Removal of paediatric flexible nails using upper fine root dental extraction forceps

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Migrated colonic stent removal from the rectum at examination under anaesthesia

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Paediatric flexible nail removal can be more difficult than one may anticipate owing to tissue and bone overgrowth or the overzealous insertion of the nail. They are often left flush with the bone and therefore standard pliers cannot get a grip. We have found that the use of dental extraction forceps allows a firm, distal hold, enabling removal of flexible nails when very little is visible (Fig 1). The curved inner surface of the forceps allows a firm grasp on the end of the nail. Although bone nibblers have a similar shape, they are easily damaged compared with the more robust dental forceps.

Figure 1 Dental extraction forceps removing a flexible nail from a synthetic bone

BACKGROUND

Colonic stents are used for malignant strictures presenting with obstruction or as primary palliative management. Migration is a known complication of intraluminal stents, which often impact in the rectum when they are left-sided.¹ Self-expanding metal stents employ splayed ends for anchoring. If migrated, however, traction on the stent risks trauma to the rectal wall or sphincters when removal is attempted.² We describe a simple technique for removal of a migrated colonic stent from the distal rectum under general anaesthesia.

TECHNIQUE

In the lithotomy position, a digital rectal examination is performed cautiously with a double gloved finger. The full circumference of one end of the stent is freed gently from the rectal mucosa and eased manually through the sphincters. An 8cm length of 30Fr Robinson drain is cut. A purse string suture is inserted around the protruding end of the stent (Fig 1) and grasped with an instrument passed through the drain (Fig 2). The drain is advanced over the distal end of the stent, collapsing it into the lumen (Fig 3). Without caudal traction on the stent, the Robinson drain is advanced over it into the anal canal. The proximal end collapses into the Robinson drain and then the entire assembly can be removed from the anus atraumatically.

Figure 1 Purse string suture around distal stent