PROCEDURE

Nosebleed stopping

Nosebleed stopping uses pressure, cautery, packing, surgery, or embolization to control nasal bleeding.

PURPOSE
Stop active bleeding from inside the nose

PROCEDURE TYPE
Therapeutic; bedside, clinic, surgical, or interventional radiology

WHERE IT IS DONE
Bedside, outpatient clinic, operating theatre, or radiology suite

ANAESTHESIA
Usually local or none; sedation or general for advanced treatment

HOW LONG IT TAKES
10-30 minutes; advanced procedures may take longer

PREPARATION
Usually none; medication review and fasting if anaesthesia planned

RECOVERY
Usually same day; no driving after sedation or general anaesthesia

MAIN RISKS
Rebleeding, pain, infection, nasal tissue injury

RESULTS
Bleeding control is usually known immediately

Overview

Nosebleed stopping means treating active bleeding from inside your nose. The medical term for a nosebleed is epistaxis .

Treatment usually begins with firm pressure. If pressure does not work, a healthcare professional may use medicine inside the nose, seal the bleeding vessel with cautery, or place packing that presses against it. Persistent or deeper bleeding may need surgery or treatment through a blood vessel.

The treatment offered depends on where the bleeding comes from, how heavy it is, your general health, and whether you take medicines that affect clotting.

Why the procedure is performed

Treatment is used when a nosebleed does not stop with simple first aid, keeps returning, or is heavy enough to require medical care.

Most treated nosebleeds come from the front part of the nasal septum, the wall between the nostrils. These vessels are often reachable with cautery or packing. Bleeding from farther back in the nose can be harder to locate and may require nasal endoscopy, surgery, or embolization.

Nasal endoscopy uses a thin camera to look deeper inside the nose. Embolization uses a small tube placed into an artery, usually through the wrist or groin, to block blood flow to the bleeding vessel.

Treatment may also be needed sooner if you have a bleeding disorder, take a blood thinner like warfarin or apixaban , have had recent nasal surgery, or have signs of substantial blood loss.

Who should and should not have it

You may need professional treatment if firm pressure does not stop the bleeding, the bleeding returns repeatedly, or blood is flowing heavily into your throat.

Not every nosebleed needs cautery, packing, surgery, or embolization. A small nosebleed that has fully stopped may only need aftercare and observation.

The choice of treatment has important limits:

If you are medically unstable from blood loss or have difficulty breathing, emergency stabilization takes priority over routine nasal treatment.

Do not stop a prescribed blood thinner on your own. Stopping it can increase the risk of a blood clot, stroke, or other serious problem. Any change should be coordinated by the healthcare professionals managing the bleeding and the condition for which the medicine was prescribed.

- Cautery is most useful when the bleeding point can be seen. Heavy bleeding may need to be controlled before cautery is possible.
- Both sides of the nasal septum are generally not cauterized at the same location during one treatment because this can damage the tissue.
- People taking blood thinners may need absorbable packing rather than packing that must later be removed.
- Surgery and embolization are usually reserved for bleeding that continues or returns despite simpler treatment.

- A major facial injury or possible skull-base injury requires specialist assessment before anything is inserted deeply into the nose.

How to prepare

An active nosebleed often requires treatment without advance preparation. Sit upright, lean slightly forward, and pinch the soft part of your nose continuously. Breathe through your mouth and avoid checking repeatedly to see whether the bleeding has stopped.

Tell the treating team about:

Most office treatments do not require fasting. If sedation or general anaesthesia may be needed, you may be told not to eat or drink for a set period. Arrange for someone to take you home if sedation, general anaesthesia, or strong pain medicine is planned.

The treating facility's own preparation instructions take priority because they reflect the treatment and anaesthesia planned for you.

- Blood thinners, aspirin, anti-inflammatory medicines, and supplements
- Bleeding disorders or previous problems with clotting
- Nasal surgery, facial injury, allergies, or earlier nosebleed treatment
- Blood you may have swallowed, vomiting, weakness, or light-headedness

What happens during the procedure

You will usually sit upright while the clinician examines your nose with a light and a nasal speculum, an instrument that gently opens the nostril. Suction may be used to remove blood and clots so the bleeding point can be found.

A numbing medicine and a medicine that narrows blood vessels may be sprayed or placed inside the nose. The clinician may then use one or more treatments.

Compression and topical medicine: Firm pressure and medicine that shrinks swollen blood vessels may stop bleeding without another procedure.

Cautery: A visible bleeding vessel can be sealed with a chemical, commonly silver nitrate, or with electrical heat. Local anaesthetic helps reduce discomfort.

Nasal packing: Gauze, an expandable sponge, absorbable material, or a small balloon may be placed inside the nose. It applies pressure to the bleeding area. Some packing dissolves; other packing must be removed by a healthcare professional.

Endoscopic surgery: Under general anaesthesia, a surgeon may use a camera and instruments through the nostril to seal or tie off the responsible artery.

Embolization: An interventional radiologist guides a catheter through an artery and releases material that blocks the bleeding vessel. Sedation or general anaesthesia may be used.

Recovery and what to expect afterward

Pain is usually mild after cautery but may feel like burning or tenderness. Packing often causes pressure, congestion, watering eyes, headache, or a blocked-nose feeling. Take only the pain medicine recommended for you.

You can usually eat and drink normally after treatment without sedation. Start carefully if you swallowed blood, feel nauseated, or had an anaesthetic.

For the period specified by your team, avoid blowing or picking your nose, heavy lifting, strenuous exercise, bending with your head down, and very hot showers or drinks. Sneeze with your mouth open. Saline spray or nasal ointment may be recommended to keep the treated area moist.

You may drive after a simple treatment only if you feel well and have not received sedating medicine. Do not drive after moderate or deep sedation, general anaesthesia, or medicine that impairs alertness. Follow the restriction given by your facility.

Many people return to desk work the same day or the next day. You may need more time if packing remains in place, your work is physical, or you had surgery or embolization.

Risks and possible complications

Bleeding can return after any treatment. You may then need repeat cautery, packing, surgery, or embolization.

Cautery can cause pain, crusting, infection, or damage to the septum. A hole in the septum, called a septal perforation, is uncommon but may cause crusting or a whistling sound.

Packing can cause pressure injury, infection, trouble sleeping, or difficulty breathing through the nose. Packing may move or fail to control bleeding. Follow removal instructions carefully and do not remove nonabsorbable packing unless you have been told how and when to do so.

Surgery carries risks from anaesthesia as well as bleeding, infection, and injury to nearby nasal structures. Embolization can cause bruising where the catheter entered, facial pain or numbness, or injury to an unintended blood vessel. Serious complications affecting vision or

the brain are uncommon but possible.

Your team should explain the risks that apply to the specific treatment being offered.

Results and follow up

The immediate result is usually clear: the bleeding stops or becomes controlled. The team may observe you for a period to make sure it does not restart.

If nonabsorbable packing was placed, you will be given a time and place for removal. Do not miss this appointment. Absorbable packing usually softens and breaks down, but you may still need follow-up.

Routine follow-up may include checking healing, clearing crusts, reviewing blood pressure or medicines, and discussing ways to reduce further bleeding. Repeated bleeding from one side of the nose may require an ear, nose, and throat examination or nasal endoscopy.

Tests for anaemia, clotting problems, or another medical condition may take longer. These tests are separate from knowing whether the procedure stopped the immediate bleeding.

Alternatives

The alternatives depend on which treatment has been offered and how severe the bleeding is.

Firm pressure and a topical nasal medicine are least invasive, but they may not control a persistent or deeper bleed. Observation may be reasonable once a minor bleed has fully stopped, although it does not seal the vessel and bleeding can return.

Cautery directly seals a visible bleeding point and avoids leaving packing in the nose. It is not useful when the source cannot be seen or bleeding is too heavy.

Packing works without identifying one exact vessel, but it is uncomfortable and some types require removal. Absorbable packing avoids a removal procedure, while nonabsorbable packing may provide more direct pressure and monitoring.

Endoscopic surgery can directly control an artery but requires an operating theatre and usually general anaesthesia. Embolization avoids nasal surgery and can reach deeper vessels, but it involves arterial catheterization and radiation exposure.

Choosing no further treatment after ongoing or heavy bleeding can allow continued blood loss. Ask why the recommended option is preferred and what is likely to happen if you wait or choose another approach.

When to call your healthcare team

For routine advice, contact your healthcare team if you have increasing crusting, persistent nasal discomfort, questions about packing care, or repeated small nosebleeds. Also call if packing comes out earlier than planned.

Seek urgent medical assessment if bleeding returns and does not stop after continuous firm pressure, or if blood is repeatedly running into your throat.

Call emergency services or go to an emergency department for:

- Heavy bleeding that makes breathing difficult
- Fainting, confusion, severe weakness, or chest pain
- Bleeding after a major facial or head injury
- Vomiting a large amount of swallowed blood
- Rapidly worsening bleeding while taking a blood thinner

Common questions

Will I be asleep?

Usually not for pressure, cautery, or routine packing. Local anaesthetic may be used. Surgery generally uses general anaesthesia, while embolization may use sedation or general anaesthesia.

Can I drive home?

You may be able to drive after uncomplicated treatment without sedating medicine. You need someone else to drive after sedation or general anaesthesia, or if pain, weakness, or blood loss affects you.

How painful is it?

Cautery may briefly sting or burn. Packing usually causes pressure and congestion rather than sharp pain. Tell the team if pain is severe or increasing.

When will I know whether it worked?

Usually immediately, although you may be observed to check that bleeding does not restart. Tests looking for an underlying problem can take longer.

Will the packing have to be removed?

Some packing dissolves. Other packing must be removed at a scheduled visit. Your discharge

instructions should identify which type you have.

Can the nosebleed come back?

Yes. Avoid disturbing the treated area and follow the activity and moisture instructions provided. Repeated bleeding may need further examination or another treatment.

Sources

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