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Nosebleed

What is a nosebleed?

A nosebleed occurs when the membranes lining the inner nose are disturbed or irritated enough to cause abnormal bleeding. The medical term for nosebleed is epistaxis.

There are two types of nosebleeds: anterior and posterior. If the bleeding is near the front of the nose, it is an anterior nosebleed. A posterior nosebleed occurs in the back of the nose and is not always characterized by rapid bleeding but may be a slow, steady ooze. It may be more difficult to locate the site of the damage in a posterior nosebleed than in an anterior nosebleed. An anterior nosebleed is usually not as severe or serious as a posterior nosebleed.

How does it occur?

If you have a nosebleed after a heavy blow to your skull, it could mean you have a fractured skull. You should go to the hospital immediately.

The most common causes of nosebleed are:

- A breakdown in the membranes lining the nose. This can be triggered by poorly humidified air or probing, bumping, picking, or rubbing your nose. Blowing your nose forcefully can also cause a nosebleed, especially if the nasal membrane is already inflamed because of a virus, bacteria, or allergy.
- Injury to the face or nose.
- Scars and damage from previous nosebleeds that reopen and bleed.
- Damage to the nasal membrane with repeated use of cocaine.
- High blood pressure.
- Medicines that slow the time normally required for the blood to clot.

What are the symptoms?

Symptoms of anterior nosebleed include intermittent or constant bleeding out of the front of your nose. Blood can flow from one or both nostrils and can flow into the throat.

Symptoms of posterior nosebleed include bleeding that stops and starts, rapid bleeding from the back of the nose, or a slow, steady ooze. Sometimes the blood flows back into your throat. Especially with posterior nose bleeding, you can lose blood quickly.

How is it diagnosed?

If you go to your health care provider with a nosebleed, he or she will have you sit up and lean forward to determine the rate and site of the bleeding. Your provider may check your pulse and blood pressure and take a blood sample to check for anemia and your blood type in case you need a transfusion.

How is it treated?

First aid for a nosebleed includes these steps:

1. When your nose starts bleeding, sit up and lean forward to prevent blood from passing into your throat, which may cause choking.
2. Pinch the nose firmly together between the thumb and index finger, just below the nasal bones, and hold it for 10 minutes.
3. Moisten a cotton ball or pad with a saline nasal spray and press it against the bleeding part of the nose if possible.
4. Continue to sit quietly and press on your nose.
5. After the bleeding stops, apply zinc oxide to the septum to prevent drying and abrasions. Also, use a saline nasal spray to keep the nose moist.

If a nosebleed lasts more than 20 minutes or doesn't respond to first aid, call your health care provider.

If you go to your health care provider with a nosebleed, he or she will likely apply a cotton ball soaked in epinephrine, or a nose drop such as Neo-Synephrine or Afrin, to the site of the bleeding for 5 to 10 minutes.

If the bleeding starts again, your provider may apply a cotton ball soaked in stronger medication for 5 minutes in order to numb and temporarily reduce the blood supply to the mucous membrane.

Most anterior nosebleeds respond to direct pressure. If this doesn't work, your health care provider may numb the site of the bleeding again, then pack your nose. Packing for anterior nosebleeds is less complicated and more comfortable than the packing required for posterior nosebleeds.

Your health care provider may use a procedure called cauterization to force the blood to clot (coagulate) at the bleeding site.

Your provider must remove any packing. Severe bleeding and improperly handled packing can be fatal. Treatment, especially for posterior nosebleeds, may sometimes include hospitalization.

How long do the effects last?

Most nosebleeds stop by themselves within 10 minutes.

How can I take care of myself?

Follow the treatment prescribed by your health care provider. In addition you can:

- Use a cool-mist humidifier.
- Keep a nasal spray such as Neo-Synephrine or Afrin on hand.
- Put bacitracin ointment, Vaseline, or a saline nasal spray inside your nostrils to control dryness.
- Check with your health care provider about any other medications you may be using. Nosebleeds may be more severe or frequent if you are taking aspirin.
- Don't use cocaine.
- Don't smoke.

- Limit your intake of spicy and hot foods and hot liquids.
- Don't take hot showers.
- Avoid bending over, straining, and lifting heavy objects. Don't exercise vigorously for a few days.
- Use a laxative to avoid straining during bowel movements.
- If you have another posterior nosebleed, contact your health care provider.

How can I help prevent a nosebleed? Nosebleed

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A nosebleed occurs when the membranes lining the inner nose are disturbed or irritated enough to cause abnormal bleeding. The medical term for nosebleed is epistaxis.

There are 2 types of nosebleeds: anterior and posterior. If the bleeding is near the front of the nose, it is an anterior nosebleed. If the bleeding is from the back of the nose, it is a posterior nosebleed. An anterior nosebleed is usually not as severe or serious as a posterior nosebleed.

How does it occur?

The most common causes of nosebleed are:

- A breakdown in the membranes lining the nose. This can be triggered by dry air or probing, bumping, picking, or rubbing your nose. Blowing your nose forcefully can also cause a nosebleed, especially if the nasal membrane is already inflamed because of allergies or an infection, such as a sinus infection.
- Injury to the face or nose.
- Rebleeding from an area of a previous nosebleed.
- High altitude.
- Drug abuse involving the nose, such as cocaine snorting or glue sniffing.
- High blood pressure.
- Medicine to keep your blood from clotting.
- Medical problems that prevent your blood from clotting normally.

If you have a nosebleed after a head injury, it could mean you have a fractured skull. You should go to the hospital right away.

What are the symptoms?

Symptoms of anterior nosebleed are bleeding that stops and starts or constant bleeding out of the front of your nose. Blood can flow from one or both nostrils. It may flow into your throat.

Symptoms of posterior nosebleed include rapid bleeding from the back of the nose or a slow, steady ooze. Sometimes the blood flows back into your throat and causes you to cough up blood. This is more common with posterior nose bleeding to lose blood quickly.

How is it diagnosed?

If you see your health care provider when you have a nosebleed, he or she will have you sit up and lean forward to determine the rate and site of the bleeding. Depending on the amount of bleeding you are having, your provider may check your pulse and blood pressure and take a blood sample to check for

anemia. You may need tests to check the ability of your blood to clot and your blood type in case you lose too much blood and need a transfusion.

How is it treated?

Most nosebleeds are minor and respond to first aid. First aid for a nosebleed includes these steps:

1. When your nose starts bleeding, sit up and lean forward to prevent blood from passing into your throat.
2. Pinch the nose firmly together between the thumb and index finger, just below the nasal bones, and hold it for 5 full minutes.
3. If it continues to bleed, hold it again for another 5 minutes.

After the bleeding stops, use a saline nasal spray or saline nose drops to keep the nose moist. Do not blow your nose for several hours after the bleeding stops.

If a nosebleed lasts more than 10 minutes in spite of first aid, see your health care provider.

If you go to your health care provider with a nosebleed, he or she will likely apply a cotton ball soaked in epinephrine, or a nose drop such as Neo-Synephrine or Afrin, to the site of the bleeding for 5 to 10 minutes.

If the bleeding starts again, your provider may apply a cotton ball soaked in stronger medicine for 5 minutes to numb and temporarily reduce the blood supply to the nasal membrane.

Usually bleeding from the front of the nose stops after you have applied pressure on it by pinching it, as described above. If this doesn't work, your health care provider may numb the site of the bleeding and then pack your nose with gauze coated with petroleum jelly or a special balloon to provide pressure. Packing for anterior nosebleeds is less complicated and more comfortable than the packing required for posterior nosebleeds. Do not remove any packing yourself. Your provider must remove the packing to be sure the bleeding has stopped and does not start again when the packing is removed. Severe bleeding and improperly handled packing can be fatal. Treatment, especially for posterior nosebleeds, may sometimes include staying at the hospital.

Your health care provider might use a procedure called cauterization to cause the blood to clot at the bleeding site. After numbing the area inside the nose, your provider will apply a tiny amount of electricity to the bleeding area. This will help stop it from bleeding again.

How long do the effects last?

Most nosebleeds stop within 10 minutes.

How can I take care of myself?

- Follow the treatment prescribed by your health care provider.
- Use a humidifier or vaporizer to add moisture to the air.
- Use a thin layer of petroleum jelly (such as Vaseline), or an ointment recommended by your provider or pharmacist in your nose to prevent dryness, or use a saline nose spray.

- Check with your provider about any medicines you are using. For example, nosebleeds may be more severe or frequent if you are taking aspirin.
- Do not use cocaine.
- Do not smoke.
- Avoid bending over, straining, and lifting heavy objects. Do not exercise vigorously for a few days after a nosebleed.
- If you have more than 3 nosebleeds in a week or heavy nosebleeds, see your health care provider.

How can I help prevent a nosebleed?

Some causes of nosebleeds can be prevented as follows:

- To prevent dryness, keep the lining of your nose moist. Gently apply a light coating of petroleum jelly inside your nose or use a saline nose spray twice a day.
- Avoid injuring the nasal membranes with nose picking, rubbing, or forceful nose-blowing.
- Keep your home humidified.

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Special Instructions:

1. If Surgi-Cel mesh is placed; do not use saline nasal rinse for 48 hours. After 48 hours you may use saline nasal spray (gently) up to 6 times per day as needed for nasal dryness.
2. Avoid blowing nose until nasal lining tissue is fully healed.
3. When bleeding actively, roll a cotton ball into a “cigarette shaped cylinder” and gently put it into each nostril, and then soak the cotton with AFRIN. The packs may be left in place for 10 minutes and then gently pull them out. This can be done for 5 days and then stop for 5 days and then repeat only for 5 more days if needed. If the nosebleed continues, you must see your doctor.
4. For nasal dryness, roll a cotton ball into a “cigarette shaped cylinder” and gently put it into each nostril and then soak cotton with SALINE SOLUTION. The packs may be left in place for 10 minutes and then gently pull them out. This may be repeated as many times as needed for nasal dryness.

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