

Useful Telephone Numbers

ENT Partnership

Surrey Clinic – 01252 852552

Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

Clare Park Hospital

Switchboard – 01252 850216



Information for Patients on

Nose Bleeds

(Epistaxis)

The ENT Partnership – Surrey Clinic

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The ENT Consultants are

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Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

David Jonathan FRCS.

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

Andrew McCombe MD FRCS (ORL).

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

Conclusion

Epistaxis can be a significant health risk and prompt and effective treatment is essential. Please feel free to phone Ward F12A for further advice regarding this common problem.

Sources of additional information

The Surrey & Hampshire ENT Partnership
www.entpartnership.co.uk

British Association of Otorhinolaryngologists
www.entuk.org

Introduction

Epistaxis

Epistaxis is bleeding from the nose. Sometimes the blood runs into the back of the throat from the nose.

In young people the bleeding is usually from the front part of the nasal septum, the partition inside the nose.

In older people, the bleeding can occur from further back inside the nose.

A nose bleed can occur spontaneously or there are certain specific causes, for example:

- Injury to the nose
- Nasal infections, such as the common cold
- Following nasal surgery
- High blood pressure
- Blood clotting abnormalities, including medication, e.g. Aspirin or Warfarin
- Abnormalities in blood vessels themselves

Treatments

Most nose bleeds can be stopped by simple first aid measures. Whilst sitting up, apply pressure to the front of the nose by gently squeezing the tip of the nose between the thumb and forefinger for around 5 minutes. Cold compresses around the nose and face may also help. If you feel faint, lie down with the bleeding side of your nose uppermost. If a nose bleed continues for more than 30 minutes, then it is advisable to seek medical attention.

If the bleeding is from the front of the nose, the bleeding point can be cauterised with silver nitrate, or an electric current, under local anaesthetic.

If the bleeding is from further back in the nose, it is often possible to visualise the bleeding vessel with an endoscope, which enables cautery. In certain instances, when a bleeding point cannot be identified, or the bleeding is too profuse, the nose has to be packed with either a sponge or gauze impregnated with an iodine containing material.

On occasion, if the bleeding is from the back of the nose, a catheter is inserted into the back of the nose via the nostril and the balloon inflated with water. In addition, the front of the nose may also be packed. The nose may sometimes need packing on more than one occasion. If packs are placed in the nose, admission to hospital is advisable.

It may be advisable to stop Aspirin or Warfarin medication for a while: this is usually done in consultation with a physician.

For minor nose bleeds, an antiseptic cream placed into the nose for 10 days is often helpful.

Difficult cases

The majority of nose bleeds respond to either chemical or electric cautery or nasal packing within 24 hours. If the nose continues to bleed, then the patient is taken to the operating theatre and the nose examined under a general anaesthetic. If a bleeding point is identified, this can be cauterised. If the nasal septum is very bent inside the nose, this can be straightened.

On occasion, it is necessary to clip a small vessel in the back of the nose, which is the main arterial supply to the nose. Very rarely, both of these vessels are clipped and in addition vessels entering the nose from the eye may also be clipped. In the majority of cases, these measures are successful, but extremely rarely it is necessary for further surgery to stop the bleeding, which may include the ligation of an artery in the neck.

After a Nose Bleed

Following a significant nose bleed, it is advisable to do the following:

- Rest as much as possible
- Do not touch, pick or blow the nose
- Keep hot drinks to a minimum
- Avoid straining when going to the toilet
- Avoid heavy lifting
- Avoid spicy foods