Dangerous Products from Doctors

Ed, you are not alone in this fireglass recall…we need to unite with physicians, News Media, Children’s advocate groups, etc. Hospitals, We also need to implore the government with the rationale of your plight with specific stipulation to the high financial burdens, and the expensive cost of Healthcare, especially subsidized by government, if Fire glass is to be sold un-tumbled.

Case report of Adult ingestion of Glass

<http://www.journalmc.org/index.php/JMC/article/viewFile/1284/782>

American Family Physician.

<http://www.aafp.org/afp/2005/0715/p287.html>

Physician all over the United States have written outcomes and prognosis on this matter. We need to get their support on this also.

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Foreign bodies in the esophagus that cause symptoms should be removed as is described in Surgical Therapy.

Parents of children who have swallowed a coin that has passed the gastroesophageal junction should be assured that the foreign body will probably pass through the GI tract unimpeded and without consequence. Other objects that are likely to pass without incident include small toys, buttons, and marbles. The results of one study concluded that the initial location of ingested foreign bodies is the main determining factor for spontaneous passage. When located below the esophagus, most ingested foreign bodies can be spontaneously passed without complication.[16]These patients can be sent home with instructions to return if abdominal pain, vomiting, or bloody stools occur. One exception to this general statement is in the case of toy magnet ingestion.[17, 18]Bowel perforation as a result of the attraction of 2 or more ingested magnets across loops if intestine has resulted in a more aggressive intervention via either endoscopy or surgery exploration.[19]

The transit time for an asymptomatic radiopaque foreign body varies and can normally take hours to weeks. Although rarely used from a clinical standpoint, serial weekly radiography may be used to monitor the transitory progress of the foreign body.[20]Some surgeons, after finding the foreign object in a fixed radiographic, note the location and use this as an indication to proceed with operative removal if the object has not moved in more than one week. Screening of the stool for foreign bodies is largely impractical and unnecessary in most cases.

Alkaline disk batteries or objects with sharp edges or points mandate more vigilant management. Batteries lodged in the esophagus should be immediately removed because of the propensity for erosion and perforation. Batteries that have passed the lower esophageal sphincter (LES) should be monitored with serial radiographs taken at 12-hour intervals. If no progress in transit occurs over 24 hours, the battery should be removed surgically. Their passage may be aided with cathartics, GI lavage, or enemas.[21]

Objects with sharp edges or points present a special problem because of the possibility for erosion or perforation. These include pins, needles, tacks, razor blades, pieces of glass, or open safety pins. Children who have swallowed such objects should be vigilantly observed. Esophageal impaction demands surgical removal; however, many of these objects also pass through the GI tract without incident once they are past the gastroesophageal junction. Obtain a daily radiograph (for radiopaque objects) and monitor closely for signs of peritonitis or GI bleeding. In these cases, stools are examined for the foreign body in question. GI hemorrhage or signs of peritonitis mandate surgical exploration and removal of the object.