm water soaks can help
	+ Do not go after objects you cannot see
* Refer
	+ Signs of infection
	+ Joint involvement
	+ Significant pain

**Lacerations**

|  |  |  |
| --- | --- | --- |
|  | **Skin Adhesive** | **Suture** |
| **Use Case** | Small, superficial wounds with clean edges | Deeper, longer, or high-tension wounds |
| **Procedure Time** | Fast – usually under 5 minutes | Slower – requires sterile setup and stitching |
| **Pain** | Minimal – often no anesthesia needed | May require local anesthesia |
| **Appearance (Cosmesis)** | Excellent for straight, flat wounds | Good; varies by technique and location |
| **Tensile Strength** | Less strong; not for high-tension areas (joints, scalp under tension) | Stronger; better for high-tension areas |
| **Waterproofing** | Breaks down in water | Depends on the suture |
| **Follow-up** | None – sloughs off naturally in 5–10 days | Requires removal (non-absorbable) or monitoring (absorbable) |
| **Use in dog bite** | No | Yes |
| **Scarring** | Similar or better in well-chosen cases | Slightly more variable |
| **Use in Children** | Ideal – quick and painless | Common, but may require sedation in young kids |

Scalp laceration

* Staples
	+ Fast, equal cosmetic outcomes, no increased infection risk compared to suture
* Modified hair opposition technique
	+ Steps:
		- Clean wound
		- Forceps/hemostats grab 5-15 hairs on either side, twisting across wound
		- Apply glue over crossed area
	+ Requirements: Ideal for wounds straight and <10cm, needs hair long enough to use, two people
	+ Benefits: No needles, no follow-up for removal
	+ Avoid getting wet for 48 hours

Tips for suture, staple, and skin adhesive removal

* Skin adhesive:
	+ Vaseline, oil (mineral, olive, coconut), or antibiotic ointment breaks down the glue bonds
	+ Reapply as needed
	+ Avoid picking off. Will cause pain and skin irritation
* Can cover with steri strips or skin closure tape if wound needs further closure/covering
* Clean once a day with soap and water
	+ Contamination prone areas more often
* Vaseline or Aquaphor to the eschar
	+ Creates protective barrier, softens and moisturizes for removal
* Sunscreen afterwards
	+ Prevents skin discoloration