

Nose bleeds

Care and Prevention



Most nose bleeds are mere nuisances; but some are quite frightening, and a few are even life threatening.

Physicians classify nosebleeds into two different types:

1. Anterior nose bleed: the nose bleed that comes from the front of the nose and begins with a flow of blood out of one or the other nostril if the patient is sitting up or standing.
2. Posterior Nosebleed: the nose bleed that comes from deep in the nose and flows down the back of the mouth and throat even if the patient is sitting up or standing

Obviously if the patient is lying down even the anterior nose bleeds seem to flow in both directions, especially if the patient is coughing and/or blowing his nose. Nevertheless, it is important to try to make the distinction, since posterior nosebleeds are often quite severe and almost always require a physician's care. Posterior nose bleeds are more likely to occur in older people, people with high blood pressure and in cases of injury to the nose or face. Nosebleeds in children are almost always of the anterior type. Anterior nose bleeds are common in dry climates and when the air is dry. The dry air parches the nasal membranes so that they crust, crack and bleed. This can be prevented if you will place a bit of lubricating cream or ointment about the size of a pea on the end of your fingertip and the rub it up the nose, especially on the middle portion of the nose (the septum).

The picture in the right hand corner shows Little's area in the right side of the nose where anterior bleeding usually comes from. The blood vessels can be seen spreading out.

If the nose bleeds persist you should see your doctor, who may recommend cautery to the blood vessel that is causing trouble.

To Stop An Anterior Nose Bleed

If you or your child has an anterior nose bleed, you may be able to care for it yourself by taking the following steps:

1. Pinch all the soft parts of the nose together between your thumb and one/two fingers. This should apply local pressure to the bleeding site.
2. Hold it for 5 minutes (timed by the clock)
3. Keep the head higher than the level of the heart - sit up or lie with the head elevated.
4. Apply ice (crushed in a plastic bag or washcloth) to the nose and cheeks. This reduces the blood supply to the nose.
5. Sucking ice is also useful.

To prevent re-bleeding after bleeding has stopped:

1. Do not pick or blow nose (sniffing is allowed).
2. Do not strain or bend down to lift anything heavy.
3. Keep the head higher than the level of the heart.

If rebleeding occurs:

1. Clear nose of all blood clots by sniffing forcefully.
2. Spray nose four times on both sides with a decongestant nasal spray (such as Drixine or Otrivin).
3. Pinch the soft parts of the nose together between your thumb and two fingers for five minutes.
4. Call your doctor.

When to call the doctor or go to the Accident and Emergency Room:

- If bleeding cannot be stopped or keeps reappearing.
- If bleeding is rapid or if blood loss is large.
- If you feel weak or faint, presumably from blood loss.
- If bleeding begins by going down the back of the throat, rather than the front of the nose.

What To Expect After Cautery Of Your Nose

When a nose is cauterised silver nitrate is applied to the blood vessel. This makes dilute nitric acid, which causes a localized chemical burn. A small scab forms. If the scab comes off, the underlying surface will bleed. There is an increased risk of bleeding for 2 weeks after cauterization of the nose. This occurs while the area of crusting caused by the cautery is healing. Generally cauterisation has cured the bleeding in 90% of patients at 6 weeks. If bleeding persists after 6 weeks the cauterisation may need to be repeated.

Use Of Ointment After Cautery

The use of the ointment after cauterisation reduces inflammation and means that the scab comes away slowly. I recommend placing a small amount of ointment (usually Foban) about the size of a pea on the end of your fingertip into the nose. Push the outside wall of the nose inwards. This spreads the ointment out over the scab. Usually once every night at bedtime is enough.