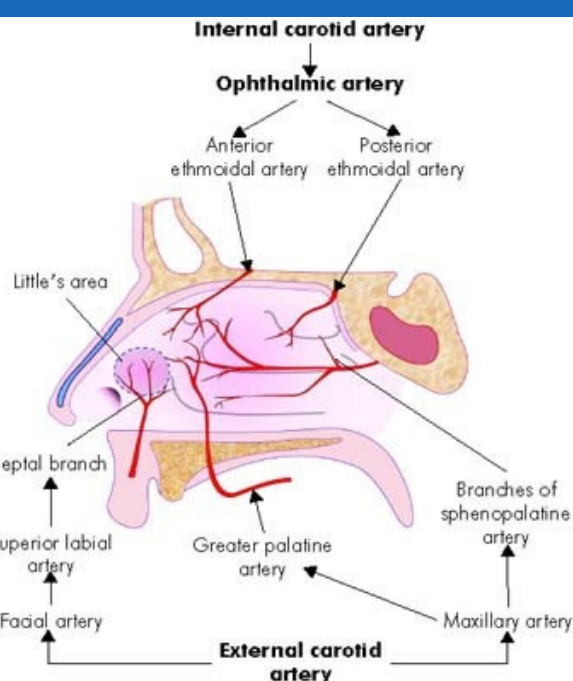


EPISTAXIS

Episodes 1.1-1.3



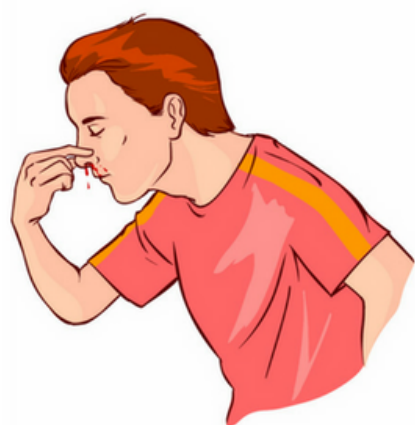
VASCULAR SUPPLY

Anterior - **Kiesselbach's Plexus**
90-95% of cases
Posterior - **Woodruff's Region**
Typically more severe

ETIOLOGY - LOCAL V. SYSTEMIC

Trauma - nose picking
Vascular - ICA aneurysm
Inflammation - URTI
Iatrogenic - FESS
Neoplasm - SCC / NPC
Dessication - nasal prongs
Other - septal perforation

Vascular - arteriosclerosis
Ulceration - Wegner's
Coagulopathy - factor deficiencies
Platelet dysfunction - ASA
Pregnancy



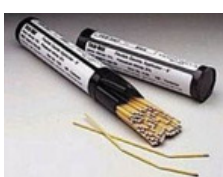
INITIAL MANAGEMENT

ABC's, IVF, PRBCs
Seated, leaning forward, compression of cartilaginous septum x 15min
Order labs
Supplies - headlamp, speculum, +/- scope
suction, tongue depressor, bayonet, protective gear, topical vasoconstrictor, cautery

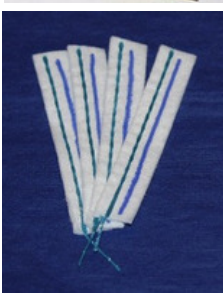
PHYSICAL EXAM

Suction or blow out clots
Nasal speculum +/- rhinoscopy to localize bleeding
Visualize posterior oropharynx 10-15sec to assess for posterior bleed and aspiration risk --> fresh blood or clots

ANTERIOR BLEED



50 / 50 mix of 1-4% lidocaine / xylometazoline soaked pledgets or cut gauze strips



Cauterize -- **chemical** (silver nitrate) or **electrical** (bovie)

Cauterize only one side of septum and if site of bleed visualized



EPISTAXIS

Episodes 1.1-1.3

ANTERIOR PACKING

If unable to visualize source of bleed or control bleeding with cautery, proceed with packing

Non-absorbable - vaseline gauze, rapid rhino, merocels

Absorbable - nasopore, surgicel, floseal



POSTERIOR BLEED

Requires hospital admission and monitoring of airway

Consider anti-staphylococcal antibiotics

Two 14F foley catheters

50 / 50 mix of 1-4% lidocaine / xylometazoline soaked pledgets or cut gauze strips

Insert along inferior surface of nare until tip can be visualized in oropharynx

Inflate balloon with 10cc sterile water

Pull back on the catheter until balloon provides pressure on choana

Pack nose anteriorly (typically vaseline gauze)

While providing traction on foley catheter, use umbilical clamps to secure

NASAL CARE POST-PACKING REMOVAL

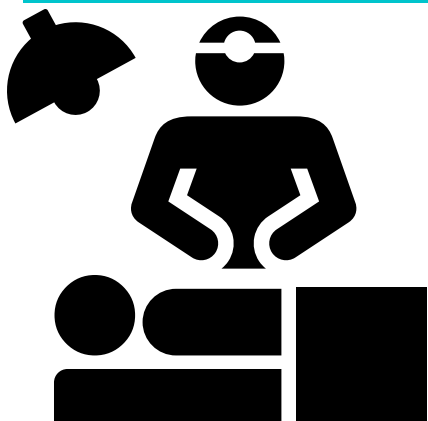
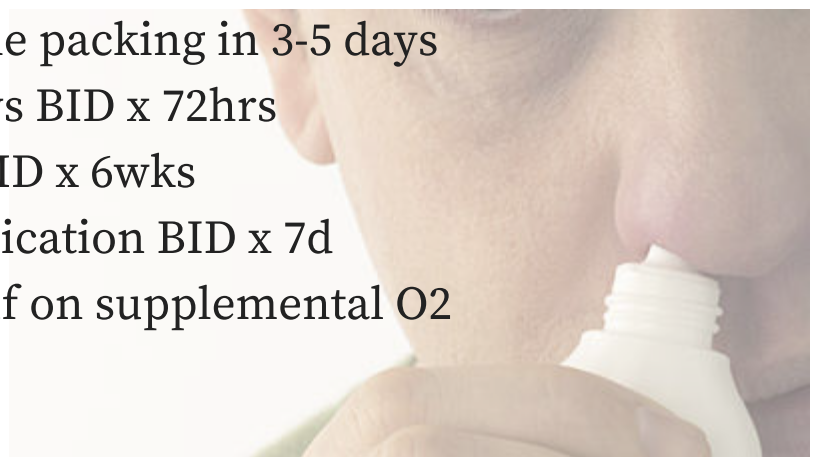
Remove non-absorbable packing in 3-5 days

Xylometazoline 2 sprays BID x 72hrs

Nasal saline 2 sprays QID x 6wks

Polysporin topical application BID x 7d

Ensure humidified O2 if on supplemental O2



SURGICAL MANAGEMENT

Continued bleeding despite packing, transfusion dependence, nasal anomaly precluding packing and intolerance or refusal of packing

Ligation eg. IMAX or posterior ethmoid

15% of posterior bleeds require operative management

Embolization

For comorbid patients, generalized bleeding disorder

Failure rates: posterior packing 30%, surgery 17%, embolization 4%