



Nosebleeds

There are two broad categories of nosebleeds. “Anterior” bleeds originate in the forward part of the nose, and are the most common. Although blood may run down the back of your throat (particularly if you hold your nose or tip your head back) or out of both nostrils, anterior bleeds usually bleed predominantly on one side and out the nose. The other category of nosebleed is called a “posterior” bleed. These are less common, but are more dangerous because they tend to be associated with greater blood loss and are more difficult to control. Posterior bleeds tend to bleed down the back of the throat, although there may be blood coming out of the nose as well.

Common causes of nosebleeds include: trauma (punched or picking), dry air, coagulopathies (blood thinners, excessive aspirin, or anti-inflammatory drugs, systemic disease), high blood pressure, infection, twisted septum, septal perforation, overuse of over-the-counter nasal decongestant sprays (more than 3 days in a row), cocaine, etc.

How to Stop the Bleeding

The easiest way to stop a nosebleed is pressure.

1. Gently blow your nose to clear out all the blood clots (there may be some big ones).
2. A nasal spray with decongestant (like Afrin) will squeeze down the blood vessels, but is not absolutely necessary.
3. Place your thumb and index finger on either side of your nose. Feel for the bony step-off and place the pads of your fingers just beneath.
4. Apply gentle pressure for 10-20 minutes. If your fingers or nose should feel bruised or numb, you’re pushing too hard.
5. An ice pack laid across the bridge of the nose as you pinch the lower nose is helpful.

If this doesn’t fix the problem or the bleeding comes back later, you need to call us.

Office Procedures for Nosebleeds

To stop nosebleeds in the office, we can use silver nitrate chemical “sticks”, electric cautery, or a variety of nasal packs. The nose is first sprayed with Afrin to squeeze the vessels and Lidocaine to numb the nose. This will drip down the back of the nose, so you will notice a bad taste and a numb throat for about an hour. If we need to use electric cautery, we will give you a numbing shot as well.

After the bleeding stops

If your nose was cauterized:

1. Please take it easy for a few days. Strenuous activity (yard work, lifting, weightlifting) or even just bending over at the waist can increase your chances of bleeding again.
2. Try not to sneeze through the cauterized side, and don’t blow that side of your nose.
3. Use Vaseline or an antibiotic ointment (such as Bacitracin, Neosporin, Bactroban, etc) three times a day with a (gentle) Q-tip (or your fingertip) for

about a week. Gently place the ointment just inside the nostrils, not higher. It will melt and coat the lining of your nose.

4. A humidifier next to the bed at night will help keep your nose moist.
5. Spray nasal saline every 2 hours while awake for about a week.

If you bleed again: Roll a piece of a cotton ball into a cigar shape and soak it with Afrin. Insert it into your nostril (on the bleeding side) and hold gentle pressure for 5-10 minutes. Gently remove the cotton ball. If the bleeding continues, call our office.

If your nose was packed:

1. Please take your antibiotic as directed, to avoid sinus infection or even toxic shock syndrome.
2. Take your pain medicine as needed. Do **NOT** use aspirin or ibuprofen, as both of these thin the blood.
3. Come back in 3-4 days and we will remove the packing. Removing the packing before then may result in bleeding again.
4. Please call the office with any fever, visual problems, or headache not relieved with your pain medicine.
5. Do **NOT** pull the packing out yourself. If it seems to be slipping out, press it back in place and call our office. If it seems to be slipping backwards, call our office or go to the emergency room.

Please call our office immediately or proceed to the emergency room if you have sudden, severe bleeding, or notice excessive bleeding down the back of your throat.

Nosebleeds can cause a large volume of blood to be lost in a relatively short amount of time. Some people even need a transfusion if the bleeding is heavy enough or goes on for a prolonged period of time. If you are unable to stand or sit up without feeling lightheaded or faint, please contact the office or proceed to the E.R. for evaluation.