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Zamary KR, et al. This too shall pass: A study of ingested sharp foreign bodies. *Journal of Trauma and Acute Care Surgery*. vol 82, no. 1, 2016.

Background: Gastrointestinal foreign body (GFB) ingestion is common and often needs surgical consultation. Current literature is limited to case reports and fails to provide data regarding management. This article hypothesized that patients who ingest sharp objects rarely have perforation or obstruction requiring surgery.

Methods: Patients with GFB ingestion from January 2005 - December 2015 at a level 1 trauma center with an acute care surgery program were retrospectively reviewed. Exclusion criteria included: leaving without being seen, noningested GFB, unknown or blunt GFB, or if the GFB was not visualized on imaging. Data collected included demographics, length of stay, imaging, and interventions.

Results: There were 1164 patients with 1245 hospital visits for GFBs during this period. 995 visits were excluded, resulting in 169 sharp GFB ingestion patients with 192 visits included in the study. Patients' average age was 31. Men made up 65% of patients and 41% of patients were incarcerated. The average length of stay was 3 days, which was extended in those with psychiatric holds and consults. Of the 169 patients, 116 (69%) had no intervention and did not return for complications. 55 endoscopies were performed with GFB removal in 30 cases. 7 (4%) patients underwent surgery, 5 of which had peritonitis. When looking at the total study cohort, 134 (79%) of the patients had no procedure or a negative procedure. Patients requiring surgery had significantly larger objects (6 ± 3cm) than those who underwent endoscopy (3 ± 2cm) or no procedure (2 ± 1cm).

Conclusion: Only 7 (4%) patients with sharp GFB ingestion required surgical intervention and 79% of patients did not require intervention. Unless patients have an acute abdomen or esophageal sharp GFB ingestion, patients can be discharged with return precautions, admitted for psychiatric care, or returned to custody for patients seeking secondary gain. Upper GI larger GFBs should be removed endoscopically when possible.