

# EPISTAXIS

DEFINITION - BLEEDING FROM THE NOSE

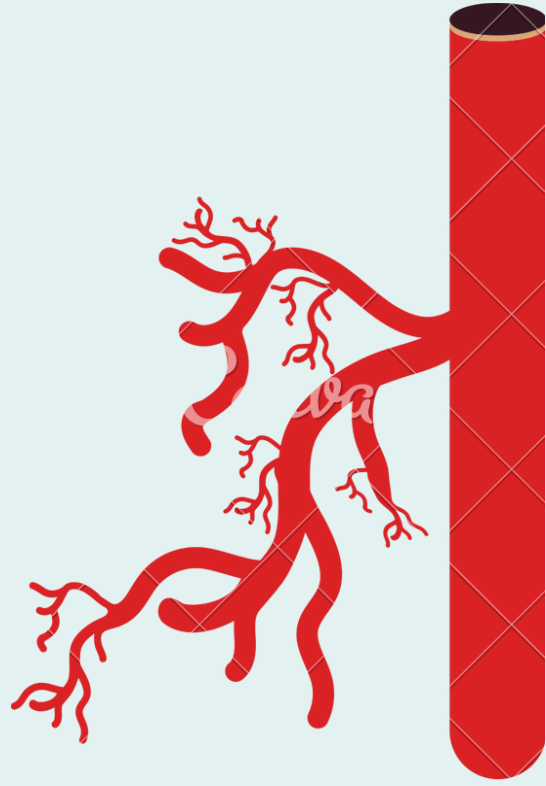
THE MOST COMMON ENT EMERGENCY



## Classification

**Anterior Epistaxis** - bleeding from Little's Area (highly vascularised area on the anterior septum)

**Posterior Epistaxis** - bleeding from the posterior nasal cavity



## Initial Management

- Sit upright and forward and encourage spitting of blood into bowl
- Suction clot and spray the inside of the nose with co-phenylcaine
- Compress the anterior nose (for **15 minutes**)
- If unsuccessful, then thudichum can be used to try and identify bleeding source
- If bleeding area identified, then silver nitrate can be used to cauterise the bleeding vessel



## Causes

### Common

- Trauma e.g. nose picking
- Hypertension
- Iatrogenic e.g. anti-coagulation
- Foreign bodies

### Uncommon

- Coagulopathies and platelet Disorders
- Malignancy
- Cocaine use



## Discharge Advice

- If initial management successful then:
  - Observe for **30 minutes**
  - Discharge with naseptin/ vaseline (2 weeks)
  - Advise against blowing, picking, exertion, straining or drinking hot drinks

## Patients to be Aware of

- Elderly patients (more likely to have a posterior bleed)
- Patients on anti-coagulation and anti-platelet therapy
- Patients with recent nasal trauma



## Further Management

- If bleeding continues despite initial management, obtain IV access and take FBC, clotting and group & save
- Anterior packing of the nose should be trialled (RapidRhino or Merocele Nasal Tampon)
- If bleeding stops, refer to ENT on call at QEUH (keep NBM and withhold anti-coagulation)
- **If above measures fail to stop the bleeding, contact ENT on call immediately**

