Fishing Injury With Discussion How To Manage It
A Sahu, R Bhardwaj, N Harshawardena

Citation

Abstract

Figure 1

Across the whole England, recreational fishing is a popular leisure activity. We practice in Dorset and we have a beautiful sea shore with productive fishing waters. Most fishhooks contain barbs, and that's why it requires the help of a surgeon.

A 32 year old male from Cambridge, presented to our A&E with fishhook in right ring finger. On examination, there was entry of hook from volar aspect of middle phalynx. X-Rays showed tip of hook at the volar aspect of the distal interphalangeal joint. Infection (especially Aeromonas) is always a concern with these wounds.

Most clinicians have heard of the “push through and cut off” technique for fishhook removal. Under LA, we advanced the hook, until the barb end of the hook penetrated through the skin separately. It was then cut off with a wire cutter, and the remainder of the hook was backed out. He was send home with oral flucloxacillin and tetanus booster given.

References
Author Information

Ajay Sahu, MRCS
Poole General Hospital

Ravi Bhardwaj, MRCS
Poole General Hospital

N. Harshawardena, MRCS
Poole General Hospital