

## Fishhook Injuries

**Tissue Damage:** Typically, deeper tissues are not involved due to the linear force of the fishing line that causes the hook to be parallel to the skin. Any fishhook injury that is suspected to involve deeper structures like bone, tendons, vessels, and nerves require careful assessment to determine the best technique of removal.

**Types of hooks:** No barb, single barb, multi barbed, and treble.

- A barb embedded in tissue prevents the hook from being pulled out until the barb is disengaged. Its removal requires skill to prevent further damage.

**On-scene treatment:** It is best to seek medical attention/treatment due to the likeliness to cause unnecessary soft tissue damage and the potential of the hook being lodged near a blood vessel, tendon, or nerve.

- Cut fishing line and remove bait from hook when possible and use tape to cover extra hooks.
- When is it an emergency? Hook is lodged in the eye or neck; breathing is impaired and or severe bleeding.

**Removal Techniques:** Advance and Cut, Push Through, String Yank and Needle Cover.

- Choosing which technique to use depends on the type of fishhook, the location and depth at which the hook has become embedded in the patient's skin, and the treating physician's judgement.

### Advance and Cut

- Advance the hook until the barb exits the tissue, cut the barb off the hook, and pull the hook back through the portal of entry.

### Push Through

- Best practice for multi barbed hooks.
- Cut off the eye of the hook and pull on the point/barb of hook until entire hook exits the tissue.

### String Yank

- Best for deeply embedded hooks but must be performed on parts of the body that are fixed. When done successfully, produces no new wounds.
- Tie the midpoint of suture or string around the bend of the hook. Then securely wrap the rest of the line around your index and middle finger or wrist of your dominant hand. Stabilize the affected extremity on a flat surface and grasp the eye and shank of the hook with your free hand and push them downwards towards the pts skin until the barb disengages, or until you are met with resistance. When the shank is depressed and the barb is disengaged, with your dominate hand grasp the string about 12 inches from the hook and firmly pull the string. Sudden and forceful pulling on the hook is necessary for the success of this technique.

### Needle Cover

- Introduce an 18-gauge needle through the same entrance point of the hook along the inside curvature of the hook. The needle should be parallel to the shank with the bevel towards the inside curve. Then advance the hook slightly to dislodge the barb. Gently pull and twist the hook to firmly lodge the barb in the lumen of the needle. Back the hook and needle out of the tissue together.