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## EPISTAXIS

Nosebleeds (epistaxis) can be unsettling, but most look much worse than they really are and can be treated at home. In some circumstances a nosebleed may be difficult to control and must be treated by a physician. Nosebleeds are usually located either anteriorly (front) or posteriorly (back) inside the nose. The majority are anterior and more easily controlled. The most common are affected is the front portion of the nasal septum called Kiesselbach's plexus. This area is supplied by several different blood vessels and is covered with mucosa that is thin and fragile. Congestion of these vessels due to upper respiratory infections, allergies or drying of the mucosa from low humidity makes this area susceptible to cracking and bleeding. Posterior nosebleeds occur in the back of the nose and stem from larger vessels.

### What causes nosebleeds?

Trauma due to nose picking, inflammation of the nasal mucosa from infection and dryness caused by indoor heating or air conditioning are the most common cause of epistaxis. Bleeding may occur spontaneously, but usually results from forceful nose blowing, sneezing, or trauma. Influenza, mononucleosis, allergic rhinitis or other systemic infections may predispose someone to nosebleeds due to their inflammatory effects. Obviously, a foreign body introduced into the nose or an external trauma such as a blow to the face may cause bleeding. Drugs such as aspirin, NSAIDs, warfarin (coumadin), cocaine and certain nasal sprays may also produce epistaxis. Although most nosebleeds are a self-limited condition, they may be the first sign of a serious underlying illness such as a bleeding disorder.

### What should you do to stop a nosebleed?

Most nosebleeds are easily controlled in a few minutes with minor intervention. You should seek medical attention if a nosebleed continues longer than 15 minutes despite trying the following recommendations or if it occurs after an injury. Medical attention should be sought if the bleeding is profuse or you are on blood "thinners". Frequent nosebleeds should be evaluated by your physician.

If you get a nosebleed, sit upright and lean forward slightly. Keeping your head above your heart will make your nose bleed less. Do not tilt your head backwards, as this causes the blood to drain down the back of your throat and may cause nausea and vomiting, as well as put you at risk for lung aspiration. **Use your thumb and index finger to squeeze together the sides of the soft, lower portion of your nose. You need to hold pressure for 10 minutes without interruption.**

After your nosebleed has stopped, it is important not to do anything that may make it start again such as bending, lifting, straining, blowing your nose, or participating in vigorous exercise for several days. It is also advisable to refrain from smoking (which is always prudent). Your nose must be moisturized (see below) to promote healing.

### What things can your doctor do to stop nosebleeds?

When conservative treatment fails, evaluation by your physician may be necessary. Cauterization by the use of silver nitrate sticks or by electrocautery may have to be performed. Sometimes packing of the nose with special gauze or a nasal sponge is needed to put pressure on the blood vessels, especially if the bleeding is in the back of the nose. Your doctor may also need to order blood tests if underlying disease is suspected.

### Tips to prevent nosebleeds:

Moisturize the inner nose with nasal saline (Ocean Spray) 10-20 times per day. Also, coat the inside of the nose with petroleum jelly (Vaseline) twice a day. A large blob of Vaseline should be applied with either a fingertip or a Q-tip cotton applicator into the front 1/4 inch of the nose only. Discourage nose picking and trim young children's fingernails. Use a room or home humidifier to add moisture to the air. If you smoke, quit smoking! Smoking irritates and dries out the nose.

