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Ear Nose and Throat Surgeon

Nose Bleeds

Incidence

Nose Bleeds affect 60% population at some time in their lives. Most of them settle with no intervention. 6% need medical attention. Greater majority of the nose bleeds are called anterior epistaxis, in other words bleeding that starts from the front part of the nose. These are not difficult to control, and done in a clinic setting. Rest of the bleeds may occur from an artery from the back of the nose or due to nasal fractures from vessel in the roof of the nose. These tend to be severe and generally require surgical intervention and packing of the nose. rarely there may be multiple bleeders due to blood vessel abnormalities.

Important Points

Anterior Bleeds: starts from the front of the nose, Common, may bleed on and off many occasions with no severe loss of blood. Usually the patient is well enough to attend a clinic to have it treated.

Posterior Bleeds: Bleeding tends to start in the mouth and on both sides of the nose. These tend to be very heavy. These can stop then start to haemorrhage heavily. As these are arterial bleeds, patients require URGENT admission to ED and nasal packing.

If these was a recent nasal fracture. These bleeds can be from the anterior ethmoidal artery (on the roof of the nose) and need surgery to stop.

Controlling Epistaxis

A Nasal Prep

Nasal Prep- important aspect: this will control the bleeding, anaesthetise the nose and reveal the bleeder.

Use of a headlight to correctly to direct light inside the nose. Use of a speculum to correctly to expose the septum.

Anterior bleeds may settle with cautery, though larger bleeds may need packing of the nose and admission to hospital.

What Patients Should Do After Cautery

- 1) Avoid hot-long showers. Have short warm showers
- 2) Do not bend forward
- 3) Do not lift heavy objects. Do not strain.
- 4) Use the ointment prescribed. Apply with a cotton tip three times a day up to a week
- 5) Use FESS spray longer term to keep the nose clean and avoid crusting and infection.

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