

# SOUTHWESTERN NEWS

Media Contact: Amanda Hill  
214-648-3404  
amanda.hill@utsouthwestern.edu

## **NOSEBLEEDS: UNDERSTANDING IS KEY TO TREATMENT, UT SOUTHWESTERN PHYSICIAN SAYS**

DALLAS – May 23, 2001 – With the onset of allergy season, warmer weather and increased athletic activity, many people may suffer from nosebleeds.

Knowing how to stop a nosebleed and when to seek medical assistance can mean the difference between a minor inconvenience and something more serious.

“Nosebleeds can be quite a challenge and frustration for both the patient and the treating physician. There is not just one fix-all,” said Dr. J.R. Williams, assistant professor of otolaryngology – head and neck surgery at UT Southwestern Medical Center at Dallas. “It is important to determine which type of nosebleed you are having so it can be properly treated.”

An anterior nosebleed occurs when the blood begins flowing from the front part of the nose and only exits from one nostril. Most often, this type is a result of drying and crusting in the anterior portion of the nasal cavity, which is usually caused by a lack of humidity. Other causes include chronic nose picking, sinus infection and reaction to medications such as inhalants, aspirin, ibuprofen or anticoagulants.

A posterior nosebleed occurs when the blood comes from deep in the nose and flows down the back of the mouth and throat, even if the patient is sitting upright or standing. This type of bleeding is usually caused by sports- or accident-related injury, or occurs as a result of high blood pressure, and requires treatment from a physician.

“To stop a nosebleed, pinch the soft parts of the nose together, and slightly tilt the head back for five minutes,” Williams said. “If bleeding has not stopped, gently blow the nose to evacuate all clots. Then, spray a decongestant-nasal spray quickly into both nostrils, followed by another five minutes of pinch pressure. Applying ice to the nose and cheeks may also help slow bleeding.”

Once bleeding has slowed, the nose may be lightly packed with a tissue. When packing the nasal cavity with a tissue, lightly coat the tip of the tissue with petroleum jelly. This will

(MORE)

## **NOSEBLEEDS - 2**

prevent the bleed site from reopening when the tissue is removed.

“Resumed bleeding after the above fails at home should more than justify seeing a physician,” Williams said.

Someone with a nosebleed should see a doctor or be taken to an emergency room when:

- bleeding cannot be stopped or recurs;
- bleeding is rapid or blood loss is large;
- the person feels weak or faint, presumably from blood loss;
- blood goes down the back of the throat, rather than out of one nostril.

Once in the emergency room, the treating physician may first try cauterization by applying silver nitrate directly to the bleed site. Electrical cautery would be used if the bleeding is uncontrolled by the silver nitrate or if the bleeding is too brisk. In the most severe posterior-nosebleed cases, an interventional radiologist may place a catheter in the offending blood vessel(s) and insert gelfoam to control the bleeding.

###

This news release is available on our World Wide Web home page at  
[http://www.utsouthwestern.edu/home\\_pages/news/](http://www.utsouthwestern.edu/home_pages/news/)

To automatically receive news releases from UT Southwestern via e-mail, send a message to  
UTSWNEWS-REQUEST@listserv.swmed.edu. Leave the subject line blank and in the text box, type  
SUB UTSWNEWS