Health Notes From Your Family Doctor this subject, talk to your family doctor.

This information provides a general overview on this topic and may not apply to everyone. To find out if this information applies to you and to get more information on

Nosebleeds

What to do when your nose bleeds

2015 rev.

What causes nosebleeds?

The most common causes are dryness (often caused by indoor heat in the winter) and nose picking. These two things work together-nose picking occurs more often when mucus in the nose is dry and crusty.

Other less common causes include injuries, inflammation from colds, allergies, or drug use such as cocaine and alcohol. Children may stick small objects up the nose. Sometimes older people experience health problems that can contribute to nosebleeds such as kidney disease, atherosclerosis (hardening of the arteries), high blood pressure, and blood clotting disorders. Or they may be taking medications like aspirin, NSAIDs, warfarin, or clopidogrel (brand name Plavix) that interfere with blood clotting. The cause of nosebleeds often can't be determined or is sometimes not clear.

Why is the nose prone to bleeding?

Blame it on anatomy. The nose has many blood vessels in it to help warm and humidify the air you breathe. These vessels lie close to the surface, making them easy to injure.

Are nosebleeds serious?

Most aren't. Depending on the source of the nosebleed, some can be serious. Most nosebleeds occur in the front part of the nose and stop in a few minutes. Occasionally, nosebleeds stem from large vessels in the back of the nose. These nosebleeds can be dangerous. They may occur after an injury. This type of nosebleed is more common in the elderly and is often due to the causes listed for the elderly, above. Usually, the older the patient, the more serious the nosebleed.

You'll need to get medical attention if a nosebleed goes on for more than 15 to 20 minutes or if it occurs after an injury, such as a fall or a punch in the face, especially if you think you may have a broken nose. A nosebleed after a fall or a car wreck could be a sign of internal bleeding. Frequent nosebleeds may mean you have a

more serious problem. For example, nosebleeds and bruising can be early signs of leukemia. Nosebleeds can also be a sign of blood clotting disorders and nasal tumours (both cancerous and non-cancerous).

What should I do

when I get a nosebleed? A nosebleed can be scary to get-or see-but try to stay calm. Most nosebleeds look much worse than they really are. Almost all nosebleeds can be treated at home with simple first aid measures.

If you get a nosebleed, sit down and lean slightly forward. Keeping your head above the level of your heart slows the bleeding. Lean forward so the blood will drain out of your nose instead of down the back of your throat. If you lean back, you may swallow the blood. This can irritate your stomach, causing nausea, vomiting, and diarrhea.

Pinch your nose to stop a nosebleed.



THE COLLEGE OF FAMILY PHYSICIANS **OF CANADA**



Use your thumb and index finger to squeeze together the soft portion of your nose. This area is located between the end of your nose and the hard, bony ridge that forms the bridge of your nose. Keep holding your nose until the bleeding stops. Don't let go for at least 5 minutes. If it's still bleeding hold it again for another 5 to 10 minutes. You'll need to get medical attention if a nosebleed goes on for more than 15 to 20 minutes.



You can also place a cold compress or an ice pack across the bridge of your nose. Another option is to plug the affected nostril with gauze or cotton wool soaked in a topical decongestant such as Otrivin.

Once the bleeding stops, don't do anything that may make it start again, such as bending over or picking or blowing your nose.

See your doctor if:

- The bleeding goes on for more than 15 to 20 minutes despite the measures above
- The bleeding was caused by a serious injury
- You get nosebleeds often

What will my doctor do for a nosebleed?

Your doctor will try to find out where the bleeding is coming from in your nose and what the cause might be. He or she will probably ask you some questions and examine your nose. If the bleeding doesn't stop on its own or with pressure applied, your doctor may cauterize the bleeding vessel or pack your nose to stop the bleeding. A special balloon may be used if the bleeding is from large vessels in the back of the nose. However, this is rarely required.

Cauterization involves using a special chemical called silver nitrate or an electrical or heating device to burn the vessel so that it stops bleeding. Your doctor will numb your nose before the procedure.

Packing the nose involves putting special gauze or an inflatable latex balloon into the nose so that enough pressure is placed on the vessel to make it stop bleeding. (Antiseptic cream may be added to the gauze to prevent infection.)

Tips on preventing nosebleeds:

- Keep the lining of your nose moist—gently apply a light coating of petroleum jelly (an example is Vaseline) inside your nostrils with a cotton swab twice a day. You may use nasal lubricants such as Secaris or Rhinaris.
- Keep children's fingernails short to discourage nose picking.
- Counteract the drying effects of indoor heated air by using a humidifier at night in your bedroom.
- Quit smoking. Smoking dries out your nose and also irritates it. Exposure to second-hand smoke can be a risk for others.
- Open your mouth when you sneeze.
- Blow your nose gently—one side at a time.

References

1. AAFP information from your family doctor. Nosebleeds. *Am Fam Physician* 2005 Jan 15;71(2):312.

2. Kucik CJ, Clenney T. Management of epistaxis. *Am Fam Physician* 2005 Jan 15;71(2):305-311.

3. Schlosser RJ. Clinical practice. Epistaxis. *N Engl J Med* 2009 Feb 19;360(8):784-789.



The College of Family Physicians of Canada, one of the nation's largest medical groups, is committed to promoting and maintaining high standards for family physicians — the doctors who provide ongoing, comprehensive care for people of all ages. Visit the CFPC website **http://www.cfpc.ca** to learn more.

This health education material was developed and adapted by the College of Family Physicians of Canada from online materials developed by the American Academy of Family Physicians, with permission. It is regularly reviewed and updated by family physician members of the CFPC Patient Education Committee, who refer to the current evidence-based medical literature. These pages may be reproduced for not-for-profit educational purposes only. Support for this program has been provided by a grant to the CFPC Research and Education Foundation by Scotiabank.

