

**Ingestion of a lead FB does not produce toxicity unless it is retained in the stomach for more than two days or not passed within two weeks.**

## Examples of lead FB:

- Lead shotgun pellets, bullets, sinkers, curtain weights, lead paint flakes

## Toxicity / Risk Assessment

- Absorption and clinical toxicity occur more readily if lead FB remains in an acidic environment (stomach)
- Retention of the FB in the stomach for < 48h is unlikely to produce significant toxicity
- Absorption is very slow and incomplete once past

## Clinical features:

See separate lead guideline for symptoms/signs of lead toxicity

## Management

All suspected ingestions require determination of the object's location by plain CXR and AXR

Most FBs pass spontaneously - laxatives may assist

Ingestion of a large number of lead FBs may require Whole Bowel Irrigation

Measurement of blood lead concentration in acute lead FB ingestion is not routinely indicated

### **If the FB is lodged in the airway, urgent assessment and removal is required**

### **If the FB is lodged in the oesophagus arrange endoscopy for urgent removal**

### **If the FB is lodged in the stomach + patient is asymptomatic**

- Discharge and encourage fluid intake
- Repeat X-ray in two days if the foreign body has not passed

### **If FB has been retained in stomach for two days or more**

- Remove endoscopically and discuss with clinical toxicologist regarding utility of measuring blood lead concentration

### **If the FB has moved beyond the pylorus**

- Intervention is not indicated and there is no need to measure a blood lead concentration
- Repeat X-ray in 10-14 days' time if has not already passed OR earlier if develops abdominal symptoms:
  - Surgical consult and discuss with clinical toxicologist regarding utility of measuring blood lead concentration in these cases