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## NOSEBLEEDS

### Prevention and Treatment

Nosebleeds (epistaxis) are a common problem. Most are merely a nuisance and are treated at home, while a small minority requires prompt medical attention for repeated bleeding or life threatening episodes. The nose acts to warm, filter, and humidify the air we breathe and requires a large blood supply to do this. Nosebleeds are more common in winter because of low humidity and dry heat, but may also be year round in our dry Utah climate.

### RISK FACTORS

Hay fever, nasal oxygen use, nose blowing, trauma (i.e. nose picking), and environmental irritants (i.e. tobacco smoke, chemicals) are common risk factors. These problems may dry the nose, cause crusting or nasal obstruction and lead to the onset of nasal bleeding. Bleeding may be more serious in the elderly, people with high blood pressure, hardening of the arteries (atherosclerosis), bleeding disorders (i.e. hemophilia), or those using blood thinners like Coumadin, Plavix, and **aspirin**.

### TREATMENT

Most nosebleeds occur within the front part of the nose and can be controlled and prevented at home. If you have an **active nosebleed** or repeat bleeding, try this initially:

- Four sprays to both nostrils of Neo-Synephrine (phenylephrine) or Afrin (oxymetazoline) to constrict the blood vessels. These are available over the counter.
- Firmly pinch the lower base of the nose (as if plugging your nose) for 15 minutes.
- Repeat the above once again if persistent. If unsuccessful, seek medical attention *while still firmly pinching the nose*.

Further medical treatment may require cautery and nasal packing. Packing may require removal or may be absorbable and dissolve over time. Antibiotics are given to prevent infection from the packing. Underlying illnesses like high blood pressure or bleeding disorders may need attention. Frequently a hospital admission is needed for safe control and treatment of major nosebleeds.

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**Tooele Clinic**  
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## PREVENTION

Prevention of future nosebleeds requires **moisturizing** the nose and controlling the underlying risk factors. The following may be recommended by your physician:

- Apply Bactroban (mupiricin), Vaseline, or antibiotic ointment (i.e. Neosporin) to both sides of the nose twice daily for 10 days, then as needed thereafter.
- Saline (salt water i.e. Ocean spray) or other moisturizing nasal sprays: 2 sprays each nostril 5-10 times daily for 10 days, then as needed thereafter. These are purchased over the counter.
- Do not blow your nose for 10 days. Gentle sniffing is allowed
- Do not strain or lift greater than 15 lbs for 2 weeks. This may increase the blood pressure in the face and nose to cause more bleeding.
- See your primary care physician if control of blood pressure, bleeding problems or blood thinners are required.
- Quit smoking.
- If you require oxygen at home, avoid the nasal route for 2 weeks. Redirect the oxygen flow to the mouth to prevent nasal dryness.