

Issue: Alligator Forceps

Raised by: Leanne Castledine (HCM, Yuendumu)

Background: There have been instances where attempts to remove a foreign body lodged in the ear canal of a client, have failed, despite managing according to CARPA (p 128).

It has been suggested that there may be occasions where use of 'Alligator forceps' could be effective.



Discussion: A small foreign body in an ear canal can in most instances be removed using basic measures as described in CARPA, with the technique described in more detail in the CRANA Clinical Procedures Manual (pp 118-124).

Where the foreign body is not able to be removed with these simple measures there may be occasion to utilise a purpose-designed forcep. The Alligator forcep, with its long-reach narrow neck and small set of distal 'jaws', is capable of grasping a small object in a narrow canal, such as the external auditory canal.

There was significant support around the potential positive benefits of utilising such an instrument on-site in Remote, including the financial and social cost-benefit if able to avert the need for evacuating the client from the community.

However, while Alligator forceps obviously are a useful instrument, consultation increasingly proved that they are also a potentially significant cause of inadvertent ear trauma to the point that Best Practice Group could not justify recommending their use in Remote Health. The occasion for their use remains with skilled operators such as ENT surgeons, in controlled and optimal environments.

Of note, there have been a significant number of legal suits against doctors for damage caused by such an instrument in the attempt to remove a foreign body.

CARPA 4th Ed. (pg 128) advises: '*Never use forceps to remove a foreign body*', because of the direct risk of inflicting traumatic damage to the tympanic membrane. It is reasonable that this instruction is upheld.

Where clinical staff are not able to remove a foreign body lodged in an auditory canal through the CARPA protocol, the usual process of consultation with a DMO should be followed in order to establish a clinical management plan.

Consultation: Dr Andrew White (CA Remote Paediatrician); Dr Mary Kurien (ENT); Kathy Currie, Senior Hearing Policy Officer; Amarjit Anand (Manager and Principal Audiologist NT Hearing Services), Rebecca Matthews (Audiologist).

References: CARPA STM 4th Ed
CRANA Clinical Procedures Manual (2001)

Outcome: **Supply and use of alligator forceps in managing foreign bodies in ears in the remote setting, is not supported.**