PROCEDURE

Fishhook removal

Fishhook removal is a procedure to take an embedded hook out while limiting further tissue damage.

PURPOSE
Remove an embedded hook while limiting tissue damage

PROCEDURE TYPE
Therapeutic bedside removal using one of several extraction techniques

WHERE IT IS DONE
Outpatient clinic, at bedside, or theatre for complex injuries

ANAESTHESIA
Local numbing medicine; sedation or general anaesthesia for complex cases

HOW LONG IT TAKES
Usually 5 to 30 minutes

PREPARATION
Stabilise the hook; no fasting for most bedside removals

RECOVERY
Same day; no driving after sedation or an impairing injury

MAIN RISKS
Bleeding, infection, retained fragments, nerve or tendon injury

RESULTS
Successful removal is known immediately

Overview

Fishhook removal is the careful extraction of a hook embedded in skin or deeper tissue. Because many hooks have a backward-facing barb, pulling straight out can enlarge the wound.

A healthcare professional selects a technique based on the hook's shape, depth, location, and number of barbs. They also check whether nerves, tendons, joints, blood vessels, or bones may be involved.

Most hooks can be removed in an outpatient clinic or emergency department using local anaesthetic. Hooks involving the eye, face, neck, major blood vessels, joints, or other sensitive structures may require specialist care or an operating theatre.

Why the procedure is performed

An embedded hook usually needs removal because leaving it in place can cause pain, contamination, movement, and further tissue damage. Removal aims to:

Shallow, visible hooks may be straightforward. Multi-barbed, treble, broken, or deeply buried hooks require more planning.

- Extract the entire hook with minimal additional injury
- Control bleeding and clean the wound
- Check for damage to deeper structures
- Reduce the risk of infection or retained fragments
- Assess tetanus protection

Who should and should not have it

Fishhook removal is appropriate when a hook has penetrated skin or deeper tissue. Do not try to pull it out forcefully, even if the puncture appears small.

Routine bedside removal may be unsuitable when the hook:

Imaging, specialist care, stronger anaesthesia, or surgery may be needed. A hook in or near the eye must not be moved or removed outside specialist care.

Tell the clinician about poor circulation, diabetes, immune system problems, bleeding conditions, or medicines that reduce clotting. These may affect the setting, treatment, and follow-up plan.

- Has entered the eye or eyelid
- Is deeply embedded in the face, neck, chest, genitals, hand, or foot
- May involve a nerve, tendon, joint, bone, or major blood vessel
- Cannot be fully seen or felt beneath the skin
- Is attached to a lure with other exposed hooks
- Has broken or may have left a fragment
- Is associated with uncontrolled bleeding or loss of circulation

How to prepare

Follow the treating facility's instructions.

Until you receive care, do not push, twist, or pull the hook. Keep it still. Support an attached lure so its weight does not move the hook, and avoid other exposed barbs.

Most bedside removals do not require fasting. You may be told not to eat or drink if sedation or an operation might be needed.

Tell the healthcare team:

Do not stop a prescribed blood thinner like warfarin or apixaban unless the treating team tells you to do so.

- When and where the injury happened, including fresh or salt water exposure
- Whether bait, soil, or other material contaminated the wound
- When you last had a tetanus-containing vaccine
- About allergies, diabetes, immune problems, or bleeding conditions
- About medicines that affect clotting

What happens during the procedure

The clinician examines the hook and may test feeling, movement, circulation, and tendon function beyond the injury. Imaging may be used if the hook is deep, broken, or near a bone or joint.

After cleaning the skin, the clinician usually injects local anaesthetic. The injection may sting briefly. Sedation or general anaesthesia may be used for complex injuries, young children who cannot remain still, or surgery.

Removal techniques include:

The wound is checked for fragments, cleaned, and dressed. Small punctures are often left open to allow drainage.

- Backward removal , which retraces the entry path for barbless or very shallow hooks
- String-assisted removal , using controlled pressure and traction for selected uncomplicated hooks
- Needle-covered removal , placing a needle along the barb to shield it during withdrawal
- Advance-and-cut removal , pushing the point through the skin, cutting off the barb, and withdrawing the hook

Recovery and what to expect afterward

Mild soreness, tenderness, or swelling is common after the anaesthetic wears off. Follow your pain-relief and dressing instructions. Increasing pain rather than gradual improvement needs medical review.

Keep the wound clean. Avoid activities that pull on it, and follow advice about swimming or soaking. Restrictions may be greater for hand, foot, tendon, or joint injuries.

You may drive after a simple removal only if you had local anaesthetic and pain, reduced movement, or the dressing does not impair vehicle control. Do not drive after sedation or general anaesthesia.

Return to work is often possible the same day or next day. Manual, wet, or dirty work may need to wait longer.

Risks and possible complications

Possible complications include:

Antibiotics like amoxicillin or doxycycline are not always needed. They may be considered for heavily contaminated wounds, deeper injuries, or people at increased risk of infection.

Tetanus protection is reviewed according to the wound and your vaccination history.

- Bleeding or bruising
- Wound infection
- Retained hook fragments or foreign material
- Additional soft-tissue injury
- Damage to a nerve, tendon, blood vessel, joint, or bone
- Scarring
- A reaction to anaesthetic or sedation

Results and follow up

You will usually know immediately whether the hook was removed. The clinician checks that the hook and barb are intact. Imaging may be needed if breakage is suspected.

Before leaving, you should receive instructions about cleaning, dressings, activity, and

infection signs. You may receive a tetanus vaccine or other treatment.

A wound check may be recommended for a deep, contaminated, or high-risk injury, or if there are concerns about movement, sensation, circulation, a joint, or a tendon.

Alternatives

There is no close substitute for removing an embedded hook. Leaving it in place may cause continued pain, contamination, movement, or deeper injury.

Self-removal lacks numbing medicine, wound assessment, and protection of nearby structures. It is particularly unsafe for barbed, deep, broken, or multi-hook injuries and hooks near the eye, face, neck, joints, tendons, nerves, or blood vessels.

Specialist or surgical removal may be used for complex injuries. It provides better exposure and control but may require a larger incision, sedation or general anaesthesia, and longer recovery. Imaging can locate a hook or fragment but does not remove it.

When to call your healthcare team

Attend follow-up as arranged. Contact your healthcare team promptly if pain, redness, warmth, or swelling is increasing, or if you develop pus, fever, reduced movement, numbness, or a feeling that part of the hook remains.

Seek urgent same-day care if a finger or toe becomes pale, blue, cold, or increasingly numb, or if bleeding restarts and does not settle with gentle pressure around the wound.

Call emergency services or go to an emergency department immediately for:

Do not press on, twist, or remove a hook involving the eye or another deeply penetrated sensitive area.

- A hook in or near the eye
- Severe bleeding that cannot be controlled without pressing on the hook
- Trouble breathing, chest pain, fainting, or confusion
- A hook in the neck or chest with possible deep penetration

Common questions

Will I be asleep?

Usually not. Most removals use local anaesthetic. Sedation or general anaesthesia may be used for complex injuries or when remaining still is difficult.

Can I drive home?

Often yes after local anaesthetic if the injury and dressing do not affect safe driving. You cannot drive after sedation or general anaesthesia.

How painful is fishhook removal?

The numbing injection may sting. Once numb, you may feel pressure or movement. Tell the clinician if you feel sharp pain.

When will I know whether it worked?

Usually immediately. The clinician checks that the complete hook was removed and reassesses movement, feeling, and circulation.

Will I need antibiotics?

Not necessarily. The decision depends on contamination, wound depth, injured structures, and your health.

Will I need a tetanus shot?

A tetanus-containing vaccine may be recommended if your protection is not up to date or your history is uncertain.

Sources

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