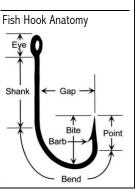
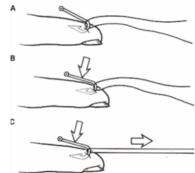
Indications Fish hook embedded in subcutaneous tissue Contraindications Penetration of eve with scleral perforation (Ophthalmology referral) Deeply embedded hooks near neck, genitalia, arteries, wrists, GI mucosa



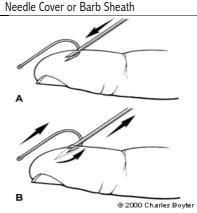
Angler's String-Yank Method

Note: This is the least harmful method, and can be used without anesthesia.



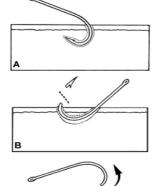
- After cleaning and local anesthesia, tie string to the midpoint of the curve of hook, wrap the other end around your finger (Image A)
- Depress the shank (long flat part of hook sticking out) against the skin until you feel resistance (Image B)
- 3. Pull the shaft until it is approximately parallel to the skin
- 4. Firmly and quickly yank the string with follow through in one forceful move parallel to the shank (Image C)

FISH HOOK REMOVAL



- After cleaning and local anesthesia, introduce an 18-gauge needle through entrance track of hook parallel to the shank, bevel down toward the inside of the curve (Image A)
- Advance the hook slightly to dislodge any barb from tissue
- 3. Back the hook and needle out together as one unit (Image B)







- After cleaning and local anesthesia, force the point through the anesthetized skin
- Clip off the barb tip once it pushes through the skin (Image B)
- 3. Back the hook out along its entry pathway (Image C)

Post-Procedure

days

- Explore the wound for any foreign bodies
 Tetanus toxoid if >5
- years since vaccine Dress the wound in
- sterile dressings Wash area with soap

and water 4-6x/day x2

Note: If the patient is immunosuppressed, a diabetic, or has peripheral vascular disease, consider using prophylactic antibiotics. You will want to cover for *S. aureus* and water pathogens with:

Prophylactic Antibiotics

- 1st generation
 Cephalosporins <u>or</u>
- Clindamycin + Levofloxacin + Metronidazole

Information taken from: Pfenninger's and Fowler's Procedures for Primary Care, 3e Made by: Lauren Akahoshi, PA-S