NOSE BLEEDS & NASAL CAUTERY

INFORMATION FOR PARENTS AND PATIENTS

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NOSE BLEEDS (Epistaxis)

Nose bleeds are common, particularly in young children, who often have a lot of mucus in their nose and like to clean their nose with a finger, which for children is a natural urge.

Nose bleeds are also common in adults taking medicines to thin their blood (anti-coagulants).

Some bleeding from the nose is common with repeated, heavy nose-blowing following a head cold or with nasal allergy.

Bleeding after a nasal injury is common and usually self-limiting.

Blood-stained nasal discharge in the absence of any obvious cause requires further assessment and investigation.
Very rarely, torrential bleeding from both sides of the nose in adolescent males can be due to an abnormality of blood vessels in the back of the nose and requires further examination and investigation.

Rare hereditary abnormalities of the blood vessels (hereditary haemorrhagic telangiectasia – HHT) can cause severe and frequent nose bleeds, requiring expert management in a specialist hospital with experience managing these conditions.

**TREATMENT**

It is estimated that 90% of nose bleeds are self-limiting and managed by individuals without seeking medical help.

Of those who attend hospital, less than 10% require surgical intervention to manage their bleeding.

**FIRST AID SELF-TREATMENT**

Apply pressure to close the soft part of the nostril from the side that is bleeding, keeping the pressure on the skin of the nostril for 10-15 minutes.

Squeezing the bridge of the nose is not effective. At the same time, try and place an ice pack (e.g. bag of frozen peas wrapped in a tea towel) at the top of the nose to reduce blood flow to the face and nose.

If you have Otrivine or Sudafed nasal spray, spray this into the affected side of your nose.
(In the UK, these nasal sprays are not licensed for children under six years of age)

Lean over a bowl or sink and spit out any blood in the mouth; swallowing blood will make you feel sick and you might vomit old (dark brown) blood.

**OUTPATIENT CLINIC TREATMENT**

It is usually worth using a course of prescribed antibiotic cream or ointment in the nose for 2-3 weeks to clear any superficial infection that arises when the normal bacteria in the nose grow in fresh blood.

Either Naseptin cream (which should be avoided in those allergic to peanuts) or Bactroban nasal ointment are available.

For short-lived, recurrent nose bleeds, it might be possible to identify the source of bleeding, which is usually near the front of the nose, and use topical anaesthetic solution and a chemical cautery stick (silver nitrate - AgNO₃) to seal the blood vessel if it small. This is successful following one or two treatments in about 80% of less severe nose bleeds.
Some younger children are unable to cooperate with nasal cautery in clinic and might require a short, day-case general anaesthetic to cauterise their nose without risking damage to surrounding skin.

*Blood vessels at the front of the left nasal septum*

It is usual to recommend a course of antibiotic cream or ointment after the chemical cautery.

**COMPLICATIONS OF NASAL CAUTERY**

Nose bleeds are notoriously difficult to manage and can recur even after nasal cautery and more invasive surgical treatments.

Silver nitrate dissolves in the mucus of the nose to produce nitric acid that seals the blood vessel and a dark grey-black silver deposit; this can sometimes stain the skin around the nostril as the nose often runs with mucus after the cautery. The staining usually disappears over a period of weeks, but rarely persists.

Although uncommon, and more likely after electrocautery, reducing the blood supply to the lining of the nose can lead to death of the cartilage in the middle of the nose as the cartilage has no blood supply.

This can lead to a perforation (hole) in the cartilage, which often causes no symptoms, but can allow mucus to crust around it or whistle when breathing. If symptomatic, this might require surgery to address these symptoms.

Much less commonly, loss of a large area of cartilage can cause a change in the appearance of the nose because there is loss of cartilage support.

Uncommonly, scarring can occur in the nose following cautery; these scars can form small bridges of tissue in the nose interfering with breathing and might require surgical division.
Following either type of nasal cautery, it is advisable to avoid strenuous exercise, straining (e.g. lifting or with constipation) and swimming for two weeks. (Chlorinated water in swimming pools can inflame the nasal lining and is a trigger for nose bleeds in some; consider using a nose clip while swimming or rinsing the nose with sterile salt-water spray (e.g. Sterimar) after swimming.

**INPATIENT TREATMENT**

Where chemical cautery has not been successful, electrocautery under a short, day-case general anaesthetic may be recommended. This is helpful in sealing larger vessels.

**EMERGENCY TREATMENT**

Where bleeding persists for more than 30 minutes, is heavy and/or recurs frequently over a short space of time, emergency hospital treatment via the Emergency Department (A&E) is advised.

Blood tests will be carried out to check the blood clotting and ensure a significant volume of blood has not been lost.

A medicine, tranexamic acid (TXA) might be prescribed and can be helpful in reducing bleeding and re-bleeding.

Anti-coagulation medicines will usually be temporarily stopped **but should only be stopped on medical advice**.

Admission for nasal cautery, nasal packing and sometimes blood transfusion may be required. Nasal packs and/or nasal balloons are generally left in place for 24-48 hours to seal the blood vessel. This usually requires inpatient admission.

Less commonly, a procedure in the nose under a general anaesthetic to clip or seal one of the arteries that supplies the lining of the nose may be necessary.