

EPISTAXIS (NOSEBLEEDS)

The nose is an area of the body that contains tiny blood vessels (*or arterioles*) that can break easily. In the United States, one of every seven people will develop a nosebleed some time in their lifetime. Nosebleeds can occur at any age but are most common in children aged 2-10 years and adults aged 50-80 years. Nosebleeds are divided into two types, depending on whether the bleeding is coming from the front or back of the nose.

What is an anterior nosebleed?

Most nosebleeds (*or epistaxis*) begin in the lower part of the septum, the semi-rigid wall that separates the two nostrils of the nose. The septum contains blood vessels that can be broken by a blow to the nose or the edge of a sharp fingernail. Nosebleeds coming from the front of the nose (anterior nosebleeds) often begin with a flow of blood out one nostril when the patient is sitting or standing.

Anterior nosebleeds are common in dry climates or during the winter months when dry, heated indoor air dehydrates the nasal membranes. Dryness may result in crusting, cracking and bleeding. This can be prevented by placing a light coating of petroleum jelly or an antibiotic ointment on the end of a fingertip and then rubbing it inside in the nose, especially on the middle portion of the nose (the septum).

How do I stop an anterior nosebleed?

- Stay calm, or help a young child stay calm. A person who is agitated may bleed more profusely than someone who's been reassured and supported.
- Keep head higher than the level of the heart. Sit up.
- Lean slightly forward so the blood won't drain in the back of the throat.
- Gently blow any clotted blood out of the nose. Spray a nasal decongestant in the nose.
- Using the thumb and index finger, pinch all the soft parts of the nose.
- Hold the position for five minutes. If it's still bleeding, hold it again for an additional 10 minutes.

What is a posterior nosebleed?

More rarely, a nosebleed can begin high and deep within the nose and flow down the back of the mouth and throat, even if the patient is sitting or standing. Obviously, when lying down, even anterior (front of nasal cavity) nosebleeds may seem to flow toward the back of the throat, especially if coughing or blowing the nose. It is important to try to make the distinction between the anterior and posterior nosebleed, since posterior nosebleeds are often more severe and almost always require a physician's care. Posterior nosebleeds are more likely to occur in older people, persons with high blood pressure and in cases of injury to the nose or face.

Tips to prevent a nosebleed.

- Keep the lining of the nose moist by gently applying a light coating of petroleum jelly or an antibiotic ointment with a clean finger three times daily, including at bedtime. Commonly used products include Bacitracin, A and D ointment, and Polysporin.
- Keep children's fingernails short to discourage nose-picking.
- Counteract the effects of dry air by using a humidifier.
- Use a saline nasal spray to moisten dry nasal membranes.
- Quit smoking. Smoking dries out the nose and irritates it.

Tips to prevent re-bleeding after initial bleeding has stopped.

- Do not pick or blow nose.
- Do not strain or bend down to lift anything heavy.
- Keep head higher than the heart.

IMPORTANT TIPS:

- Ocean (saline) nasal spray 4 sprays each nostril twice a day.
- Antibiotic ointment into each nostril twice a day.
- If bleeding, soak cotton ball with Afrin spray, place into nose, and pinch nostril. Repeat every 5 minutes until bleeding stops.
- Call a doctor if bleeding persists after 30 minutes or if nosebleed occurs after an injury to the head.

(American Academy of Otolaryngology – Head and Neck Surgery)