

## Foreign bodies (FBs) in the ear

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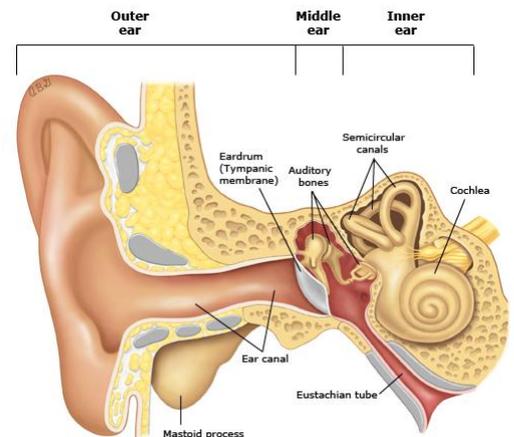
Also see: [Ear injuries](#)

### Background

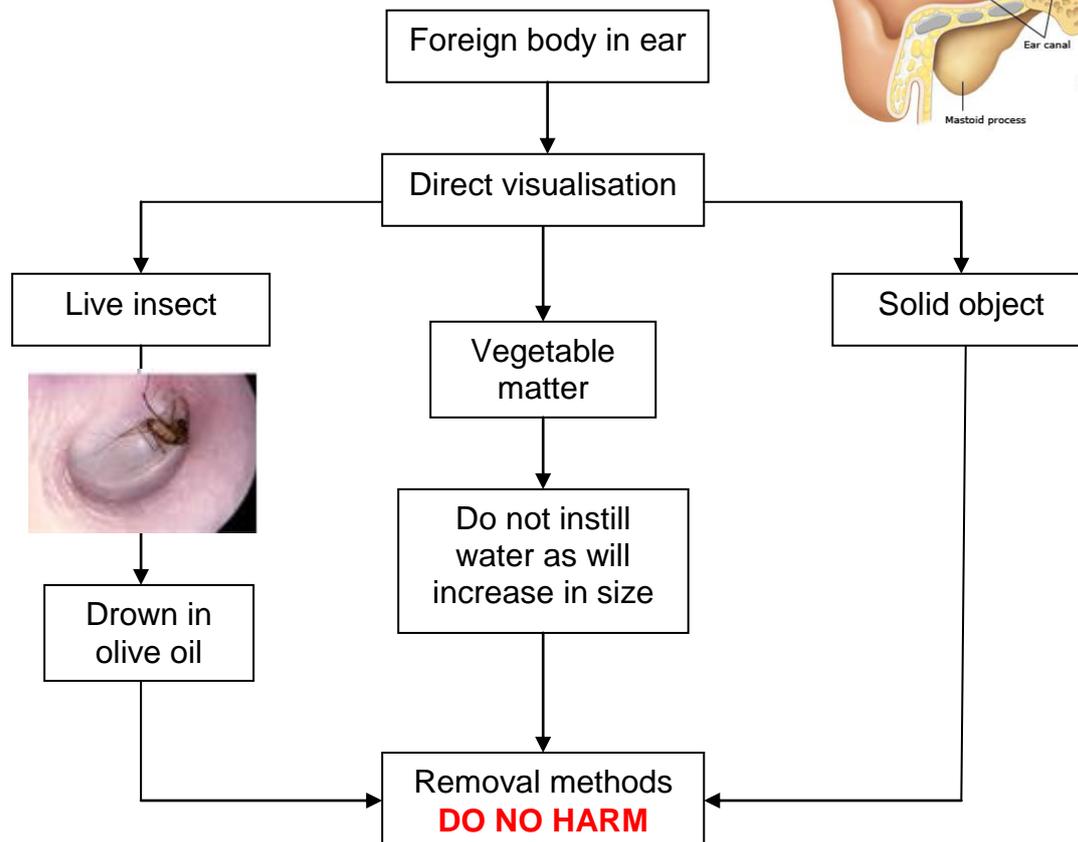
- Can be inorganic objects (beads, paper, toys), food matter, or insects.
- Frequently asymptomatic. May complain of deafness or pain, rarely discharging ear.
- Indications for ENT referral **prior** to any removal attempts
  - Button batteries – may cause tissue damage due to strong electrical currents and must be removed **URGENTLY**.
  - Penetrating FBs – can perforate the TM and cause damage to middle ear.
  - FBs with evidence of injury to the EAC, TM or middle ear – indicated by otorrhoea, vomiting, vertigo, nystagmus, ataxia, or severe pain.

### Assessment

Look in both ears and nostrils with an otoscope to ensure no other foreign bodies are visible.



### Management



**Methods of removal**  
**DO NO HARM**

1. Suction – can use wall suction on low
2. Fine instrument such as Jobson Horne probe, or crocodile forceps

Requirements for removal of FB

- adequate restraint
- proper equipment
- appropriate lighting

For smooth objects – use suction or Jobson Horne probe

For compressible objects – use crocodile forceps

**Refer to ENT SHO**

(bleep 8619 or via switchboard):

- Removal unsuccessful or child becomes distressed
- Glass or sharp edged FB
- FB spherical and tightly wedged or up against TM
- Button batteries or penetrating FB
- FBs with evidence of injury to ear

Most ear FBs do not necessitate urgent removal and may be seen in next available ENT clinic.



**Complications**

1. Abrasion or laceration to external auditory canal – increased risk with multiple attempts at removal.
2. Perforation of TM and middle ear damage.

**Imbedded pierced earrings**

Should be removed to avoid infection and potential for perichondritis and chondritis.

1. Provide local anaesthetic (injected lignocaine 1% or Ametop / Emla) or adequate sedation (inhaled nitrous oxide 50-70%). Clean wound with saline
2. If incision required to make earring visible, incise the **posterior** portion of the pinna over the piercing site, not the anterior. Use two forceps for procedure.
3. If anterior part is embedded, push forwards from the back until it comes into view. Hold anterior part with forceps. Disengage backing clip and pull out earring anteriorly.
4. If posterior part is embedded, push backwards from the front until backing clip can be seen. Disengage backing clip and pull out earring anteriorly.
5. If neither anterior nor posterior part is visible, make an incision over the posterior piercing and open wound until backing clip becomes visible. Proceed as before.
6. Dress the wound +/- topical antibiotic (e.g. chloramphenicol ointment) and allow to heal by secondary intention.