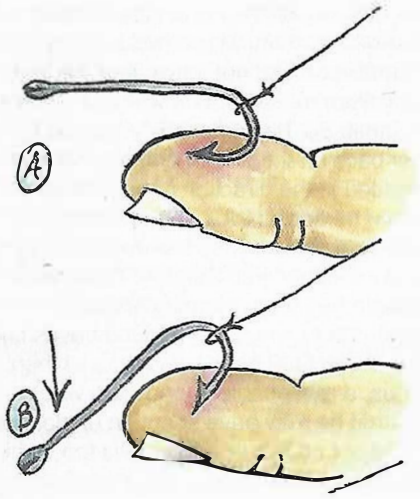


HOOKED

by Tom Welch, MD

As a long-time vegetarian, fishing is not one of my outdoor pursuits. Yet, I have had plenty of experience removing fishhooks from unfortunate anglers or their bystanders. As I suspect that many readers may encounter this problem themselves at some point, it seems like a good topic to review.

Many experienced anglers have encountered errant fishhooks enough themselves to have their favorite removal methods. I would never suggest altering a technique that one has found works well. What I will share is a technique that is frequently described in the wilderness medicine literature, and one that I have used in the field successfully.

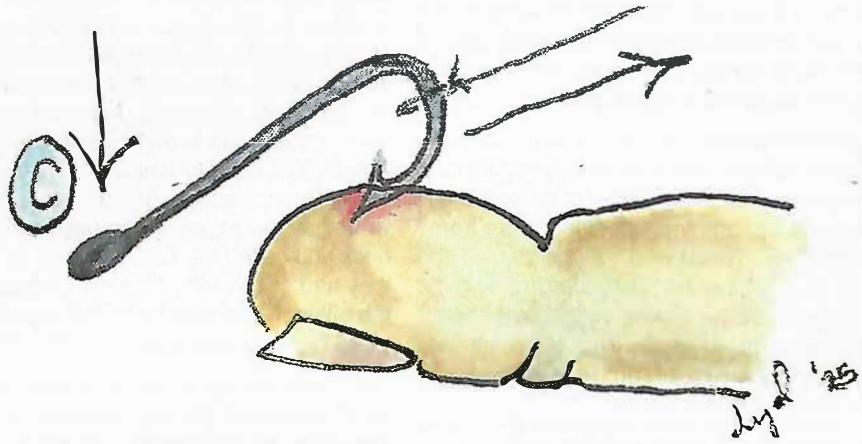
The operative term here is "in the field." I have also removed plenty of hooks in my days working in emergency departments, and there is one big difference between these settings: availability of local anesthesia. Removing hooks is a painful procedure, regardless of method, so the ability to eliminate pain by an anesthetic takes away the major barrier to removal. Once the area around the entrance wound is adequately anesthetized, one can choose almost any method, and undertake it slowly and deliberately. For example, the oft-described method of advancing the barb upward through intact skin, cutting it off with pliers, and then backing out the remaining hook is easy and effective in anesthetized skin; attempting this in the field without anesthesia, regardless of recommendations in some first aid texts, is extremely painful and difficult.

The method I am describing, often called the "string/yank," is suitable for most embedded hooks, except those on loose tissue (e.g., earlobes), or anywhere on the face, especially near or in the eye. I suggest that anyone unfortunate enough to have a hook in such a location be evacuated for definitive treatment in a medical facility. The same recommendation applies to hooks deeply embedded in the palm of the hand, as damage to important structures can occur as the hook is removed.

The advantage of the "string/yank" technique is that it is quick—enough so that the pain is intense but fleeting, if it is done correctly. To begin, tie a piece of strong cord (such as fishing line) around the midpoint of the bend of the hook. Secure the cord tightly around your hand or wrist, while keeping it in line with the shank of the hook. With your other hand (or, better, the hand of a helper), depress the eye of the hook such that the shank is parallel to the skin surface. When all is positioned, give a quick, strong yank on the cord. The hook should come out with ease. Keep in mind that the hook will fly out very quickly, so be sure to take precautions (such as eye protection) to ensure that someone else is not "hooked" as it comes out. The technique is shown in the illustration. There are also several online videos describing the method; this is my favorite: ADK.org/string-yank.

Once the hook is removed, the wound should be treated as any puncture: clean it with soap and water, apply a topical antibiotic ointment, and observe for any sign of infection. A recent study in the journal *Wilderness and Environmental Medicine* (2025, 32:166–170) demonstrated no benefit to administration of oral antibiotics after these injuries. We should also say a word about tetanus prevention. Fishhook embedment should be considered a potentially "tetanus-prone" injury. The organism that causes tetanus can be found in mud, on lake bottoms, and on stream edges. Puncture wounds are more of a tetanus risk because it is challenging to irrigate their depths. This means that the immunization recommendations for tetanus-prone injuries should be followed. Although a tetanus booster within the past ten years is adequate for most wounds, individuals with tetanus-prone injuries should have a booster if their last one was more than five years previously.

Tom Welch, MD, is a physician at Upstate Medical University in Syracuse and an active member of the Wilderness Medical Society. He is a licensed professional guide, and a certifying instructor for the Wilderness Education Association, and has guided groups in the Adirondacks, Montana, and Alaska. More information is available at his website and blog, adirondoc.com.



The string/yank method | **Graphic by Lydia Yates**