

Nosebleed (Epistaxis)

What is a nosebleed?

A nosebleed occurs when the membranes lining the inner nose are disturbed or irritated enough to cause abnormal bleeding. The medical term for nosebleed is epistaxis.

There are 2 types of nosebleeds: anterior and posterior. If the bleeding is near the front of the nose, it is an anterior nosebleed. If the bleeding is from the back of the nose, it is a posterior nosebleed. An anterior nosebleed is usually not as severe or serious as a posterior nosebleed.

How does it occur?

The most common causes of nosebleed are:

- A breakdown in the membranes lining the nose. This can be triggered by dry air or probing, bumping, picking, or rubbing your nose. Blowing your nose forcefully can also cause a nosebleed, especially if the nasal membrane is already inflamed because of allergies or an infection.
- Injury to the face or nose.
- Rebleeding from an area of a previous nosebleed.
- High altitude.
- Drug abuse involving the nose, such as cocaine snorting or glue sniffing.
- High blood pressure.
- Medicine that increases the time it takes for your blood to clot.

If you have a nosebleed after a heavy blow to your skull, it could mean you have a fractured skull. You should go to the hospital right away.

What are the symptoms?

Symptoms of anterior nosebleed are bleeding that stops and starts or constant bleeding out of the front of your nose. Blood can flow from one or both nostrils. It may flow into your throat.

Symptoms of posterior nosebleed include bleeding that stops and starts, rapid bleeding from the back of the nose, or a slow, steady ooze. Sometimes the blood flows back into your throat. Especially with posterior nose bleeding, you may lose blood quickly.

How is it diagnosed?

If you see your health care provider when you have a nosebleed, he or she will have you sit up and lean forward to determine the rate and site of the bleeding. Your provider may check your pulse and blood pressure and take a blood sample to check for anemia, your ability to clot, and your blood type in case you lose too much blood and need a transfusion.

How is it treated?

Most nosebleeds are minor and respond to first aid. First aid for a nosebleed includes these steps:

- When your nose starts bleeding, sit up and lean forward to prevent blood from passing into your throat.
- Pinch the nose firmly together between the thumb and first finger, just below the nasal bones, and hold it for 10 minutes.

After the bleeding stops, use a saline nasal spray or saline nose drops to keep the nose moist. Do not blow your nose for several hours after the bleeding stops. If a nosebleed lasts more than 20 minutes or doesn't respond to first aid, call your health care provider. If you go to your health care provider with a nosebleed, he or she will likely apply a cotton ball soaked in epinephrine, or a nose drop such as Neo-Synephrine or Afrin, to the site of the bleeding for 5 to 10 minutes.

If the bleeding starts again, your provider may apply a cotton ball soaked in stronger medicine for 5 minutes to numb and temporarily reduce the blood supply to the nasal membrane. Usually bleeding from the front of the nose stops after you have applied pressure on it by pinching it, as described above. If this doesn't work, your health care provider may numb the site of the bleeding and then pack your nose with Vaseline-coated gauze or a special balloon to provide pressure. Packing for anterior nosebleeds is less complicated and more comfortable than the packing required for posterior nosebleeds. Do not remove any packing yourself. Your provider must remove the packing. Severe bleeding and improperly handled packing can be fatal. Treatment, especially for posterior nosebleeds, may sometimes include staying at the hospital.

Your health care provider might use a procedure called cauterization to force the blood to clot (coagulate) at the bleeding site. This will help stop it from bleeding again.

How long do the effects last?

Most nosebleeds stop by themselves within 10 minutes.

How can I take care of myself?

- Follow the treatment prescribed by your health care provider.
- Use a humidifier or vaporizer to add moisture to the air.
- Put petroleum jelly (such as Vaseline), a saline nasal spray, or an ointment recommended by your health care provider or pharmacist in your nose to control dryness.
- Check with your health care provider about any medicines you are using. Nosebleeds may be more severe or frequent if you are taking aspirin.
- Do not use cocaine.
- Do not smoke.
- Do not take hot showers.
- Avoid bending over, straining, and lifting heavy objects. Do not exercise vigorously for a few days after a nosebleed.
- If you have many or heavy nosebleeds, see your health care provider.

How can I help prevent a nosebleed?

Some causes of nosebleeds can be prevented as follows:

- To prevent dryness, keep your nasal septum well coated with ointment or a nasal spray.
- Avoid injuring the nasal membranes with nose picking, rubbing, or forceful blowing.
- Keep your home humidified.

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