

Epistaxis

Emergency department Patient Information

This information leaflet is for those patients who have attended the department following an epistaxis (nosebleed)

Causes of epistaxis

- Spontaneous - caused by slight trauma, infection, or crusting to mucous membrane
- Forceful nose blowing/sneezing
- Nose picking
- Trauma - blow to the nose/fractured nose/facial bones
- Hypertension - raised blood pressure
- Anticoagulants - drugs to thin the blood, e.g. warfarin, apixaban
- Age-related - weakened blood vessels
- Following nasal and post-nasal surgery

If your nose bleeds, you should:

- sit up straight and lean forwards
- apply very firm pressure to your nose. This is done by pinching your nose just below the bridge
- keep pressure on for at least 30 minutes
- apply ice packs to the bridge of the nose and nape of the neck. This may help to slow the bleeding down
- avoid swallowing the blood as it can make you feel nauseated. Spit it out instead.

Management of epistaxis in hospital

- Sometimes a small swab with a chemical called silver nitrate on the end is used to help seal any blood vessels and stop the bleeding
- Nasal packing - this is used for more severe bleeds and involves a balloon or nasal pack being inserted into the nasal cavity. This may be kept in for 24-48 hours.

After discharge from hospital:

- You may be given an antibiotic cream to apply to the inside of your nose
- For the following two weeks try to:
 - avoid hot baths and hot drinks
 - avoid heavy lifting or strenuous exercise
 - blowing or picking your nose.

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