

# Epistaxis and nasal cautery

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# Agenda

- Introduction
- Anatomy of nasal cavity and blood supply
- Treatment of epistaxis
- Nasal cautery
- Nasal packing
- Further management

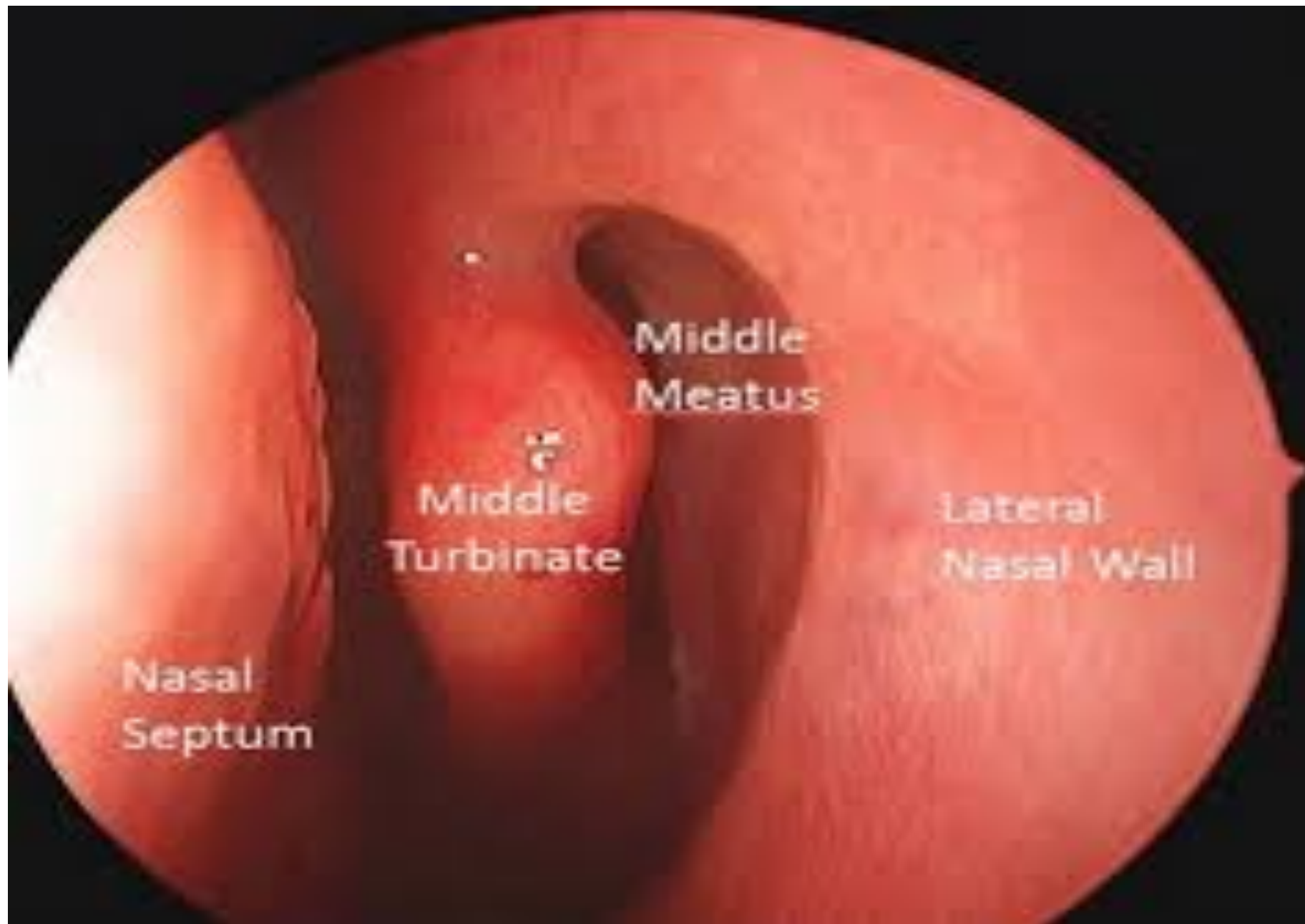
# Epistaxis

- Common complaint
- Rarely fatal
- Majority do not require hospital admission
- 10% of all epistaxis serious
- 60% of all people have at least one epistaxis during a lifetime
- Bimodal distribution -  $< 10$  ,  $> 50$

# Basic anatomy

- Nasal cavity
- <https://www.youtube.com/watch?v=d8eS9eSoVrI>
- Nasal blood supply





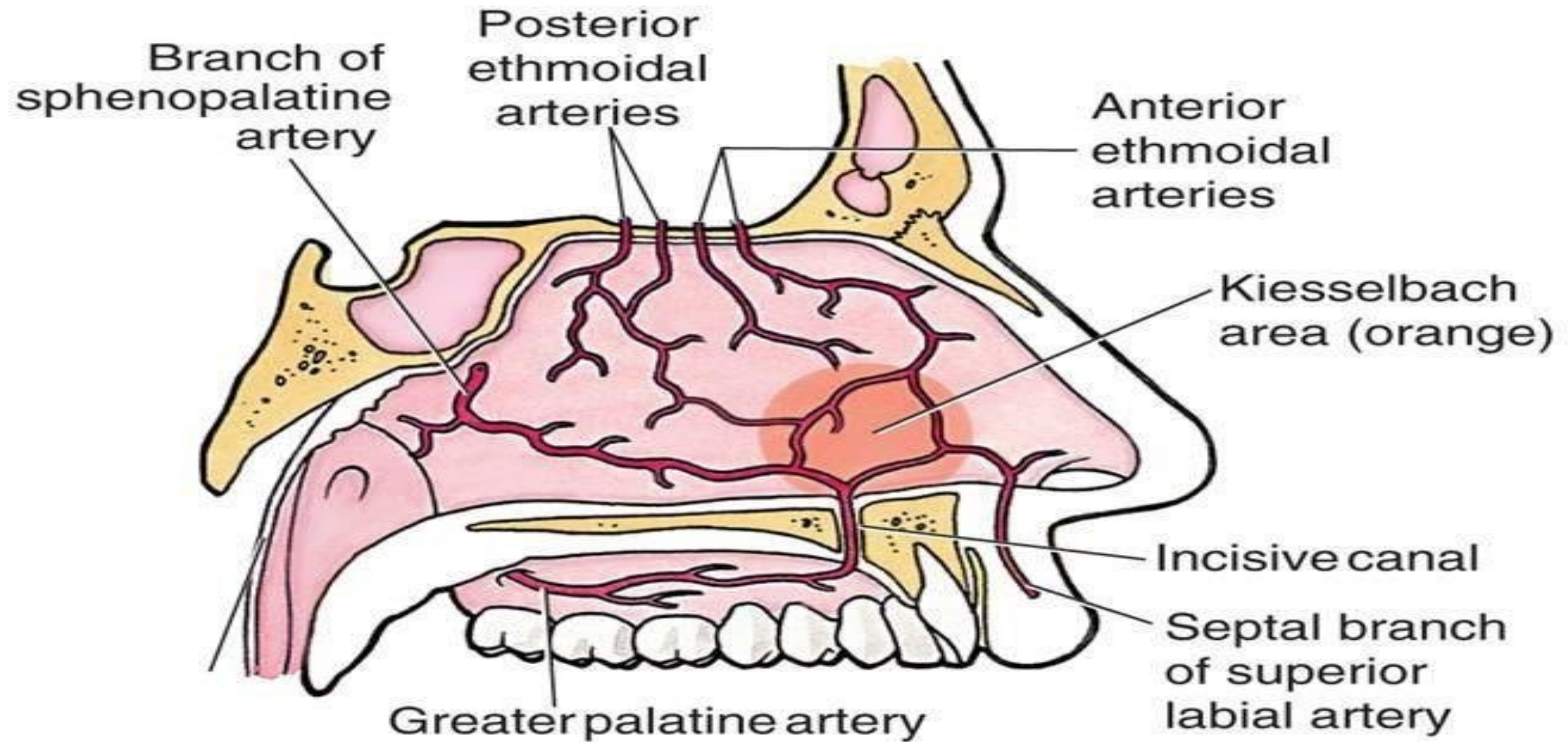
Nasal  
Septum

Middle  
Turbinate

Middle  
Meatus

Lateral  
Nasal Wall

# Blood supply



# Blood supply

- Sources : internal carotid and external carotid
- Little's area/ Kiesselbach plexus



# Treatment

- First aid
- Nasal packing with vasoconstrictor/local anaesthetic
- Nasal cautery (silver nitrate)
- Nasal packing
- Posterior packing
- Surgery

# What you'll need

- Head lamp
- Tilley forceps
- Thudicum speculum
- Silver nitrate sticks
- Cotton wool/ribbon gauze
- Suction
- Protection- gloves, apron, mask
- Adrenaline, saline
- Xylocaine 10% spray



# Packing with topical vasoconstrictor and LA

- Adrenaline vials : 1:1000
- Dilute with 10ml of saline
- Soak cotton wool balls in solution
- Pack the side of bleeding and apply firm pressure over nose for 10-15 minutes
- Arrest of bleeding and decongest the nose
- Can be repeated up to 3 times.

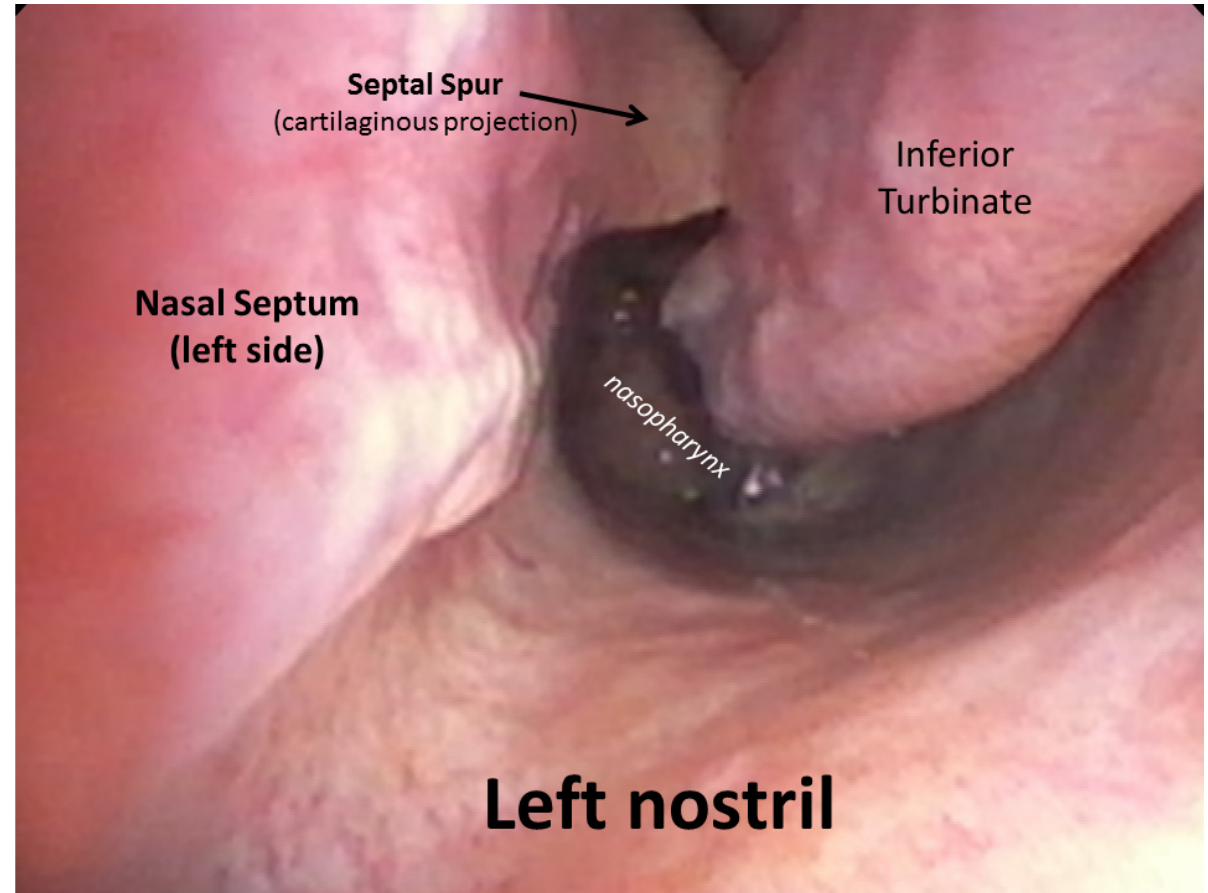
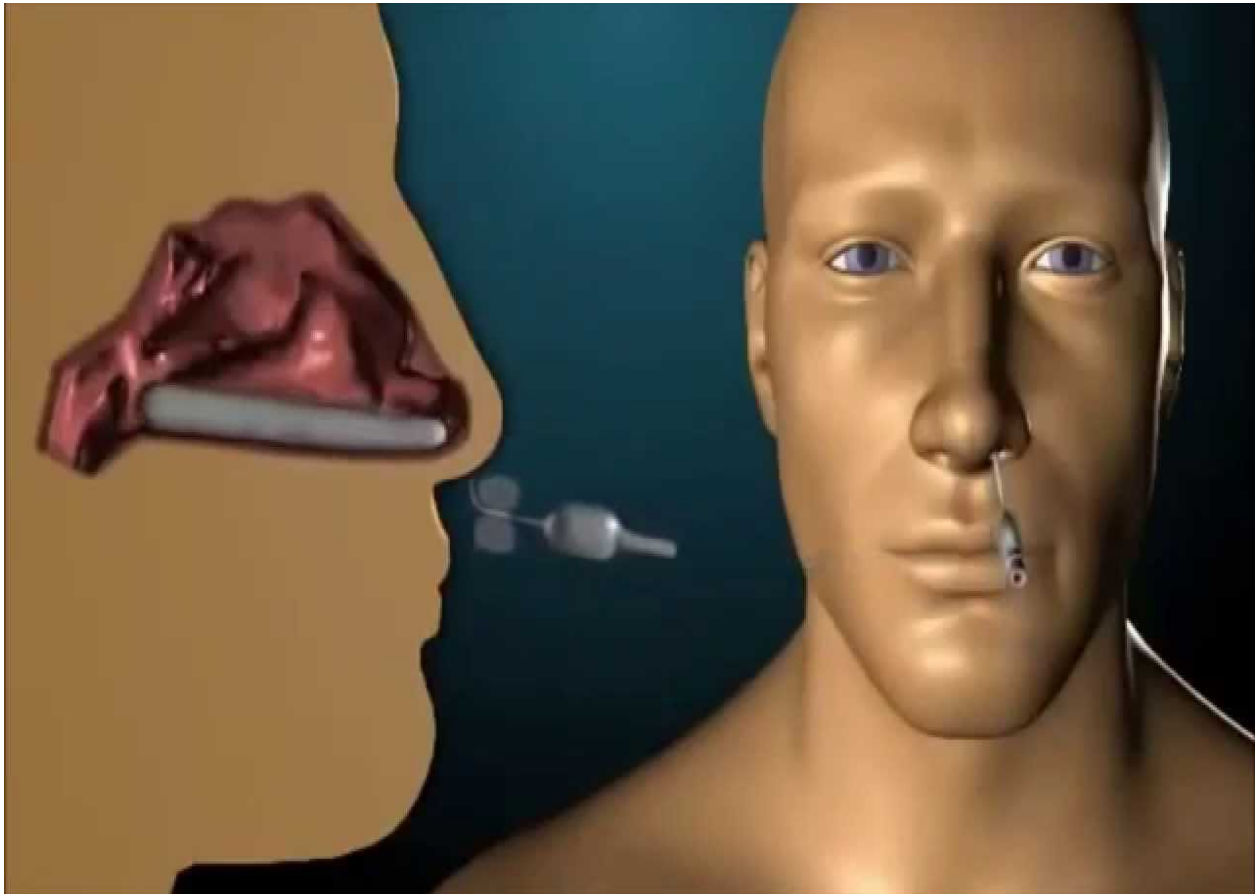
# Nasal cautery

- Silver nitrate sticks
- Contact with mucosal surface generates nitric oxide creating a chemical burn
- <https://www.youtube.com/watch?v=B3cd1sKKBOs>
- Gently dab the septal mucosa/ hold for 5-10 seconds
- Care to protect the upper lip – burns
- Instillation of Naseptin cream
- Observe for 30 minutes post arrest of bleeding

# Nasal packing

- Rapid rhino
- Merocel
- Nasopore
- Foley catheter
- BIPP packing

# Rapid rhino pack



# Rapid rhino

- For brisk bleeding not controlled by cautery
- Immerse in sterile water for 30 seconds
- Aim to insert at the base of the nasal cavity
- If failed attempt, chances are the patient has a deviated nasal septum or nasal spur
- Do not attempt any further as risk of trauma
- Call ENT SHO/SPR for advice



# Further treatment

- Foley catheter
- BIPP packing
- Consideration of surgery – SPA ligation
- Embolization