

The management of foreign body in female genital tract

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Protocol Title: The management of foreign body in female genital tract

Cross reference:

Protocol Number: GP021

Version number: 1

Approving Committee: Womens' Safety & Quality Committee

Date agreed: August 2021

Review Date: August 2025

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KEY PRINCIPLES

A protocol is a set of measurable, objective standards to determine a course of action.

Professional judgement may be use in the application of a protocol.

SCOPE

This guideline applies to:

- Women who are suspected of having a foreign body in their genital tract.

RESPONSIBILITES

Nurses & Gynaecologists:

- To access, read, understand and follow this guidance
- To use their professional judgement in application of this protocol

Management:

- To ensure the protocol is reviewed as required in line with Trust and National recommendations
- To ensure the protocol is accessible to all relevant staff

OBJECTIVE STANDARDS

1.0 Introduction:

- 1.1 Foreign body insertion in the female genital tract is not an uncommon presentation in Gynaecology.
- 1.2 This protocol provides guidance to help patient assessment and management.

2.0 Causes:

- 2.1 Missed tampon can simply be forgotten.
- 2.2 Foreign bodies could be inserted accidentally by children.
- 2.3 Foreign bodies could be inserted by patients themselves.
- 2.4 Foreign bodies might be an indication of sexual abuse or domestic violence.
- 2.5 Patients with mental health issues can insert foreign bodies either as self-harm, seeking healthcare attention or sexual gratification.

3.0 Referral:

- 3.1.1 Patients in shock, because of bleeding, patients suspected of infection, including toxic shock syndrome, as well as patients with suspected sharp foreign bodies, like broken glass or sharp metal, will need emergency referral.
- 3.1.2 Patients with long forgotten foreign body with no suspicion of infection and no immediate risk their health can be seen during the day time either at the Gynaecology Assessment Unit (GAU) on the Gynaecology Ward or the Emergency and Ambulatory Care Unit (EACU) to be assessed. If surgery is required, then patients can be prepared for it and surgery can be booked as a scheduled procedure (category 3), as outlined below.
- 3.1.3 Children (age < 16 years old) may need to be seen at the Royal Alexandra Children's Hospital.
- 3.1.4 A flow chart is shown to illustrate this (Flow chart 1).
- 3.1.5 In the case of any doubt, advice can be sought from the on call Gynaecology middle grade or Consultant.

4.0 Assessment:

4.1 History:

- 4.1.1 The patient, her relatives / carers may know the nature and number of the foreign body. Patients already in Mental Health Units may come with Mental Health staff members.
- 4.1.2 At times, the foreign body might be accidentally detected on examination or investigation.
- 4.1.3 It is important to ascertain whether this is the first time or not and whether the insertion was done by the patient / with her consent or against her wishes.
- 4.1.4 It is helped to try to establish the duration of time the foreign body / bodies had been in place. This can be easy when the event of insertion is known to the patient and/or her relative(s) / carer(s). At times, this event may not be known and the foreign body / bodies might come to light later, for example by noticing discharge or

bleeding or by accidental detection on examination and/or investigation.

4.1.5 Checking for sexual abuse / domestic violence requires sensitivity and empathy.

4.1.6 Advice may need to be sought from Mental Health Team regarding mental health issues.

4.2 Examination:

4.2.1 Principles for obtaining consent from children and patients lacking capacity apply for examination.

4.2.2 For children, the child best interest should be noted and their co-operation as well as parental agreement are important.

4.2.3 Patients with mental health issues, including those detained under a section of the Mental Health Act, may have more complicated legal issues. Support and advice can be sought from their treating team or Psychiatric Liaison Team.

4.2.4 Features of mental health, genetic disorder and domestic violence should be noted. These include scars, bruising, burns and swellings.

4.2.5 General examination should enable detecting signs of shock, like rapid heart rate and low blood pressure, in the case of severe bleeding, and infection, like raised temperature and heart rate.

4.2.6 Local examination should be only carried out when safe for the examiner and with patient consent. A sharp foreign body can injure the examiner.

4.2.7 Blood loss, discharge and urine / faecal matter should be noted.

4.2.8 Speculum examination will enable visualising the foreign body and may enable its removal, with forceps. Prior administration of analgesia may help.

4.3 Investigations:

4.3.1 Full blood count will detect anaemia, as a result of bleeding, and leucocytosis, as a result of infection.

4.3.2 Erythrocyte sedimentation rate and c-reactive protein will be elevated in the case of infection.

4.3.3 Clotting and liver as well as kidney function would be deranged in sepsis.

4.3.4 Swabs should be obtained from any discharge that raises suspicion of infection, for culture and sensitivity.

4.3.5 Blood cultures will need to be obtained in patients suspected of septicaemia.

4.3.6 X-ray would pick up metal foreign bodies. Radiolucent foreign bodies may require other forms of imaging. These will need discussion with Radiology colleagues.

4.3.7 The same consent requirements for examination apply for investigations.

4.3.8 Urology and/or Colo-Rectal / General Surgical colleagues may need to be involved, if there is any suspicion of the foreign body perforating the urinary tract or gastro-intestinal tract.

5.0 Treatment:

5.1 Arrangement:

- 5.1.1 The same consent considerations for examination and investigation apply to treatment.
- 5.1.2 Children may need to be admitted to the Royal Alexandra Children's Hospital.
- 5.1.3 Patients in shock, because of bleeding, will need resuscitation. Bleeding may not be external. Intravenous access should be established and intravenous fluid administered. Blood transfusion might be required.
- 5.1.4 Patients suspected of infection will need antibiotic treatment, after the appropriate samples have been obtained for culture and sensitivity.
- 5.1.5 Patients suspected of septicaemia may need admission to the High Dependency Unit (HDU) or the Intensive Therapy Unit (ITU), after discussion with the Anaesthetic / Intensivist colleagues.
- 5.1.6 Safe guarding rules should be followed, if there is suspicion of sexual abuse or domestic violence.
- 5.1.7 Patients with suspected sharp foreign bodies, like broken glass or sharp metal, and those with bleeding or toxic shock syndrome will need urgent removal of the foreign bodies (category 1).
- 5.1.8 Patients with long forgotten foreign body where there is suspicion of infection but not serious enough to endanger their health will need emergency removal of the foreign bodies (category 2).
- 5.1.9 Patients with no sharp foreign bodies, who are not bleeding or suspected of having toxic shock syndrome or infection can have their foreign bodies removed as a booked emergency (category 3). They can be admitted through Theatre Admission Unit on the day or at the Princess Royal Hospital for Confidential Enquiries into Peri-Operative Death (CEPOD) list.
- 5.1.10 The grading is shown in table 1.
- 5.1.11 Patients who require input from Urology and/or Bowel Surgical colleagues will need to have procedures organised as combined procedures.

5.2 Procedure:

- 5.2.1 Speculum examination followed by removal of the foreign body would be carried out. Whenever possible, a photo should be obtained and kept into the notes. This is likely to obviate the need for histopathological examination, though this examination might at times be required.
- 5.2.2 The foreign body may need to be sent for microbiology, though a swab might be sufficient.
- 5.2.3 Injuries should be looked for and repaired, if required.
- 5.2.4 Antibiotics might be required.
- 5.2.5 The use of catheters and bowel care will be according to the advice from the Urology / Bowel Surgical colleagues, if involved.

6.0 After Care

- 6.1 Patients are usually discharged home on the day, unless otherwise indicated.
- 6.2 Habitual insertion of foreign bodies whilst in Mental Health Units may need Psychiatric / Mental Health Team help. Ensuring that patients do not have access to such foreign bodies, especially sharp ones, may help, though it can be difficult. Care arrangements can be discussed with the Psychiatric / Mental Health Team.
- 6.3 Safe-guarding colleagues should be informed, as required.

7.0 MONITORING COMPLIANCE

- 7.1 An audit will be carried out on regular basis to monitor compliance with this protocol.

8.0 REFERENCES

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9.0 Flow charts:

Flow chart 1: Referral

- **Foreign body:**

- Confirmed / Suspected
- Type: metal / plastic / glass /
- Recent / Old

○ Sharp →

Urgent referral

○ Non sharp →

Booked appointment at GAU or EACU

- **Bleeding:**

○ No / Mild →

Booked appointment at GAU or EACU

○ Severe →

Urgent referral

- **Infection:**

○ No / Mild →

Booked appointment at GAU or EACU

○ Severe →

Urgent referral

- **Mental health issues:**

○ Yes →

Involve the Mental Health Team

○ No →

No need to involve the Mental Health Team

- **Abuse / domestic violence issues:**

○ Yes →

Involve Child Protection / Domestic Violence

○ No →

No need to involve Child Protection / Domestic Violence

- **Safe guarding issues:**

○ Yes →

Involve Safe Guarding

○ No →

No need to involve Safe Guarding

Flow chart 2: Guide for dealing with patients in Mental Health Units

- Patient features:

- Age..... years
- Parity.....
- Mental health issues:
.....
.....
- Other health issues:
.....
.....

- Foreign body:

- Confirmed / Suspected
- Type: metal / plastic / glass /
- Date of detection:/...../.....
- Date of insertion:/...../.....
- Likely / accurate duration foreign body has / bodies have been in
.....

- Sharp →

Call the hospital to speak to the Gynaecology middle grade at any time

- Non sharp →

Call the hospital to speak to the Gynaecology middle grade during office hours on week days

- Bleeding:

- Mild vaginal bleeding →

Call the hospital to speak to the Gynaecology middle grade during office hours on week days

- Significant vaginal bleeding or suspected internal haemorrhage

→

Call the hospital to speak to the Gynaecology middle grade at any time

- **Infection:**

- Minimal vaginal discharge, no systemic symptoms or signs

→

Call the hospital to speak to the Gynaecology middle grade during office hours on week days

- Significant vaginal discharge, systematically unwell,.....

→

Call the hospital to speak to the Gynaecology middle grade at any time

10.0 Tables

Table 1: grading for theatre bookings

Features	Category
<ul style="list-style-type: none">- Sharp foreign body- Risk of perforation- Severe bleeding- Severe infection	1 <ul style="list-style-type: none">- As soon as possible
<ul style="list-style-type: none">- Non sharp foreign body with:<ul style="list-style-type: none">o Mild bleedingo Mild infection	2 <ul style="list-style-type: none">- Confidential Enquiries into Peri-Operative Deaths (CEPOD)
<ul style="list-style-type: none">- Non sharp foreign body with:<ul style="list-style-type: none">o No bleedingo No infection	3 <ul style="list-style-type: none">- Elective list- Non urgent Confidential Enquiries into Peri-Operative Deaths (CEPOD)