

Button batteries lodged in the oesophagus or airway must be removed urgently due to the potential for corrosive and pressure injuries

Toxicity / Risk Assessment

Pose greatest risk if lodged in oesophagus airway

Injury can occur within 2 hours

Most common high-risk battery is the 20-mm lithium cell

- Slightly bigger than a 5-cent piece
- Frequently involved in oesophageal injury

To differentiate button batteries from a coin:

- *button batteries have a double-ring or a halo sign on plain X-ray*

Management

General

- X-ray entire alimentary tract in any suspected button battery ingestion
- Batteries lodged in ear/nose/rectum/vagina should be removed at time of presentation

Battery within oesophagus or airway

- May be asymptomatic initially
- Needs URGENT endoscopic removal within 2 hours
- After removal, if mucosal injury has been sustained, observe for complications

Battery within or distal to stomach

- Allow to pass spontaneously at home
- Repeat X-ray in 4 days
- Urgent review if develops gastrointestinal symptoms such as vomiting and abdominal pain

Indications for endoscopic removal

- Battery in oesophagus or airway
- A strong magnet AND battery swallowed together
- Multiple batteries swallowed
- If battery is present in stomach for > 4 days

There is no indication to measure blood concentrations of mercury, lithium or other battery ingredients