

Berkshire ENT & Audiological Associates, PC
510 North Street, Pittsfield, MA 01201 (414) 448-8291
77 Hospital Avenue, North Adams, MA 01247 (413) 664-5484

NOSEBLEEDS

NOSEBLEEDS - CARE AND PREVENTION

Most nosebleeds are mere nuisances—but some are quite frightening, and a few are even life threatening. Physicians classify nosebleeds into two different types.

ANTERIOR NOSEBLEED:

The nosebleed that comes from the front part of the nose and begins with a flow of blood out one or the other nostril if the patient is sitting up or standing.

POSTERIOR NOSEBLEED:

The nosebleed that comes from deep in the nose and flows down the back of the mouth and throat even if the patient is sitting up or standing.

Obviously, if the patient is lying down, even the anterior nosebleeds seem to flow in both directions, especially if the patient is coughing or blowing his nose. Nevertheless, it is important to try to make the distinction since posterior nosebleeds are often more severe and almost always require the physician's care. Posterior nosebleeds are more likely to occur in older people, persons with high blood pressure, and in cases of injury to the nose or face.

Nosebleeds in children are almost always of the anterior type. Anterior nosebleeds are common in dry climates or during the winter months when dry air parches the nasal membranes so that they crust, crack, and bleed. This can be prevented by placing a bit of antibiotic ointment about the size of a pea on the end of your fingertip, then rubbing it inside the nose, especially on the middle portion (the septum).

Many physicians suggest any of the following lubricating creams and ointments, which can be purchased without a prescription: A and D ointment, Bacitracin or Neosporin ointments. These may be applied up to three applications a day, but usually every night at bed-time is enough. If

the nosebleeds persist, you should see your doctor, who may recommend cautery to the blood vessel that is causing the trouble.

TO STOP AN ANTERIOR NOSEBLEED:

1. Don't panic.
2. Do not tilt your head backwards, instead sit or stand leaning forward with the mouth slightly open so that you may spit out the blood instead of swallowing it.
3. Pinch all parts of the nose together between your thumb and two fingers. Do not pinch the bridge of the nose, you should instead pinch the end of the bony process.
4. Keep the head higher than the level of the heart. Stand and lean forward over a sink while pressing firmly toward the face, compressing the pinched parts of the nose against the bones of the face.
5. Hold pressure to the nose for 3-5 minutes (timed by clock).
6. Gargle with ice-water until the returns are clear (no more than 5 minutes).
7. Apply ice (crushed in a plastic bag or washcloth) to nose and cheeks.

TO PREVENT RE-BLEEDING ONCE BLEEDING HAS STOPPED:

1. Do not pick or blow nose. Avoid blowing your nose for 2-3 days. If you have to sneeze, open your mouth so that the air will escape through the mouth and not the nose.
2. Do not strain or bend down to lift anything heavy. Do not strain during bowel movements.

3. Try to keep your head higher than the level of your heart.
4. Do not eat or drink anything warmer than room temperature for 24 hours.
5. Do not smoke.
6. Apply a pea sized amount of Bacitracin Ointment in each nostril using a Q-tip to keep the nostrils moist.
7. If you have dry heat, use a humidifier at night in your bedroom.
8. If possible, avoid taking blood thinning medications such as aspirin for at least 1 week (with physicians approval).

IF RE-BLEEDING OCCURS:

1. Clear nose of all blood clots by blowing forcefully.
2. Spray nose four times on each side with a decongestant spray (such as Afrin, Neo-Synephrine, Oxymetazoline etc.).
3. Pinch and press nose into face, and repeat steps 1-7 above.
4. If the problem persists, call our office at (413) 448-8291.