

Food Bolus Obstruction: A Rural Hospital's Experience

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Abstract : Purpose: Food bolus obstructions are common emergency surgical presentations, but there is no established management guideline in a rural setting. Intervention usually involves endoscopic removal after initial medical management has failed. Within a rural setting, this falls upon the general surgeon. There are varied endoscopic techniques that may be used. Methodology: A review of the past fifty cases of food bolus obstruction managed at Albany Health Campus was retrospectively reviewed to assess endoscopic findings and techniques. Operation notes, histopathology, imaging, and patient notes were reviewed. Results: 50 patients underwent gastroscopy for food bolus obstruction from August 2017 to March 2021. Ages ranged from 11 months to 95 years, with the majority of patients aged between 30-70 years. 88% of patients were male. Meat was the most common bolus (20% unspecified, 20% steak, 10% chicken, 6% lamb, 4% sausage, 2% pork). At endoscopy, 12% were found not to have a food bolus obstruction. Two patients were found to have oesophageal cancer, and four patients had a stricture and required dilatation. A variety of methods were used to relieve oesophageal obstruction ranging from pushing through to stomach (24 patients), using an overtube (10 patients), raptor (13 patients), and less common instruments such as Roth net, basket, guidewire, and pronged grasper. One patient had an unsuccessful endoscopic retrieval and required theatre for laparoscopic assisted removal with rendezvous endoscopic piecemeal removal via oesophagus and gastrostomy. Conclusion: Food bolus obstruction is a common emergency presentation. Within the rural setting, management requires innovation and teamwork within the safety of the local experience.

Keywords : food bolus obstruction, regional hospital, surgical management, innovative surgical treatment

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