EPISTAXIS

Dr. Buhwa Gordon

MMED ENT Yr II (MUK)

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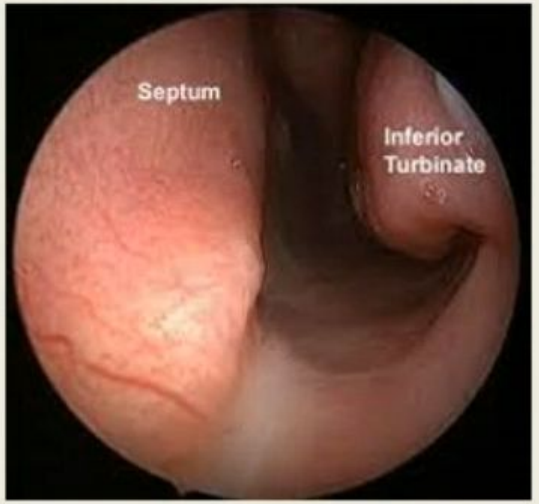
OUTLINE

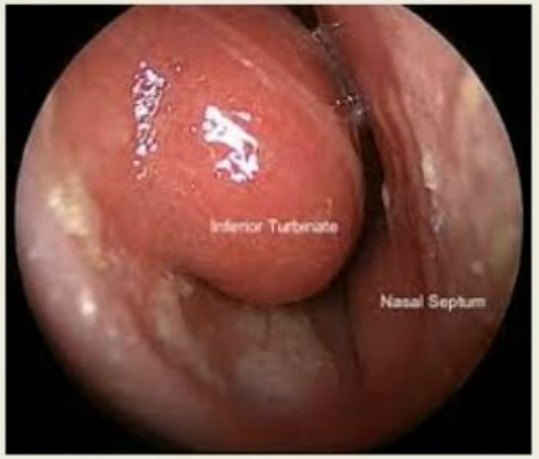
- Definition
- Brief Anatomy
- Classification
- Aetiology/ Risk Factors
- Management

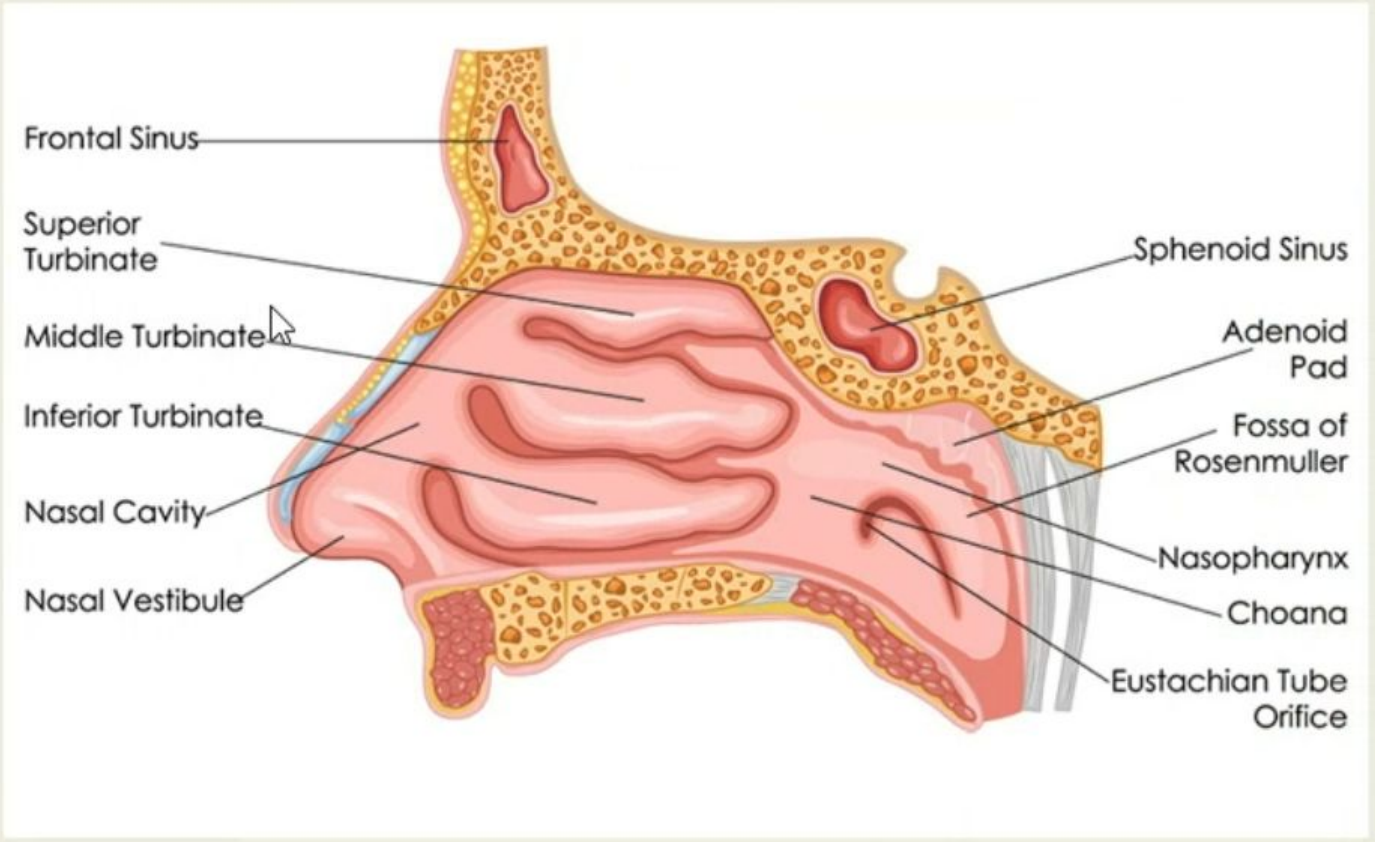
Epistaxis

- Haeomorrhage from the nose and paranasal sinuses

Anatomy of the nose







Common bleeding sites

- Little's area(aka Kiesselbach's plexus) – rich vascular supply

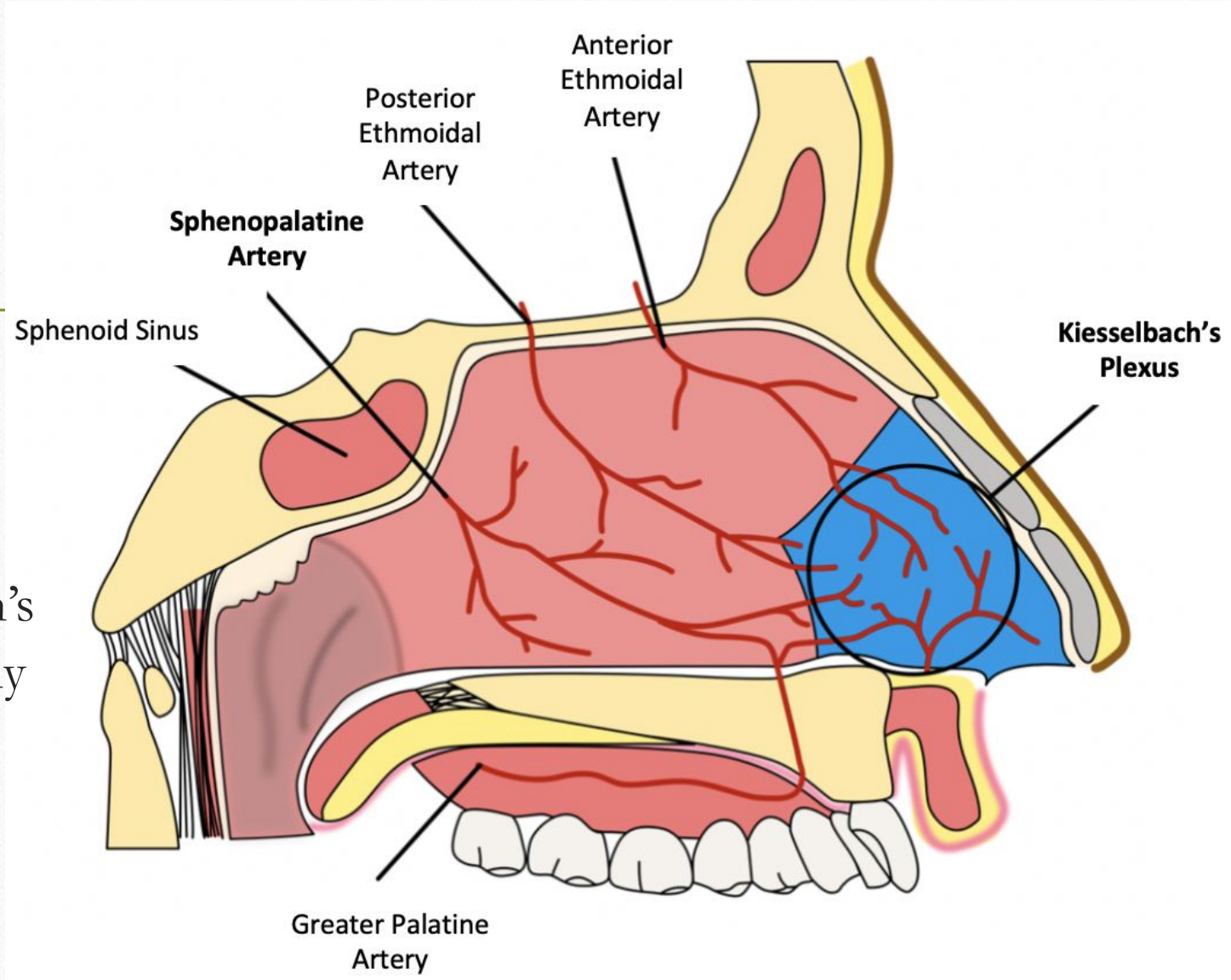
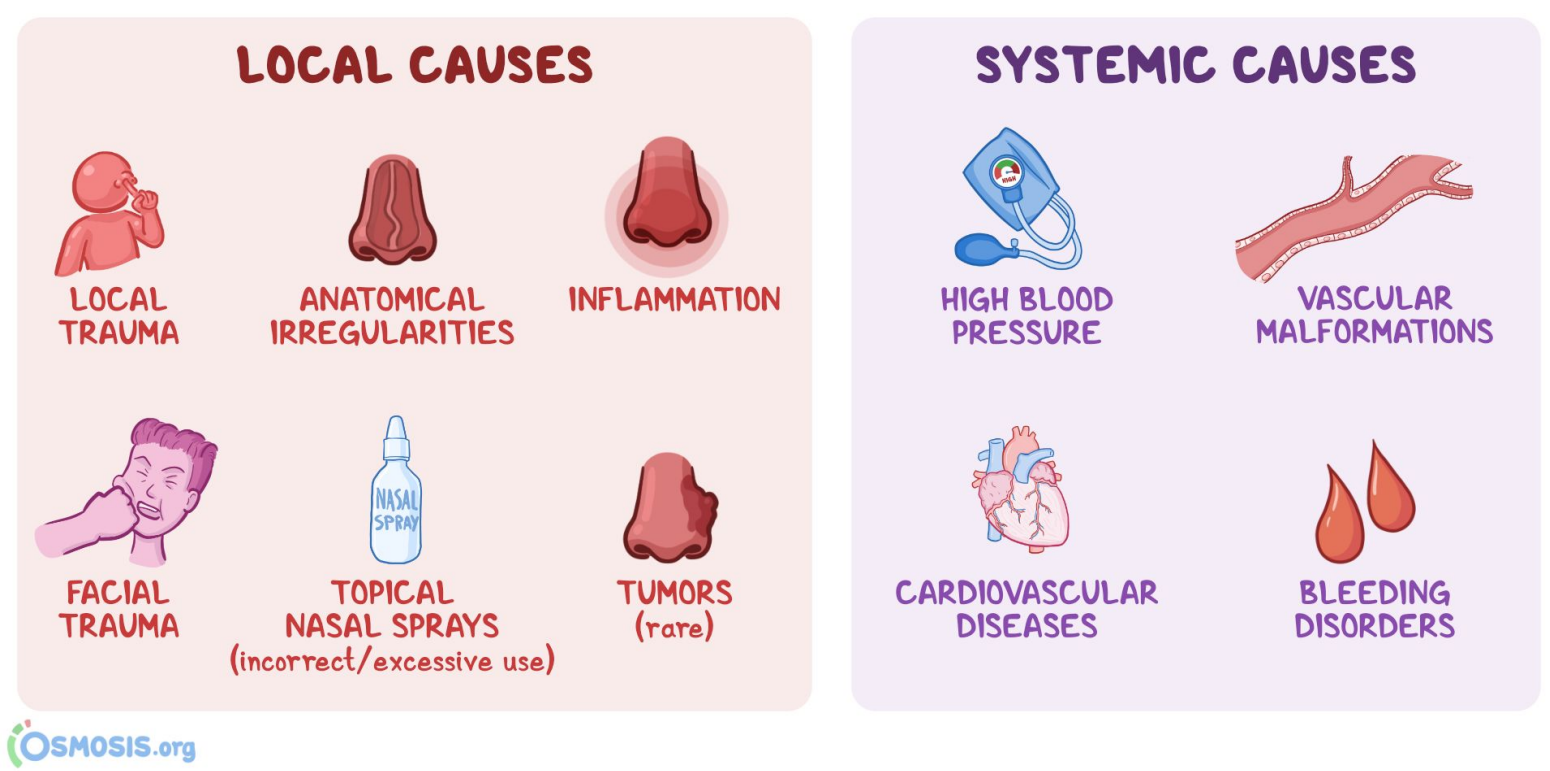


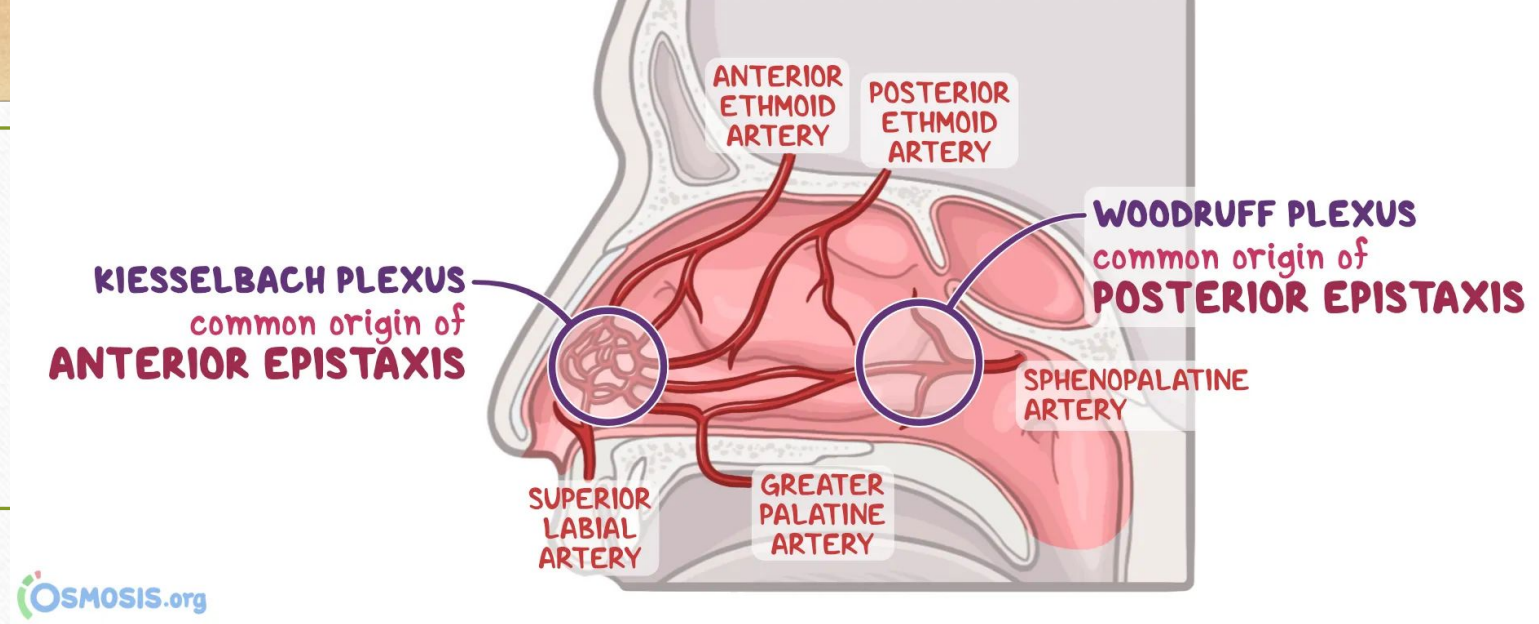
TABLE 1
Common Causes of Epistaxis

Local causes
Chronic sinusitis
Epistaxis digitorum (nose picking)
Foreign bodies
Intranasal neoplasm or polyps
Irritants (e.g., cigarette smoke)
Medications (e.g., topical corticosteroids)
Rhinitis
Septal deviation
Septal perforation
Trauma
Vascular malformation or telangiectasia
Systemic causes
Hemophilia
Hypertension
Leukemia
Liver disease (e.g., cirrhosis)
Medications (e.g., aspirin, anticoagulants, nonsteroidal anti-inflammatory drugs)
Platelet dysfunction
Thrombocytopenia

AETIOLOGY



Classification



- Anterior Bleeds
  - Vast majority. Commonly Little's area, sometimes the lateral wall of the nose
  - Trickle down in the anterior nares
- Posterior
  - Small minority.
  - Bleeding through the nose anterior as well as down the throat
  - Continues briskly despite anterior packing

First Aid

- Sit up and lean forward
- Pinch fleshy part of the nose for 10-15min

Medical Management

Don't forget the ABCs & resuscitate appropriately

Prepare

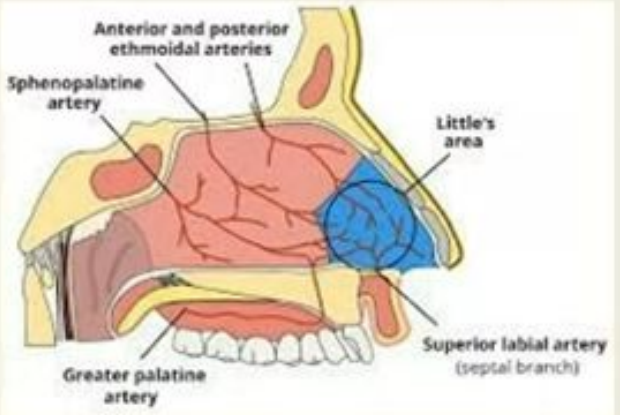
- Good lighting
- Suction
- Nasal speculum
- Forceps for packing

Medical Management

- **Analgesia (Xylocaine spray)** –
- **Adrenaline** – one vial of 1:1000 made up to 10ml with saline – 1 in 10,000
  - 1 in 100,000 – 2ml of 1 in 10,000 made up to 20ml
- **Phenylephrine** – less likely to cause tachycardia than adrenaline (may be better for the elderly)
- **Soak a cotton ball/gauze**
- **Insert into nostril**
- **Pinch** – As above another 10 min

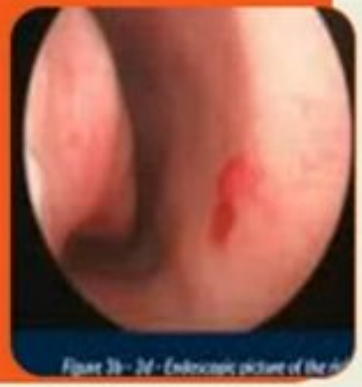
Cautery

Apply tranexamic acid/lidocaine soaked cotton wool to the nose to clean, anaesthetise and reduce active bleed

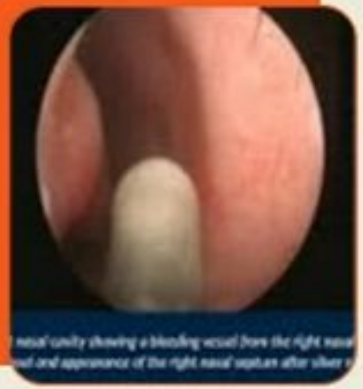


Prep the nose with lidocaine spray

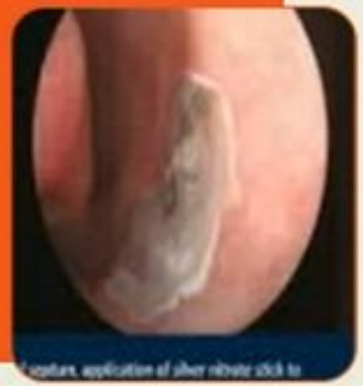
Identify anterior bleeding point



Hold silver nitrate cautery stick over bleeding point and roll for 5 seconds

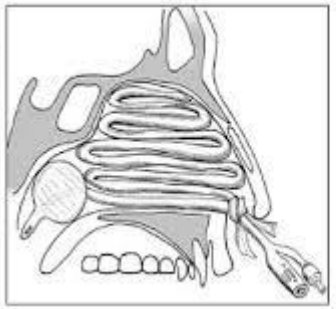


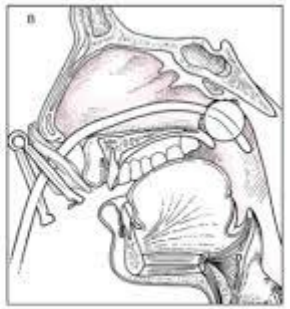
Check for resolution of bleeding. Apply naseptin

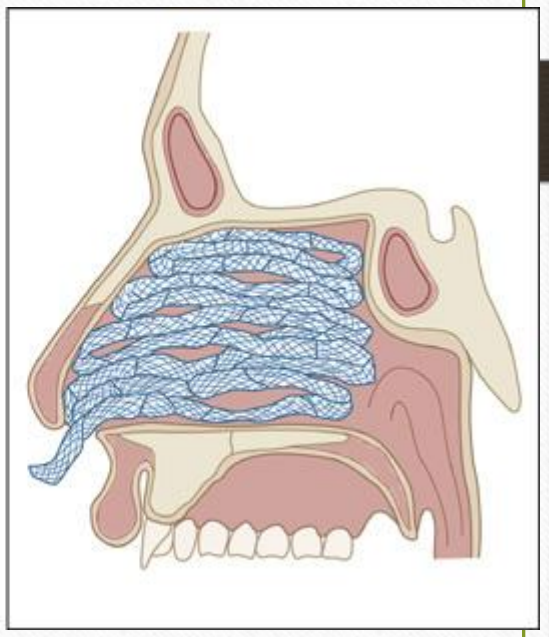


Nasal Packing

- Anterior packing with gauze impregnanted with tetracycline ointment
- Or glove finger

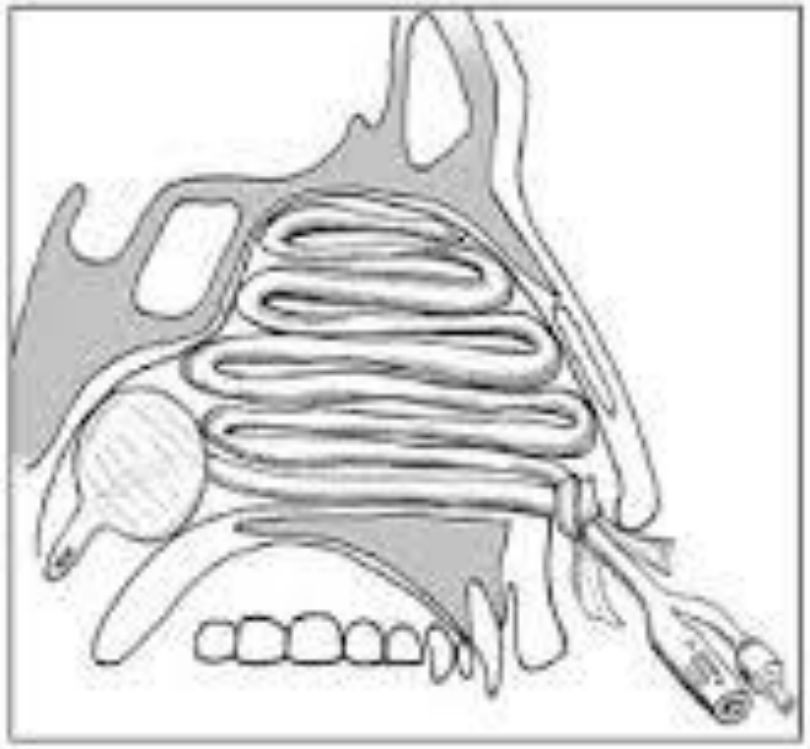


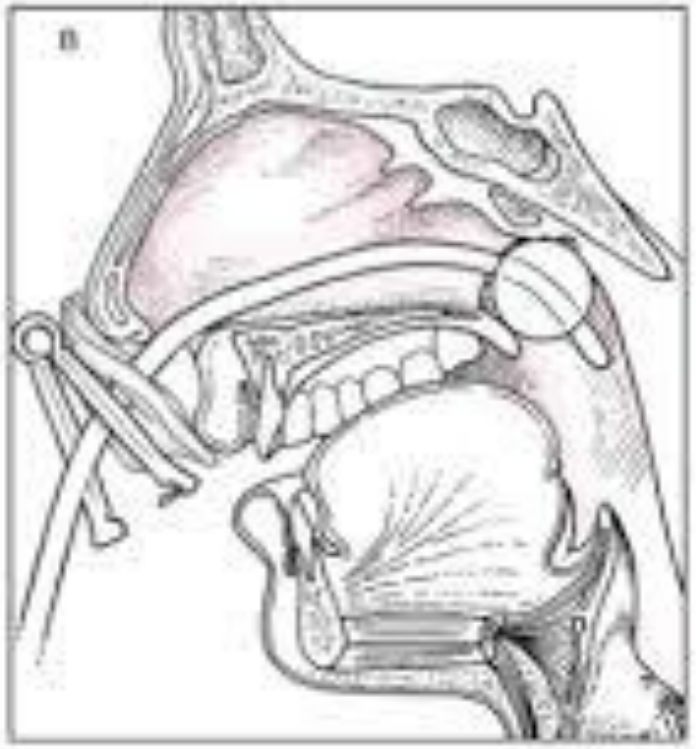




Nasal packing

- Posterior packing done with a balloon catheter
- Do anterior packing too
- Packs left for 24 -72hrs
- Oral antibiotics and analgesia





Specialist Interventions

- Recurrent epistaxis
- Nasal masses/ tumors
- Posterior bleeds

Aftercare… To avoid:

Hot drinks

Sneezing/coughing

Hot showers

Blowing nose

Thank You