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Nosebleed (Epistaxis)

Having a nosebleed (epistaxis) is common in children. Nosebleeds are usually mild and easily treated. Sometimes bleeding can be more severe. This is usually in older people, or in people with other medical problems such as blood disorders. Seek medical help quickly if the bleeding is severe, or if it does not stop within 20-30 minutes.

What causes a nosebleed?

The common site for a nosebleed (epistaxis) to start is from just inside the entrance of the nostril, on the middle harder part of the nostril (the nasal septum). Here the blood vessels are quite fragile and can rupture easily for no apparent reason. This happens most commonly in children. This delicate area is also more likely to bleed with the following:

- Picking the nose.
- Colds, and blocked stuffy noses such as with [hay fever](#).
- Blowing the nose.
- Minor injuries to the nose.
- Cocaine use.

In the above situations, the bleeding tends to last only a short time and is usually easy to control. The bleeding may last longer and be harder to stop if you have heart failure, a blood clotting disorder, or are taking 'blood-thinning' medicines such as warfarin or aspirin.

Some people with high blood pressure ([hypertension](#)) have a higher risk of having a nosebleed.

Bleeding sometimes comes from other areas further back in the nose. It is sometimes due to uncommon disorders of the nose, or to serious injuries to the nose.

What is the treatment for a nosebleed?

For most nosebleeds (epistaxes), simple first aid can usually stop the bleeding.

- If you are not feeling faint, sit up and lean slightly forward.
- With a finger and thumb, pinch the lower fleshy end of the nose, completely blocking the nostrils. It is useless to put pressure over the root of the nose or nasal bones. Usually, if you apply light pressure for 10-20 minutes, the bleeding will stop.
- If available, a cold flannel or compress around the nose and front of face will help. The cold helps the blood vessels to close down (constrict) and stop bleeding.
- Once the nosebleed has stopped, do not pick the nose or try to blow out any of the blood remaining in the nostrils. This may cause another nosebleed.
- If you feel faint it is best to lie flat on your side.

Get medical help quickly if bleeding is heavy, or it does not stop within 20-30 minutes. Sometimes, to stop the bleeding, the nose needs to be packed by a doctor. Rarely, a nosebleed is so heavy that a blood transfusion is needed, and surgery may be required to stop it.

Recurring nosebleed

Some people have recurring nosebleeds (epistaxes). These may not be heavy and they soon stop; however, they can become distressing. In this situation you may be referred to an Ear Nose and Throat unit. It is often possible to 'burn' (cauterise) the bleeding point. This is normally a minor procedure which is usually successful in stopping recurrent bleeds.

Alternatively, your GP may be able to perform cauterisation in your local surgery. In some cases an antibiotic cream is given to use either on its own or after having cautery.

Further reading & references

- [Qureishi A, Burton MJ](#); Interventions for recurrent idiopathic epistaxis (nosebleeds) in children. *Cochrane Database Syst Rev*. 2012 Sep 12;9:CD004461. doi: 10.1002/14651858.CD004461.pub3.
- [Epistaxis \(nosebleeds\)](#); NICE CKS, August 2020 (UK access only)
- [Epistaxis](#); Surgical Tutor
- [Byun H, Chung JH, Lee SH, et al](#); Association of Hypertension With the Risk and Severity of Epistaxis. *JAMA Otolaryngol Head Neck Surg*. 2020 Sep 10. pii: 2770570. doi: 10.1001/jamaoto.2020.2906.

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