Epistaxis

Dr. P.T.Kenny

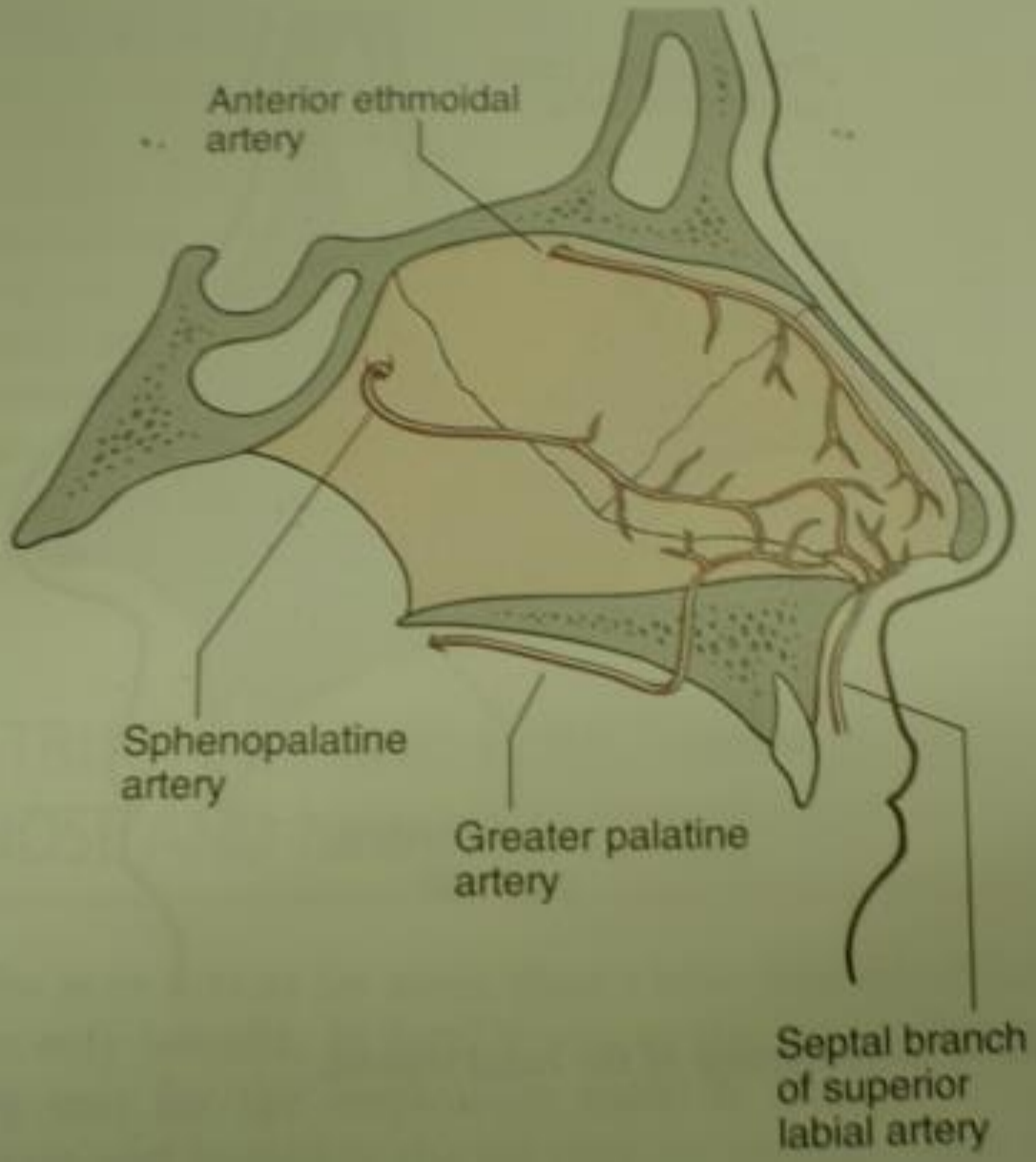
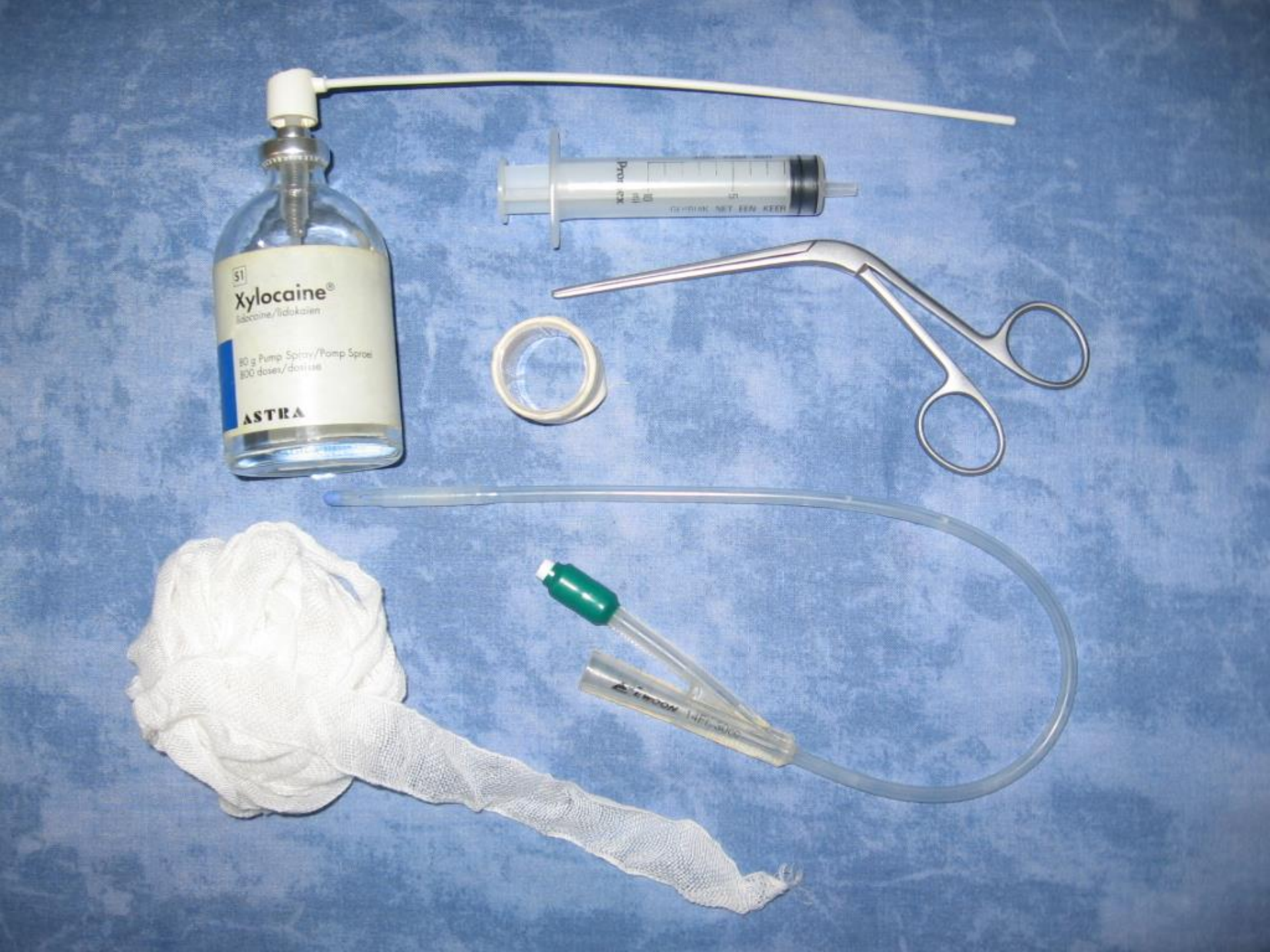


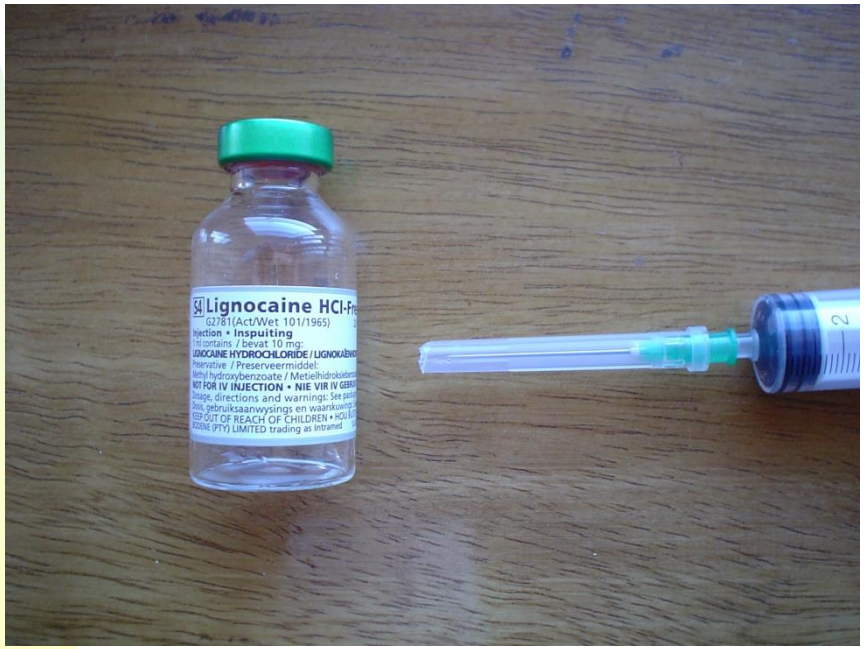
FIGURE 10.6 Blood supply of Little's area and nasal septum.

FIGURE 10.7 Drainag

Equipment needed……..

- A pair of latex or rubber gloves.
- A plastic apron.
- Surgical goggles / spectacles.
- A headlamp.
- **14 F Foley catheter with a 30 ml balloon.**
- Cotton tape, ± 2 meters in length.
- BIPP.
- A Tilley forceps.
- Xylocaine local anaesthetic spray (or syringe + lignocaine)
- 10 ml water (tap water is OK).
- 10 ml syringe.
- A metal kidney dish.
- A linen saver or large piece of paper towel.
- Elastoplast, 25mm width, to secure the catheter.


Xylocaine®
ASTRA


Lignocaine HCl-Fr
G2781(Act/Wet 101/1965)
Injection • Inspuiting
1 ml contains / bevat 10 mg:
LIDOCAINE HYDROCHLORIDE / LIGNOKAÏEN
Preservative / Preserveermiddel:
Methyl hydroxybenzoate / Metielhidroksiber
NOT FOR IV INJECTION • NIE VIR IV GEBR
Dosage, directions and warnings: See pack
Dosis, gebruiksaanwysings en waarskuwing
KEEP OUT OF REACH OF CHILDREN • HOU
KYDENE (PTY) LIMITED trading as Intramed

Headlamps: new and old .....

BIPP


Applic. No./Aansoeknr. G1495 (Act/Wet 101/1965)
PASTE OF BISMUTH SUBNITRATE AND IODOFORM
PASTA BISMUTSUBNITRAAT EN JODOFORM
Each 100 g contains/Elke 100 g bevat:
Bismuth Subnitrate 25 g Bismutsubnitraat
Iodoform 50 g Jodoform
Directions for use: Apply as directed.
Gebruiksaanwysings: Wend aan soos voorgeskryf.
FOR EXTERNAL USE ONLY
ALLEEN VIR UITWENDIGE GEBRUIK
E570
2003 11 8

Management of epistaxis.

- Start with ice on the bridge of the nose and behind the neck. (Usually done at home.)
- Compress the nose between the thumb and index finger for about 10 minutes in case of an anterior bleed.
- Use a **14F Foley catheter with a 30ml balloon** and an **anterior nose pack** to control the bleeding in case of a **posterior** bleed.

Method .....

(Measure the blood pressure. If it is low or should the patient bleed a lot, put up a Ringer's drip.)

Don rubber gloves, an apron and goggles.

Calm the patient and let him/her sit on a bed, head against a wall.

Let the patient blow the nose to remove clots and then anaesthetise the side from which the patient bleeds with Xylocaine local anaesthetic spray (not always available!!).

Place the catheter in the nostril that bleeds and push it in gently until the tip is visible in the nasopharynx/throat. (lubrication not necessary)

Inflate the balloon with **10ml water**. Pull back the catheter until it feels 'locked' and, **if necessary**, further inflate until it feels well secured.

Now pack the nose with a long piece of cotton tape soaked in BIPP, using the **Tilley forceps**.

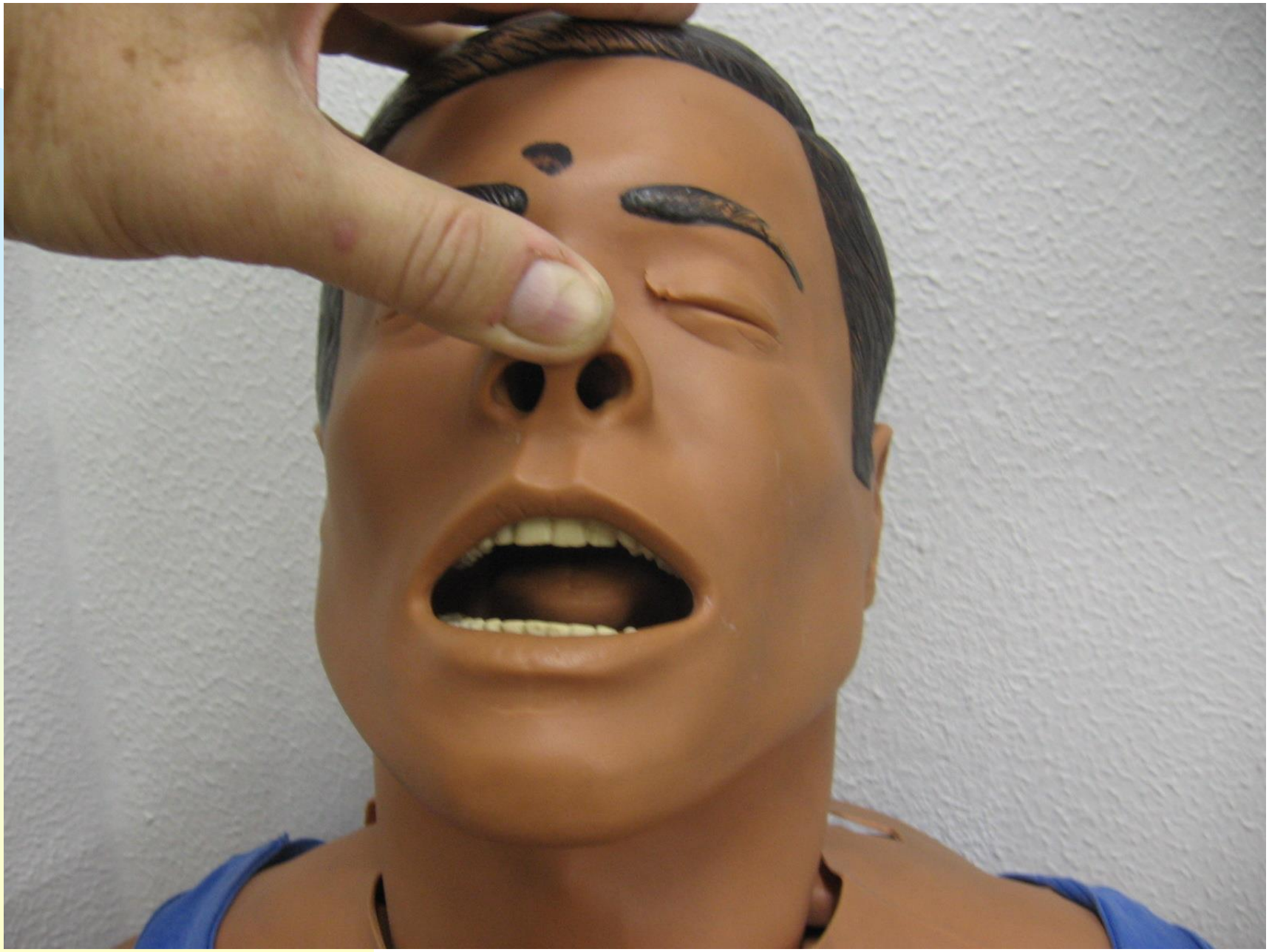
Start DEEP, from the floor, and pack upwards and forwards until you have filled the nose. Leave a **piece of tape outside the nostril** for when you want to remove it later on.

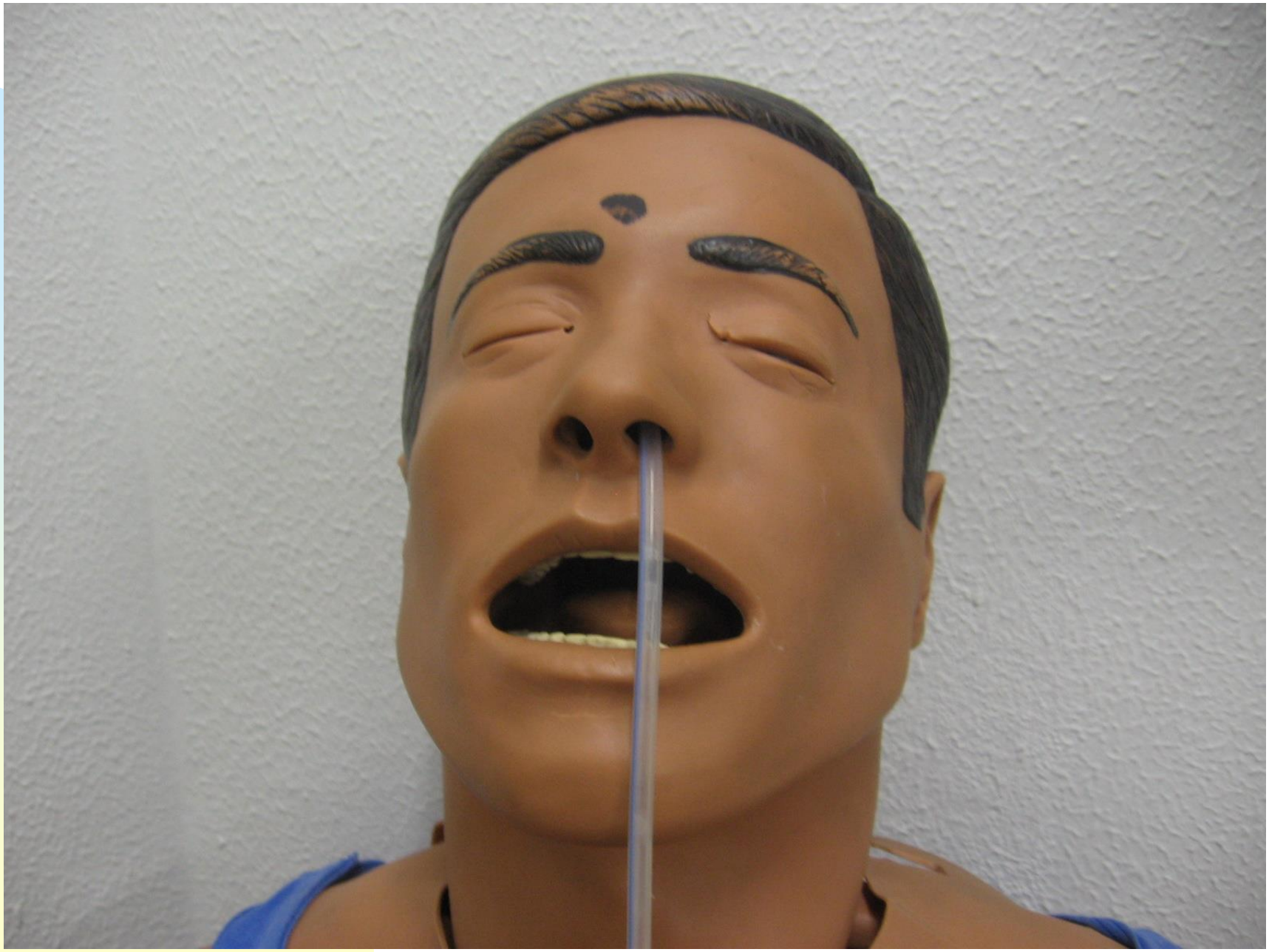
Fasten the catheter **correctly** onto the cheek with Elastoplast (prevent pressure on the nostril as it could cause necrosis).

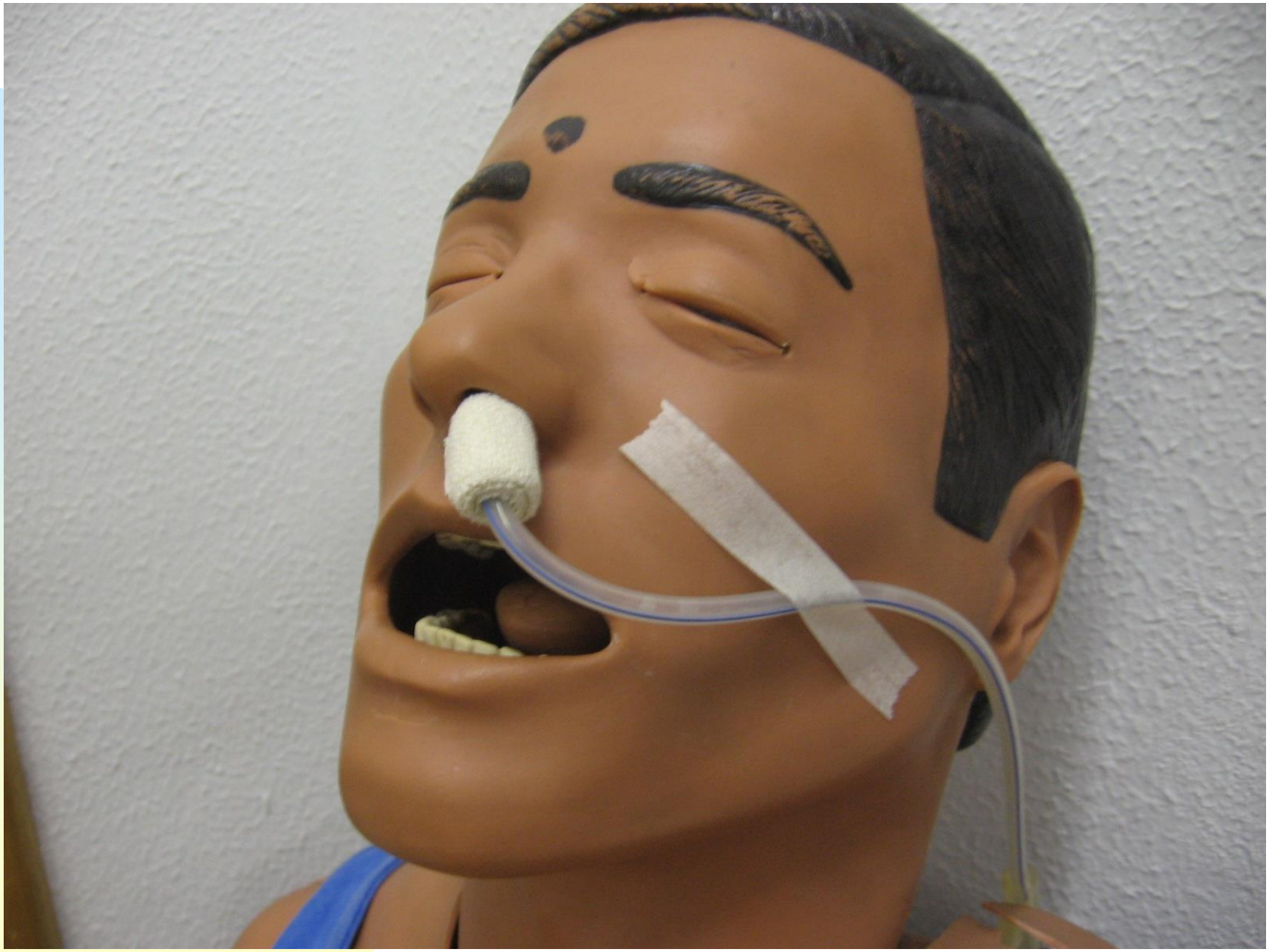
Admit for about 24 hours for observation, treatment and work-up.

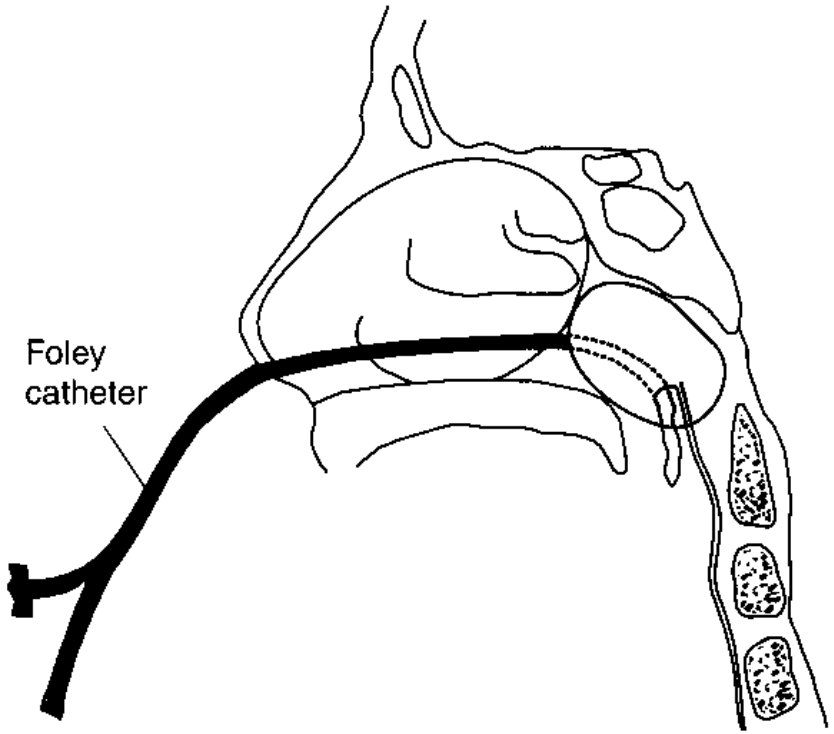
Deflate the catheter within 12 hours and re-assess.

First check for any visible posterior or anterior bleeding. If none, then gently pull out the catheter and then carefully remove the tape.

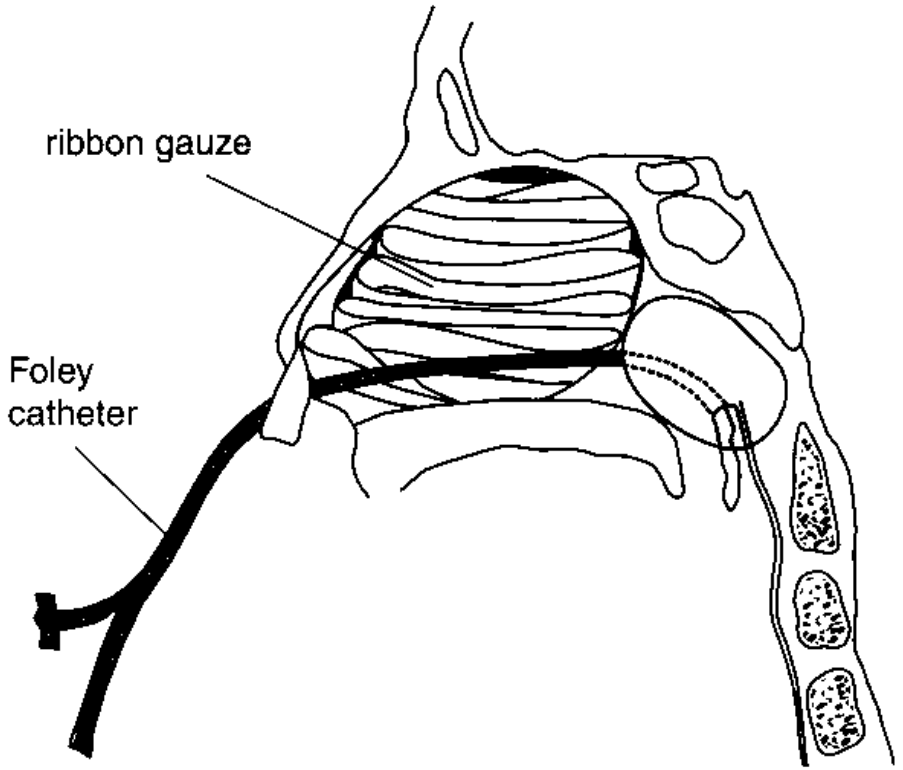








Semi-inflated Foley catheter in nasopharynx and posterior nasal cavity



Foley catheter and anterior nasal pack in position

Practical tips..

- The tip of the Foley catheter may be cut shorter. Take care not to damage the balloon.
- The cotton tape should be ‘moistened’ with BIPP. If the patient is allergic to Iodine, then use Jelonet.
- (Adrenaline), KY-jelly or a dry tape: **NO GO!!**
- In hypertensive patients, do not lower the BP rapidly with, for example, Nifedipine. Remember the drip!!
- Sedation of this anxious patient with 3 – 5 mg of Morphine, may be considered.