CONDITION

Foreign object - swallowed

A swallowed foreign object is a non-food item that enters the digestive tract and may pass naturally or need removal.

WHAT IT IS
Non-food object swallowed into the digestive tract

BODY SYSTEM
Digestive and breathing systems

MAIN SYMPTOMS
No symptoms, drooling, pain, vomiting

WHAT CAUSES IT
Accidental or intentional swallowing

HOW IT IS DIAGNOSED
History, examination, X-rays, and sometimes endoscopy

MAIN TREATMENT
Observation or endoscopic removal; surgery rarely

CAN IT BE CURED?
Yes, after passing or removal

IS IT AN EMERGENCY?
Sometimes, with choking, batteries, magnets, sharp objects, or severe symptoms

LONG-TERM OUTLOOK
Most people recover without lasting effects

Overview

A swallowed foreign object is something other than food that has been swallowed. Examples include coins, toy parts, jewelry, bones, dental items, batteries, and magnets.

The object may become stuck in the esophagus, the tube carrying food to the stomach. If it reaches the stomach, it will often move through the intestines and leave the body in a bowel movement. Its size, shape, material, and location affect what happens.

Many small, smooth objects pass without harm. Others need prompt removal because they can block or injure the digestive tract. Button batteries can cause chemical burns, multiple magnets can attract through separate loops of bowel, and sharp objects can pierce tissue.

Choking is different from an object entering the digestive tract. It means the airway is partly or

completely blocked, making breathing difficult or impossible. This is an immediate emergency.

Symptoms

Some people have no symptoms, particularly after a small object reaches the stomach. A young child may be unable to explain what happened, so the first sign may be a missing item or someone seeing the event.

An object stuck in the throat or esophagus may cause:

An object farther down may cause abdominal pain, vomiting, blood in vomit or stool, fever, or a swollen abdomen if it causes injury or blockage.

Noisy breathing, inability to speak, weak or ineffective coughing, blue or grey lips, or loss of consciousness may mean the airway is blocked. These are emergency symptoms.

Symptoms do not always show how serious the problem is. A button battery in the esophagus can cause significant injury before symptoms appear.

- Drooling or difficulty swallowing saliva
- Gagging, coughing, or repeated attempts to swallow
- Pain in the neck, throat, or chest
- Refusal to eat or drink
- Vomiting or bringing food back up
- A feeling that something is stuck

Causes and risk factors

Most cases are accidental. Babies and young children explore with their mouths and may swallow coins, toy parts, magnets, or batteries.

Adults may accidentally swallow bones, dental work, medication packaging, or objects held between the teeth. Dentures can reduce feeling in the roof of the mouth, making objects harder to notice while eating.

Risk may be higher in people with:

Some objects are swallowed intentionally during severe emotional distress, because of a mental health condition, or to conceal drugs. Care should address both the object and the reason for swallowing it, without blame.

- A swallowing disorder
- Narrowing or scarring of the esophagus
- Previous digestive tract surgery
- A condition affecting memory, judgment, or muscle control
- Developmental or learning disabilities

Diagnosis

A healthcare professional will ask what was swallowed, when it happened, and whether there are symptoms. The object's type, number, size, and shape are important. If possible, bring an identical object, its packaging, or a photograph, but do not delay emergency care to find these.

The examination may include the mouth, throat, chest, breathing, and abdomen.

X-rays can show many metal objects, including coins, batteries, and magnets. Images of the neck, chest, and abdomen may locate the object and help distinguish a coin from a button battery.

Many plastics and pieces of wood do not appear on a standard X-ray, so a normal result does not always rule out a swallowed object. CT may be used if the location is uncertain or there are signs of complications.

Endoscopy can confirm and treat the problem. A flexible tube with a camera is passed through the mouth into the esophagus and stomach, and instruments can remove the object.

Treatment and management

Treatment depends on the object, its location, how long it has been there, and whether it is causing symptoms.

A small, smooth object in the stomach may only need observation. A clinician may advise normal activity and arrange follow-up. Repeat X-rays are sometimes used to confirm that it is moving.

Do not make yourself or another person vomit. The object could become stuck, enter the airway, or injure the esophagus on the way back up.

Objects in the esophagus often need endoscopic removal. Removal is especially urgent for button batteries, magnets, sharp or pointed items, objects causing blockage, and anything damaging surrounding tissue. Sedation or a general anesthetic may be used.

Surgery is uncommon but may be needed if endoscopy cannot remove the object or it causes a hole, serious bleeding, or intestinal blockage.

Button batteries need immediate medical assessment. Do not wait for symptoms or a bowel movement. Follow instructions from emergency services or a poison information service about eating or drinking while travelling for care.

Swallowing more than one magnet, or a magnet with another metal object, also needs immediate assessment. The items can attract through the bowel wall even when swallowed at different times.

Complications

Most swallowed objects cause no complication. Risk is higher if an object remains lodged, is sharp, contains harmful material, or attracts another object.

Possible complications include:

A deep injury can cause a stricture, where scar tissue narrows the esophagus. This may lead to ongoing swallowing difficulty and require treatment.

Packages containing illegal drugs can leak or rupture and cause poisoning. This is an emergency even if the person initially feels well.

- Airway blockage or an object entering the lungs
- Scraping, ulcers, or bleeding in the esophagus
- A hole in the esophagus, stomach, or intestine
- Intestinal blockage
- Infection around an injury
- Tissue burns from a button battery
- Bowel tissue trapped between magnets

Prevention

Keep loose and spare button batteries locked away and out of sight. Secure battery compartments on household products and regularly check them for damage.

Store small magnets, coins, jewelry, screws, and other small objects beyond children's reach. Follow toy age and safety information, particularly when older and younger children share a home.

Do not hold pins, nails, screws, or other small items between your teeth. Take care with foods containing bones, especially if you wear dentures or have reduced feeling in your mouth.

If swallowing problems contributed, assessment may identify narrowing, muscle problems, or safer ways to eat. Appropriate mental health and practical support may help prevent repeated intentional swallowing.

Living with it and what to expect

A small, blunt object that reaches the stomach often passes over several days, although it can take longer. X-rays may be used to follow its progress.

You may not notice the object in the stool. Checking every bowel movement is usually unnecessary unless a healthcare professional advises it. Not seeing the object does not prove it is still inside.

After endoscopy, there may be a mild sore throat. Follow instructions about eating, activity, pain relief, and symptoms needing review. Recovery may take longer after a burn, tear, blockage, or infection.

Most people have no lasting effects after an object passes or is removed without injury. Longer-term follow-up may be needed after a button battery injury, deep wound, or damage that could cause narrowing.

For repeated swallowing, the long-term plan may include safer storage, treatment of a swallowing disorder, changes to supervision, or mental health care.

When to get medical help

Call emergency services now if the person cannot breathe, speak, or cough effectively; develops blue or grey lips; collapses; or appears to have a completely blocked airway. Follow the emergency operator's instructions and use age-appropriate choking first aid if you know how.

Go to an emergency department immediately after swallowing:

Immediate assessment is also needed for drooling or inability to swallow saliva, breathing difficulty, severe neck or chest pain, repeated vomiting, blood in vomit or stool, severe or worsening abdominal pain, fever, or a hard or swollen abdomen.

Seek urgent same-day medical advice if a young child may have swallowed an object, the object is unknown, or you are unsure whether it was a coin or battery. This also applies if the

person has esophageal narrowing, a swallowing disorder, or previous digestive tract surgery.

Once a clinician confirms that the object is low risk and suitable for observation, follow the planned follow-up. Get reviewed sooner if new pain, vomiting, fever, bleeding, swallowing difficulty, or breathing symptoms develop.

- A button or disc battery
- More than one magnet, or a magnet with metal
- A sharp, pointed, large, or long object
- An expanding water bead
- A packet that may contain drugs or another poisonous substance

Common questions

How do I know if the object is stuck?

Drooling, throat or chest pain, difficulty swallowing, repeated vomiting, or refusal to eat may mean it is lodged in the esophagus. Some stuck objects cause few early symptoms, so lack of pain does not make a battery, magnet, or sharp object safe.

How long does a swallowed object take to pass?

Many small, smooth objects pass over several days, but there is no reliable timetable. The object's type and location matter more than the number of days. Follow any imaging or review plan provided.

Should I make myself or my child vomit?

No. The object could injure the digestive tract, become lodged higher up, or enter the airway. Get advice based on what was swallowed.

Can I eat or drink while waiting for care?

If emergency assessment or endoscopy may be needed, do not eat or drink unless an emergency professional or poison service tells you to. For a low-risk object being observed at home, a clinician may allow a normal diet.

Will every swallowed object show on an X-ray?

No. Many metals are visible, but some plastics, wood, thin bones, and other materials may not appear clearly. Further imaging or endoscopy may be needed if the history or symptoms suggest an object remains.

Do I need to search through every bowel movement?

Usually not, unless specifically asked to recover the object or confirm that it passed. Repeat imaging may be more useful for objects visible on X-ray.

Sources

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